

Introduction

*W*elcome to **Loudoun County Public Schools**.

Employees are one of the most valuable resources of the Loudoun County Public School System. We are pleased to offer a variety of benefits to meet the diverse needs of our employees. Several of your benefits are mandatory and provided at no cost to you - retirement, basic life insurance plans, and short-term disability insurance. Other programs are optional, like Health Insurance, Flexible Benefit Plans, Tax Deferred Savings and Long Term Disability Plans, among others.

Take a few moments to become familiar with this benefits booklet. It has been carefully prepared for you as a new employee, and should answer most questions you may have about benefits you receive as an employee of the Loudoun County Public School System



More detailed information is available by calling a **Benefits Specialist** at 571-252-1240. You may also direct questions to lcpsbenefits@lcps.org.

Table of Contents

■ **Benefits Resources and Communications**

- Benefits Contacts
- Employee Assistance Plan
- Benefit Source Newsletter

■ **Benefits Eligibility and Program Summaries**

■ **Group Health (Medical, Dental and Vision) Insurance**

- Medical Insurance Plans Summaries
- Continuation Coverage of Group Health Insurance (COBRA)
- Dental Plan Summary
- Vision Plan Summary

■ **Flexible Benefit Plan**

- Flexible Benefit Plan Summary

■ **Leave Information**

- Summary of Leave Options
- Family Sick Leave Bank
- Short Term Disability
- Voluntary Long Term Disability Plan

■ **Retirement Programs**

Virginia Retirement System Pension Plan

- Purchase of Prior Service
- Beneficiary Designation

403(b) Elective Deferral Program

457 Deferred Compensation Program

Continued on next page

Table of Contents

■ Life Insurance

Basic Group Term Life Insurance

Optional Group Life Insurance

- VRS optional life insurance purchase plan
- Calculation sheet for Optional Group Life Insurance

■ Other Benefits

- Hepatitis B Vaccination
- AFLAC Supplemental Income Protection Plans – Cancer and Hospital Intensive Care
- Long Term Care Insurance Program
- United States Securities through Treasury Direct
- Apple Federal Credit Union
- Loudoun Credit Union
- LCPS Discounts (*ID Badge required*)
- Flu Shots

■ Important Notices

- Privacy Notice
- State Children’s Health Insurance Program (SCHIP)
- Universal Availability Notice

■ Payroll Information

■ Benefits Checklist

BENEFIT CONTACT LIST

Group Health Insurance

CIGNA Healthcare (Group 3320020)

www.cigna.com
www.mycigna.com

Member Services: 1-800-244-6224
24 Hour Nurseline: 1-800-564-8982

Davis Vision (Group LOU)

www.davisvision.com Control Code 7025

1-888-235-3130

Delta Dental of Virginia (Group #6111)

www.deltadentalva.com

1-800-237-6060

Medco

www.medco.com

1-800-886-9672

Loudoun County Public Schools' Retirement Programs

Virginia Retirement System

www.varetire.org and www.varetire.org/myVRS

1-888-827-3847

A printable Virginia Retirement Handbook is available on line or by calling 571-252-1240

403(b) Elective Deferral Program (*Lincoln Financial Group*)

1-800- 234-3500

www.LincolnAlliance.com

(See page 71 for agent contact information)

457 Deferred Compensation Program (*ING*)

1-877-327-5261

www.varetire.org

(See page 73 for agent contact information)

Other Contacts

Anthem

(See LCPS website for more information)

800-232-0113

Apple Federal Credit Union

www.applefcu.org

703-788-4800

Loudoun Credit Union

www.loudouncu.com

703-777-4744

Employee Assistance Program (Lytle EAP Partners)

(See page 3 for more information regarding this program)

1-800-327-7272

Loudoun County Public Schools' Employee Benefits Staff

Carol Edwards, Employee Benefits Supervisor

571-252-1240

Michele D. Kovach, Employee Benefits Coordinator

571-252-1240

Lara Kizer, Benefits Specialist (Health Insurance and Flexible Benefit Plans)

571-252-1240

Jeanette Evans, Benefits Specialist (Leave, ADA, Disability)

571-252-1240

Kristy Newton, Benefits Specialist (403(b), 457, Wellness)

571-252-1240

Lacey Simms, Benefits Specialist (Long Term Care, Worker's Compensation)

571-252-1240

Shari Edwards & Ana Reymundo, Benefits Assistants

571-252-1240

Phyllis Ford & Pam Mercready, Benefits Secretaries

571-252-1240

Employee Benefits Division Fax

571-252-1401

Employee Benefits Division Address: 21000 Education Court, Ashburn, VA 20148

Email: Benefits: lcpsbenefits@lcps.org

Wellness: wellness@lcps.org

LCPS Website: www.lcps.org > Administration > Business & Financial Services > Employee Benefits

CIGNA Claims Addresses:

Medical Claims	CIGNA Healthcare P.O. Box 5200 Scranton, PA 18505-5600
----------------	--

Mental Health Claims	CIGNA Behavior Health P.O. Box 46279 Eden Prairie, MN 55344
----------------------	---

DELTA DENTAL Claim Address:

DELTA Dental Plan of Virginia
4818 Starkey Road
Roanoke, VA 24014

DAVIS VISION Claims Address:

Davis Vision
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

MEDCO Claims Address:

MEDCO Health Solutions, Inc.
P.O. Box 14711
Lexington, KY 40512



EMPLOYEE ASSISTANCE PROGRAM & WORK/LIFE PROGRAM

❖ *WHAT is an EAP?*

The Employee Assistance Program, or EAP, for Loudoun County Public Schools' employees provides **CONFIDENTIAL** assistance designed to improve the personal and professional life of you and your eligible dependents. The EAP can help all types of issues including, but not limited to:

**Marriage and Family
Parenting
Alcohol and Drug Addiction
Aging Parents and Elder Care
Relationships
Anxiety and Depression
Financial Planning and Problems
Legal Problems
Stress Management**

❖ *What happens when I call?*

An intake counselor will listen to your concerns, help you decide what services would be most helpful, and refer you to a licensed practitioner, if appropriate. The intake counselor will call and locate a provider in your area who meets any specific criteria you might have such as specialty, language capabilities, service location, etc. This simple process eliminates the time consuming need for you to call a list of providers on your own.

❖ *Who can Participate?*

EAP services are available for full-time and part-time Loudoun County Public Schools employees and immediate family members who reside in the same household as the employee.

❖ *What do EAP services cost?*

There is no direct cost to the employee for EAP services. LCPS is providing these services at no cost to you.

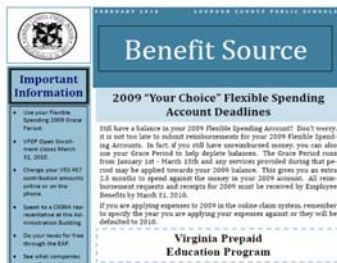
❖ *How Do I Access Service?*

The EAP is available 24 hours a day, 7 days a week by calling 1-800-327-7272. To access the website for educational information: Go to www.lytleappartners.com.

Employee Benefits Newsletters

The [Employee Benefits Division](#) publishes two newsletters, the “Benefit Source” and the “Wellness Works!” newsletter.

The **Benefit Source** newsletter is distributed every other month via email and can also be found on the Employee Benefits Website. It contains **important information** about your benefits, open enrollments, upcoming events, and updates related to discount offers to Loudoun County Public Schools’ employees.



The **Wellness Works!** newsletter is distributed every month through your worksite Wellness Ambassador and can be found on the Employee Benefits Website under the Wellness Works! link. It contains **important information** about monthly wellness topics, upcoming wellness events, recipes and more.



Please take the time to read them thoroughly!

Wellness Works! Loudoun County Public Schools Wellness Program

Some exciting programs and opportunities are:

- Wellness Passport Program
- Wellness Wednesday’s
- Flu Shots
- 10,000 Steps-a-Day Challenge
- Seminars & Workshops
- \$120 Reward – Cash!
- See LCPS website for changes and more information

Employee Benefits Website



- www.lcps.org
- Administration
- Business & Financial Services
- Click on “Employee Benefits” on the left hand side



2010-2011 LCPS EMPLOYEE BENEFITS

BenEvents Calendar



JULY 2010							AUGUST 2010							SEPTEMBER 2010							OCTOBER 2010							NOVEMBER 2010							DECEMBER 2010						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	3	1	2	3	4	5	6	7				1	2	3	4	3	4	5	6	7	8	9	1	2	3	4	5	6	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11	10	11	12	13	14	15	16	7	8	9	10	11	12	13	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18	17	18	19	20	21	22	23	14	15	16	17	18	19	20	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	

JANUARY 2011							FEBRUARY 2011							MARCH 2011							APRIL 2011							MAY 2011							JUNE 2011												
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
						1				1	2	3	4	5				1	2	3	4	5							1	2	1	2	3	4	5	6	7							1	2	3	4
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11						
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18						
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25						
23	24	25	26	27	28	29	27	28						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30								

Schedule of BenEvents

August 11	Wednesday	Open Enrollment - Open House (Spanish Interpreters Available)	11:00 am - 2:00 pm	Dominion HS, Cafeteria
August 19	Thursday	Open Enrollment - Open House (Spanish Interpreters Available)	4:00 - 6:00 pm	Heritage HS, Cafeteria
August 23	Monday	Inova Blood Drive	1:30 - 6:00 pm	Administration Building, Parking Lot
A packet of benefits information will be delivered to you in September or October. Action will be required by ALL benefits eligible employees.				
September 16	Thursday	LCPS Benefit Changes - A Look Ahead. Are You Ready? - Webinar	4:30 - 5:30 pm	Webinar - Internet Access Required
September 21	Tuesday	Wellness Ambassador Training - Webinar	4:30 - 5:30 pm	Webinar - Internet Access Required
September 22	Wednesday	The Ins and Outs of Cholesterol	4:30 - 5:30 pm	Loudoun Valley HS, Library
October 4th - October 31st 10,000 Steps-a-Day Fall Challenge - 4-Week Program				
October 5	Tuesday	LFG 403(b) Seminar - Retirement Planning 101 - Getting Started	4:30 - 5:30 pm	Potomac Falls HS, Auditorium
October 6	Wednesday	Pre-Natal Seminar w/ Inova	4:30 - 5:30 pm	Eagle Ridge MS, Library
October 12	Tuesday	Open Enrollment - Open House (Spanish Interpreters Available)	4:00 - 6:00 pm	Administration Building, Room 102 A & B
October 20	Wednesday	Breast Cancer Awareness Seminar	4:30 - 5:30 pm	Heritage HS, Library
October 21	Thursday	Open Enrollment - Open House (Spanish Interpreters Available)	5:00 - 8:00 pm	Park View HS, Cafeteria
November 2	Tuesday	Open Enrollment - Open House (Spanish Interpreters Available)	8:00 am - 5:00 pm	Administration Building, Room 102 A & B
November 10	Wednesday	Diabetes Seminar - Prevent, Control, Delay	4:30 - 5:30 pm	Stone Bridge HS, Library
November 11	Thursday	Open Enrollment - Open House (Spanish Interpreters Available)	5:00 - 8:00 pm	Woodgrove HS, Cafeteria
November 18	Thursday	LFG 403(b) Seminar - Why Women Should Save for Retirement	5:00 - 6:00 pm	Blue Ridge MS, Auditorium
December 6	Monday	Inova Blood Drive	1:30 - 6:00 pm	Administration Building, Parking Lot
December 8	Wednesday	Cooking Demo and Tasting with Michele Powers-Farber	4:30 - 6:30 pm	Woodgrove HS, Culinary Arts Room
December 14	Tuesday	Flexible Benefit Online System Demonstration	4:30 - 6:30 pm	Sterling ES, Computer Lab
January 12	Wednesday	Yoga Training Session - Learn Yoga	4:30 - 5:30 pm	Smarts Mill MS, Gym
January 22	Saturday	LFG 403(b) Rediree Questions Seminar - I'm Retiring. What Now?	10:00 - 11:00 am	Administration Building, Room 100 B
January 26	Wednesday	Flexible Benefit Online System Demonstration	4:30 - 6:30 pm	Kenneth Culbert ES, Computer Lab
February 4	Friday	VRS Retirement Seminar	5:00 - 6:00 pm	Administration Building, Room 100 B
February 9	Wednesday	Humor Workshop - Lighten Up With Laughter	4:30 - 5:30 pm	Loudoun County HS, Auditorium
February 10	Thursday	The VRS 457 Plan w/ ING - Questions & Answers	4:30 - 5:30 pm	Farmwell Station MS, Auditorium
February 23	Wednesday	Pre-Natal Seminar w/ Inova	4:30 - 5:30 pm	JL Simpson MS, Library
March 7th - May 1st 10,000 Steps-a-Day Spring Challenge - 8-Week Program				
March 9	Wednesday	Cooking Demo and Tasting with Michele Powers-Farber	4:30 - 6:30 pm	Heritage HS, Culinary Arts Room
March 22	Tuesday	LFG 403(b) Seminar - Financial Budgeting & Goal Setting	5:30 - 6:30 pm	Seneca Ridge MS, Auditorium
March 23	Wednesday	Inova Blood Drive	1:30 - 6:00 pm	Administration Building, Parking Lot
April 6	Wednesday	Allergies & Asthma - The Facts	4:30 - 5:30 pm	Smarts Mill MS, Library
April 12	Tuesday	The VRS 457 Plan w/ ING - Questions & Answers	5:00 - 6:00 pm	Woodgrove HS, Auditorium
April 25 - 29	Mon - Fri	Health & Fitness Week "A Mind & Body Experience; Lifetime Wellness"	Visit the Employee Benefits Website for more information	
May 11	Wednesday	Natural Medicines & Remedies Seminar	4:30 - 5:30 pm	Harmony MS, Library
May 13	Friday	Benefits Refresher	4:30 - 6:30 pm	Tuscarora HS, Auditorium
May 19	Thursday	LFG 403(b) Seminar - How Much Do You Need To Save?	6:00 - 7:00 pm	JL Simpson MS, Auditorium
June 9	Thursday	Inova Blood Drive	1:30 - 6:00 pm	Administration Building, Parking Lot

Flu Shot Schedule - Visit the Benefits website for additional information.

Mon, October 4 - 7:00 am - 9:30 am	Woodgrove HS, Purcellville
Mon, October 4 - 3:00 pm - 6:00 pm	Smarts Mill MS, Leesburg
Tues, October 5 - 7:30 am - 10:00 am	Administration Building, Ashburn
Tues, October 5 - 3:00 pm - 6:00 pm	Sterling MS, Sterling
Wed, October 6 - 7:00 am - 9:30 am	Freedom HS, South Riding
Wed, October 6 - 3:00 pm - 6:00 pm	Blue Ridge MS, Purcellville
Thurs, October 7 - 9:00 am - 12:00 pm	Valley Service Center, Purcellville
Thurs, October 7 - 3:00 pm - 6:00 pm	Farmwell Station MS, Ashburn
Fri, October 8 - 7:00 am - 9:30 am	Dominion HS, Sterling
Fri, October 8 - 3:00 pm - 7:00 pm	Eagle Ridge MS, Ashburn
Tues, October 12 - 3:00 pm - 7:00 pm	Administration Building, Ashburn
Tues, October 19 - 7:00 am - 9:30 am	Heritage HS, Leesburg
Tues, October 19 - 3:00 pm - 6:00 pm	River Bend MS, Sterling
Thurs, October 21 - 9:00 am - 12:00 pm	Central Garage, Leesburg
Thurs, October 21 - 3:00 pm - 6:00 pm	Mercer MS, Aldie
Sat, October 23 - 10:00 am - 2:00 pm	Administration Building, Ashburn

Important Reminders

Wellness Works! The 2010 - 2011 Wellness Passport and Health Assessment must be completed by June 30, 2011 and returned to the Employee Benefits Division no later than July 15, 2011. See your Wellness Ambassador for a Passport.
Flexible Benefit Accounts The program runs from January 1st - December 31st. Important program changes will be effective January 1st. Stay tuned to the Employee Benefits Division Website for updated information. Annual enrollment is required.
Employee Benefits Division Website Visit the website often for event information and benefit updates. www.loudoun.k12.va.us Administration / Business & Financial Services / Employee Benefits

ALL EVENTS ARE SUBJECT TO LAST MINUTE CHANGES AND CANCELLATIONS. UPDATES WILL BE POSTED ON THE EMPLOYEE BENEFITS DIVISION WEB PAGE.

LOUDOUN COUNTY PUBLIC SCHOOLS' EMPLOYEE BENEFITS PROGRAM SUMMARY

Note: The following information is provided as an overview of Loudoun County Public Schools' benefits programs for full-time employees. Please refer to the Loudoun County Public Schools' Policy Manual or other appropriate plan documents or visit www.lcsp.org.

Benefit	Eligibility	Coverage
Annual Leave – Classified Employees Working 12 Months	Receive 1 day per month for first six months, and then receive the balance due for the school year. (Prorated for late starts and early releases)	12 days first year. One additional day is earned for each additional year of service up to the 13 th year. 24 days earned is maximum beyond 13 th year of service. 60 days maximum carryover.
Annual Leave – Administrators	Immediate (Prorated for late starts and early releases)	20 days for 1 st & 2 nd years of service 21 days after 2 years of service 22 days after 4 years of service 23 days after 6 years of service 24 days after 8 years of service
Sick Leave	Immediate (Prorated for late starts and early releases)	10 Month Employees receive 10 sick days 11 Month Employees receive 11 sick days 12 Month Employees receive 14 sick days Cumulative if not used; cashed out only as outlined below. Payment of unused sick leave at retirement is limited to those with 10 or more years of LCPS service. Payment is equal to 25% of the value of the unused sick leave balance, up to a maximum payout of 25% of average teacher's salary for the School Year.
Sick Leave from Other Virginia Public Schools	Documentation must be received.	Transferable with provisions under LCPS Policy §7-57. Maximum of 90 days.
Personal Leave 10-11 Month Employees	Immediate	3 days per year. Unused personal leave will be transferred to employee's sick leave balance at the end of the school year.
Family Sick Leave Bank	Donation of 2 sick days to enroll for Family Sick Leave Bank. All leave must be depleted to use the Family Sick Leave Bank. First 30 days of family illness must use own leave or leave without pay (see restrictions under Leave Without Pay section).	Maximum of 30 days each school year can be drawn from the Family Bank. Open Enrollment: Oct 15 to Nov 15 each year
Bereavement Leave		Provides days of leave due to the death of a member of the employee's immediate or extended family. <u>This leave is charged to employee's sick leave balance.</u>

Benefit	Eligibility	Coverage
Group Health Insurance¹	<p>1st of the month following eligibility <u>and</u> the receipt of completed <u>and</u> signed enrollment paperwork in the Employee Benefits Division including all supporting documentation.</p> <p>Dependents are covered up to age 26.</p>	<p>Open Access Plan (OAP) Plan administered by CIGNA Healthcare Coverage.</p> <p><i>In-network</i> (CIGNA network)</p> <ul style="list-style-type: none"> • \$15 co-pay for primary care physician • \$30 co-pay for specialist • \$200 co-pay, then 10% after deductible (\$200 for Individual and \$400 for Family) for hospitalization <p><i>Out-of-network</i></p> <ul style="list-style-type: none"> • \$500 deductible per person (per contract year) • \$1000 deductible per family (per contract year) then Insurance pays 70% of reasonable and customary plan charges for most covered services <p>Point of Service (POS) Plan administered by CIGNA Healthcare Coverage, including prescription medications.</p> <p><i>In-network</i> (CIGNA network)</p> <ul style="list-style-type: none"> • \$15 co-pay for primary care physician • \$30 co-pay for specialist • 100% coverage for hospitalization <p><i>Out-of-network</i></p> <ul style="list-style-type: none"> • \$500 deductible per person (per contract year) • \$1500 deductible per family (per contract year) then Insurance pays 80% of reasonable and customary plan charges for most covered services
Prescriptions	Same as above	<p>Coverage is the same regardless of POS or OAP plan choice. Plan administered by Medco.</p> <ul style="list-style-type: none"> • \$5.00 co-pay for generic medications • \$25.00 co-pay for formulary brand name medications • \$45.00 co-pay for non-formulary brand name medications • Mail order prescription service available for maintenance medications
Vision	Same as above	<p>Plan administered by Davis Vision. Members may use a participating provider to receive the highest benefit or use a non-participating provider and receive a reduced benefit.</p> <ul style="list-style-type: none"> • Eye exam (once every 12 months) • Frames (once every 24 months) • Lenses, including contacts (every 12 months)

<p>Dental/Orthodontia</p>	<p>Same as above</p>	<p>Comprehensive dental plan administered by Delta Dental Plan of Virginia (DDPV) Premier and Preferred Plan</p> <p><i>In-network:</i></p> <ul style="list-style-type: none"> • Preventive services covered at 100% Basic/Major services covered at 80% after a \$50/\$150 deductible • Annual maximum per person per contract year is \$1,250 (Preventative not included) <p><i>Out-of-network:</i></p> <ul style="list-style-type: none"> • Preventive services covered at 80% of reasonable and customary charges • Basic services covered at 60% of reasonable and customary charge (\$50/\$150 deductible) • Major services covered at 50% of reasonable and customary charge (\$50/\$150 deductible) • Annual maximum per person per contract year is \$1,250 (Preventative not included) <p>Orthodontia plan benefit is 50% of usual, customary and reasonable charges, up to a \$1,000 lifetime maximum benefit per person.</p>
----------------------------------	----------------------	---

¹Open enrollment for group health insurance is the time of year employees may add, increase, decrease or drop health insurance coverage. The open enrollment period is October 15th to November 15th, to be effective January 1st. Employees may only make changes to coverage during the year outside of open enrollment in the event of a qualifying family status change, as defined by IRS regulations.

Benefit	Eligibility	Coverage
Retirement	1 st of the month following eligibility date	LCPS pays the full cost of retirement benefits through the Virginia Retirement System (VRS), which consists of a 5% contribution made on behalf of the employee, and the employer's contribution, which is determined annually by VRS.
Term Life Insurance and Accidental Death/Dismemberment	Immediate	Coverage is 2 times the employee's annual salary (4x salary in the event of accidental death). Currently, LCPS pays all premiums for this coverage.
Optional Term Life Insurance	1 st of the month following eligibility date if within the first 31 days of new hire. Pending approval date from Insurance Company thereafter	Additional group term life coverage is available for up to 4 times the employee's salary. Coverage may also be purchased for your spouse and/or eligible child(ren) and paid via payroll deduction. The employee pays the full cost for this coverage.
457 Deferred Compensation Program	1 st of the month following eligibility date	Retirement savings plan that allows employees to defer up to \$16,500 annually (calendar year 2011 limit). Amount deferred is not subject to federal and state payroll withholding taxes.
403(b) Elective Deferral Program	1 st of the month following eligibility date	Retirement savings plan that allows employees to defer up to \$16,500 annually (calendar year 2011 limit). Amount deferred is not subject to federal and state payroll withholding taxes.
Long Term Care Insurance Plan	Pending approval from the insurance company.	Contact the insurance company.
AFLAC Cancer and Hospital Intensive Care Plans	1 st of the month following eligibility date	Contact the Employee Benefits Division or Agent.
Short Term Disability	1 st of the month following eligibility date	Employer paid premiums; Benefit is 60% of your regular salary up to a maximum of \$1,730.00 per week for a maximum 13 calendar weeks after you have satisfied the elimination period.
Voluntary Long Term Disability	1 st of the month following eligibility date if within the first 30 days of new hire. Pending approval date from Insurance Company thereafter	Provides partial income continuation for employees who are disabled and unable to perform the duties of their job.
Flexible Benefit Plans		
Health Insurance Premiums	Immediate	Employee premiums can be paid with pre-tax dollars.
Flexible Benefit Health Care Reimbursement Account		Employees can set aside up to \$5,000 per year of pre-tax dollars to claim reimbursement for allowable health care expenses.
Flexible Benefit Dependent Care Account		Employees can set aside up to \$5,000 per year of pre-tax dollars to claim reimbursement for eligible dependent care expenses.

Benefit	Eligibility	Coverage
Virginia Prepaid Education Program (VPEP) & VEST	Immediate	Employees may participate in VPEP and VEST, while having their payments withheld via payroll deduction. A contract must be set up with the Commonwealth of Virginia prior to payroll deduction.
Employee Assistance Program	Immediate	Provides free and confidential assistance for problems or issues that are affecting the employee personally or at work. EAP services include assessment and referral to appropriate resources, and are available to the employee and his/her immediate family.
Credit Union	Immediate	Employees may join the Apple Federal Credit Union and the Loudoun Credit Union.
Social Security and Medicare	Immediate	Employee and LCPS pay 4.2% on all wages up to \$106,800 (calendar year 2011 limit). An additional 1.45% of wages is paid (no limit) for Medicare by the employee and LCPS.
Direct Deposit	Form must be completed and returned to the Financial Services Office within 30 days of hire date	Your paycheck is automatically deposited in one bank of your choice and/or a Loudoun Credit Union Account.
Discounts	Immediate	Discounts are available with various area restaurants and other local businesses. Most vendors require you to present your LCPS badge to receive the discount.
U.S. Securities and Bonds	Immediate	Employees may purchase U.S. Securities and Bonds through payroll deductions using TreasuryDirect.

Access the INTERNET (www.lcps.org > Administration > Business & Financial Services > Employee Benefits) for information and forms or call the Employee Benefits Division at 571-252-1240.

Group Health Insurance



CIGNA HealthCare



SUMMARY OF BENEFITS

Your CIGNA HealthCare Plan

Features that Add Value

- The reassurance of having a **personal Primary Care Physician (PCP)** who is your source for routine care and guidance when you need more than routine care. As your needs change, so may your choice of doctors. That's why you can change your PCP for any reason.
- The CIGNA HealthCare 24-Hour Health Information LineSM connects you to **registered nurses** and a **library** of hundreds of recorded programs on important health topics 24 hours a day, seven days a week, from anywhere in the U.S.
- **CIGNA Healthy Rewards**[®] includes special offers on health and wellness programs and services often not covered by traditional benefits plans. Just call 1.800.870.3470 or visit the web site at www.cigna.com.
- Prescription drug coverage is a **part of your plan**. More than 50,000 pharmacies participate nationwide, so you can have your prescription filled **wherever you go**. Mail-order service means quick, **convenient** delivery of your medications right to your home.
- Our Guest Privileges program **brings** your CIGNA HealthCare **benefits along** when you temporarily relocate or send kids to schools away from home. Call CIGNA HealthCare Member Services to learn more.
- CIGNA Behavioral Health offers you access to **professional consultation** over the phone to **help you** with problems that affect you, your family, or your work.

Quality Service Is Part of Quality Care

- **Service** is at the heart of everything we do. Our goal is to give you fast, accurate answers; responsive, courteous and professional assistance; and ease and convenience in finding the information you need to manage your health.
- **www.cigna.com** – Visit our **interactive Web site** to learn more about your plan and get health information, 24 hours a day.
- **We Speak Many Languages**SM. We offer the Language Line Services so that you can talk with us in 140 different languages. Just call Member Services, and ask for an interpreter to assist you.



CIGNA HealthCare

It's Your Health

When you choose CIGNA HealthCare, you can take advantage of our **health and wellness** programs:

- **Preventive care services** for every covered family member.
- See a participating OB/GYN – no referral required.
- CIGNA Well Aware for Better HealthSM can help you manage certain chronic conditions.
- The CIGNA HealthCare Healthy Babies[®] program provides you with education and support to help you have a healthy pregnancy and a healthy baby. And there's no copayment for prenatal care office visits after the first visit that confirms you're pregnant.

You Can Depend on CIGNA HealthCare

- Quality comes first. We select participating providers carefully. And we make sure you have a wide range of PCPs and specialists to choose from.
- Emergency and urgent cares are covered wherever you go, worldwide, 24 hours a day. Urgent care centers can take care of your urgent care needs, and you pay a lower copayment.

It's Your Choice

When your PCP coordinates your care and you visit network providers, you get access to quality care at the lowest out-of-pocket costs available under your plan. You also get the freedom to choose the providers you prefer — even if they aren't part of the network. Your costs are lowest when you see participating providers, but you're still covered for visits to other providers.

**For Employees of
Loudoun County Public Schools**

This is a summary of benefits for your Network POS and OAP Co-pay plan. Deductibles and Out-of-Pocket Maximums will cross-accumulate between in-and out-of-network unless otherwise noted. All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between in- and out-of-network unless otherwise noted. All in-network services must be performed by the Primary Care Physician (PCP), referred by the PCP (unless using the OAP plan) or approved by the local Health plan.

**Loudoun County Public Schools Health Plans for 2011
Active Employees (Eligible for Benefits)
Effective January 1, 2011**

Description of Service	CIGNA Healthcare Point-of Service		CIGNA Healthcare Open Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$ 500 Individual \$1500 Family	\$200 Individual \$400 Family	\$ 500 Individual \$1000 Family
Referrals Required	Yes	No	No	No
Out-of-Pocket Maximum	None	\$2500/\$5000	\$1000/\$2000	\$2000/\$4000
Preventive Care				
Routine Physical Exam	No charge	20% after deductible	No charge	30% after deductible
Well Baby/Child Care	No charge	20% after deductible	No charge	30% after deductible
Childhood Immunizations	No charge	20% after deductible	No charge	30% after deductible
Physician Services				
Physician Office Visit	\$15 co-pay	20% after deductible	\$15 co-pay	30% after deductible
Specialist Office Visit	\$30 co-pay	20% after deductible	\$30 co-pay	30% after deductible
Lab Work and X-Rays	Covered in full	20% after deductible	10% after deductible	30% after deductible
Allergy Evaluations	PCP or Specialist co-pay	20% after deductible	PCP or Specialist co-pay	30% after deductible
Allergy Shots	PCP or Specialist co-pay	20% after deductible	PCP or Specialist co-pay	30% after deductible
Maternity Care				
Physician Services	PCP/Specialist co-pay for Initial Visit to confirm pregnancy	20% after deductible	PCP/Specialist co-pay for Initial Visit to confirm pregnancy; 10% after deductible	30% after deductible
Hospital Services	Covered in full	20% after deductible	\$200 co-pay, then 10% after deductible	\$400 co-pay, then 30% after deductible
Emergency Services (when medically necessary)				
Urgent Care Centers	\$25 co-pay	\$25 co-pay	\$50 co-pay	\$50 co-pay
Emergency Room	\$100 per visit	\$100 per visit	\$100 per visit	\$100 per visit
Emergency Physician Services	No charge	No charge (If not a true emergency, not covered)	No charge	No charge (If not a true emergency, not covered)
Emergency Ambulance	No charge	No charge (If not a true emergency, not covered)	10% after deductible	10% after deductible (if not a true emergency, not covered)
Hospital Services-Inpatient				
Semi-Private Room	Covered in full	20% after deductible	\$200 co-pay, then 10% after deductible	\$400 co-pay, then 30% after deductible
Professional Services	Covered in full	20% after deductible	10% after deductible	30% after deductible

Description of Service	CIGNA Healthcare Point-of Service		CIGNA Healthcare Open Access	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services-Outpatient				
Surgical Procedures	\$15/\$30 co-pay	20% after deductible	\$100 per visit, then 10% after deductible	\$200 per visit, then 30% after deductible
Professional Fees	No charge	20% after deductible	10% after deductible	30% after deductible
Mental Health/Substance Abuse Services				
Inpatient Days	Covered in full	20% after deductible	\$200 co-pay, then 10% after deductible	\$400 co-pay, then 30% after deductible
Outpatient Visits	\$15/\$30 co-pay	20% after deductible	\$30 co-pay	30% after deductible
Outpatient Intensive Visits	\$15/\$30 co-pay	20% after deductible	\$30 co-pay	30% after deductible
Other Services				
External Prosthetics	Covered in full	20% after deductible	10% after deductible	30% after deductible
Infertility Treatment	\$15/\$30 for diagnosis & some treatments	20% after deductible for diagnosis & some treatment	Not covered under OAP	Not covered under OAP
Durable Medical Equipment	Covered in full	20% after deductible	10% after deductible	30% after deductible
Home Health Care/Skilled Nursing Care	unlimited	unlimited	60 days	60 days
Hospice Care	No charge	20% after deductible	10% after deductible	30% after deductible
Organ Transplant	\$15/\$30 co-pay	20% of Charges	Covered in full	30% of Charges
Short Term Rehab	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay
Chiropractic	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay

This summary of Loudoun County Public Schools' Health Insurance Program is for informational purposes. In the event of discrepancy or error, the Summary Plan Documents on the Employee Benefits website at www.lcps.org will prevail.



Description of Service	Medco	
	30-Day Retail	90-Day Mail Order
Generic	\$5	\$10
Brand Name	\$25	\$50
Non-Preferred	\$45	\$90

Effective January 1, 2011 Medco will become the administrator of the Loudoun County Schools prescription drug benefit.

Medco's strengths include

- A network of nearly **60,000** pharmacies nationwide, including chains and independent pharmacies
- Convenient mail-order pharmacies for maintenance (long-term) prescriptions
- A full suite of Internet services, including online prescription ordering
- Sophisticated checks and balances to ensure safety and high quality
- Round-the-clock access to pharmacists
- Online access to nonprescription drugstore items
- Specially trained Member Services representatives

How to use the retail program

- Take your prescriptions to a participating retail pharmacy.
- Present your Medco prescription drug ID card and prescriptions to the pharmacist. There are no claim forms to file and no waiting for reimbursement if you fill your prescriptions at a participating pharmacy.

How to use the *Medco Pharmacy*TM

- If you take a medication on an ongoing basis, consider the advantages of the Medco Pharmacy mail-order service.

On or after 1/1/2011, ask your doctor to write a prescription for up to a 90-day supply, plus refills. Mail your prescription and co-payment, along with the order form that you find in your welcome packet. (A welcome packet will be mailed to your home in late December.)

- You may need to consider a 30-Day prescription or samples to ensure you have enough of your medication until the mail-order prescription arrives.



Delta Dental PPO

**Benefits for Loudoun County Public Schools
Group Number: 6111
Effective Date: January 1, 2011**

This sheet provides a brief description of important features of the Delta Dental PPO (PPO/Premier) dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs may be lower when you select a dentist who participates with Delta Dental.

Plan Benefit Design	Plan Differential			General Plan Information
	In-Network*		Out-of-Network*	
	PPO	Premier		
Annual Deductible	\$50/150	\$50/150	\$50/150	Limit of 2 per family per contract year for Basic & Major Services only
Annual Benefit Maximum (Diagnostic & Preventive Services)	None	None	None	Diagnostic & Preventive Services are not subject to an Annual Benefit Maximum
Annual Benefit Maximum (Basic & Major Services)	\$1250	\$1250	\$1250	Per enrollee, per contract year
Orthodontic Lifetime Maximum	\$1000	\$1000	\$1000	Per enrollee, for subscriber and covered dependent(s)

*The amounts listed under the Plan Differential are the deductible and maximum benefits permitted. The in-network and out-of-network deductibles and maximums are not separate and amounts applied to one will apply to the other.

Covered Benefits and Co-Insurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

Coverage	In-Network*		Out-of-Network*	Benefit Limitations
	PPO	Premier		
Diagnostic and Preventive Care	100%	100%	80%	<i>(These services are exempt from the deductible.)</i>
<ul style="list-style-type: none"> - Oral exams and cleanings - Fluoride applications - Bitewing x-rays - Full mouth/panellipse x-rays - Space maintainers - Sealants - Healthy Smile, Healthy You™ Program 				Twice in a contract year. Twice in a contract year. Once in a contract year, limited to either a maximum of 4 bitewing films or a set (7-8 films) of vertical bitewings, in one visit. Limit of one each three years. For dependents under the age of 14. Only for non-carious, non restored 1st and 2nd permanent molars for dependents under age 19, one application per tooth. Enrolled pregnant members and enrolled diabetic members are entitled to an additional cleaning (or if the member has a history of periodontal surgery, an additional periodontal maintenance visit).

<u>Coverage</u>	<u>In-Network*</u>		<u>Out-of-Network*</u>	<u>Benefit Limitations</u>
	<u>PPO</u>	<u>Premier</u>		
Basic Dental Care	80%	80%	60%	<i>(Deductible Applies)</i>
<ul style="list-style-type: none"> - Amalgam (silver) and composite (white) fillings - Stainless steel crowns - Oral Surgery - Denture repair and recementation of crowns, bridges and dentures - Endodontic services/root canal therapy - Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts) 				<p>Retreatment only after 2 years from initial treatment.</p> <p>Limited to primary (baby) teeth for participants under age 14.</p> <p>Simple extractions, impactions, and other surgical procedures.</p> <p>Cost limited to ½ the cost of a new denture or prosthesis.</p> <p>Repeat treatment only after 2 years from initial root canal therapy treatment.</p> <p>Limitations of 2-3 years apply based on services rendered. 4 periodontal cleanings in a Contract Year.</p>

Covered Benefits and Co-Insurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

<u>Coverage</u>	<u>In-Network*</u>		<u>Out-of-Network*</u>	<u>Benefit Limitations</u>
	<u>PPO</u>	<u>Premier</u>		
Major Dental Care	80%	80%	50%	<i>(Deductible Applies)</i>
<ul style="list-style-type: none"> - Prosthodontics/dentures/Bridges - Crowns 				<p>Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable. Fixed bridges or removable partials are not benefits for Dependents under age 16.</p> <p>Once per tooth every 5 years, and only when an existing crown cannot be rendered serviceable. Benefit available only when tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration. Crowns for dependents under the age of 12 are not covered. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device</p>
Orthodontic Benefits	50%	50%	50%	<i>(These services are exempt from the deductible.)</i>

*Please refer to Choosing a Dentist.

COVERAGE IS AVAILABLE FOR:

- Enrollee and spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

USING YOUR DELTA DENTAL PPO PLUS PREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment. Participating dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of participating dentists is included on our web site at www.deltadentalva.com or can be obtained by calling 1-800-237-6060.

THE DELTA DENTAL PPO PROGRAM ALLOWS YOU TO:

- Change dentists at any time without pre-approval;
- Go to a specialist without pre-approval.

During your first appointment, provide your dentist with the following information:

- the subscriber’s identification number
- inform the dentist that your program is through Delta Dental of Virginia

CHOOSING A DENTIST

You may select the dentist of your choice. However, you will receive the highest level of benefits available in your group’s program by choosing a Delta Dental PPO Dentist. If you choose a:

Delta Dental PPO Dentist	Delta Dental Premier Dentist who is not a Delta Dental PPO Dentist	Non-Participating Dentist
<ul style="list-style-type: none"> • Payment will be made directly to the dentist for covered benefits. • Delta Dental’s payment will be based on the Delta Dental PPO Allowance for covered benefits. • The dentist will accept Delta Dental’s payment, plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits. 	<ul style="list-style-type: none"> • Payment will be made directly to the dentist for covered benefits. • Delta Dental’s payment will be based on the Delta Dental Premier Allowance for covered benefits. • Delta Dental Premier dentists have agreed to accept Delta Dental Premier Allowances plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits. • The amount you would owe a Delta Dental Premier Dentist who is <u>not</u> a Delta Dental PPO Dentist may be higher than the amount you would owe a Delta Dental PPO Dentist for the same covered benefits. 	<ul style="list-style-type: none"> • Payment will be made directly to you. • Delta Dental’s payment will be based on Non-Participating Dentist Allowances for covered benefits. • You will be responsible for any required co-insurance and deductible (if applicable) as well as the difference between the non-participating dentist’s charge and Delta Dental’s payment for covered benefits. • The amount you would owe a Non-Participating Dentist may be higher than the amount you would owe a Delta Dental PPO or Delta Dental Premier Dentist for the same covered benefits.

EXCLUSIONS

The following are not covered benefits under any circumstances **unless specifically identified** as a covered benefit in the plan documents.

- Services or supplies that are not dental services; also services not specifically listed as covered in the plan documents.
- Services or treatment provided by someone other than a dentist or a qualified dental hygienist working under the supervision of a dentist.
- A dental service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to an enrollee), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards based on the dental services provided. In addition, each covered benefit must demonstrate dental necessity. Dental Necessity is determined in accordance with generally accepted standards of dentistry.
- Dental services for injuries or conditions that may be covered under workers compensation or similar employer liability laws or other medical plan coverage; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Dental services for the diagnosis or treatment for illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.
- Dental services started or rendered before the date the enrolled under this dental plan. Also, except as otherwise provided in the plan documents, benefits for a course of treatment that began before enrolled under this dental plan.
- Except as otherwise provided in the plan documents, dental services provided after the date that the individual is no longer enrolled or eligible for coverage under the plan documents.
- Except as otherwise provided in the plan documents, prescription and non-prescription drugs; pre-medications; preventive control programs, oral hygiene instructions, and relative analgesia.
- General anesthesia when less than three (3) teeth will be extracted during the same office visit.
- Splinting or devices used to support, protect, or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
- Charges for inpatient or outpatient hospital services; any additional fee that the dentist may charge for treating a patient in a hospital, nursing home or similar facility.

- Charges to complete a claim form, copy records, or respond to Delta Dental's requests for information; charges for failure to keep a scheduled appointment.
- Charges for failure to keep a scheduled appointment.
- Charges for consultations in person, by phone or by other electronic means.
- Charges for x-ray interpretation.
- Dental services to the extent that benefits are provided or would have been provided if the enrollee had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- Complimentary services or dental services for which you would not be obligated to pay in the absence of the coverage under the plan documents or any similar coverage.
- Services or treatment provided to an immediate family member by the treating dentist. This would include a dentist's parent, spouse or child.
- Dental services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).
- Dental services or other services that Delta Dental determines are for the purpose of correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.
- Replacement of congenitally missing teeth by dental implant, fixed or removable prosthesis whether the result of a medical diagnosis including but not limited to hereditary ectodermal dysplasia or not related to a medical diagnosis.
- Experimental or investigative dental procedures, services, supplies as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of the Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice, or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the enrollee's condition.
- Dental services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
- Dental services, procedures and supplies that are needed because of harmful habits. An example of a harmful habit includes clenching or grinding of the teeth.
- Services billed under multiple dental service procedure codes that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a single, more comprehensive dental service procedure code. Delta Dental bases their payment on the allowance for the more comprehensive code, not on the allowance(s) for the underlying component codes.
- Services billed under a dental service procedure code that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a code that more accurately describes the dental service. Delta Dental's bases their payment on its determination of the more accurate dental service code.
- Amounts assessed on dental services and/or supplies by state or local regulation.
- Amounts that exceed the plan allowances as agreed to by the dentist for covered benefits.

The preceding information is offered as a brief description of the Delta Dental PPO program and what Delta Dental pays for services covered under the program. It is not intended for use as a summary plan description nor is it designed to serve as an *Evidence of Coverage* for the program. This Delta Dental PPO program is administered by Delta Dental of Virginia. If you have specific questions regarding benefit structure, limitations or exclusions, consult the *plan document* or call Delta Dental's Benefit Services Department at 800-237-6060.

Delta Dental of Virginia Mission Statement

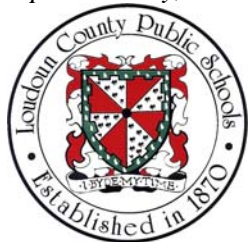
"To improve the public's health through market leadership as the dental experts by delivering quality dental benefits and superior service supported by evidence-based science and innovative technology."



Delta Dental of Virginia
4818 Starkey Road
Roanoke, Virginia 24018-8542
1-800-237-6060
www.deltadentalva.com

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of, the employees and dependents of Loudoun County Public Schools



For information prior to enrolling, call 1-888-235-3130 (toll free) or visit Davis Vision's website at www.davisvision.com and enter client control code 7025.

Once enrolled, please call Davis Vision at 1-888-235-3130 with questions or visit Davis Vision's website at www.davisvision.com

Loudoun County Public Schools is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Loudoun County Public Schools employee or covered dependent.
- Provide the office with the employee's Identification number and the name and date of birth of any covered dependents needing services.

It's that easy! The provider's office will verify your eligibility for services, and no ID cards or claim forms are required!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call **1-888-235-3130** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our website at www.davisvision.com and utilize our "Find a Doctor" feature.

What about retail locations?

In order to provide our employees with the greatest amount of flexibility and convenience, Davis Vision makes available a number of retail establishments to our provider network. Benefits at retail locations may vary slightly from other locations.

What are the plan benefits, frequencies and costs?

✓ Eye Examinations	Every 12 months
Including dilation as professionally indicated.	
In-Network Copayment	\$15.00
Out-of-Network Copayment	Reimbursed up to \$35.00

✓ EYEGLASSES

Frame	Every 24 months
Spectacle lenses	Every 12 months
In-Network Copayment	\$15.00

You may choose a frame from "The Collection" (Designer selection) available in most network provider offices. A \$110.00 credit will be applied toward a network provider's own frame.

Out-of-Network	Reimbursed up to \$35.00
-----------------------------	--------------------------

for a frame, up to \$25.00 for single vision lenses, up to \$40.00 for bifocals, up to \$55.00 for trifocals, up to \$125.00 for lenticular (post-cataract) lenses.

✓ CONTACT LENSES

In-Network	\$15.00
-------------------------	---------

Standard soft daily-wear, disposable* or planned replacement* contact lenses may be selected in lieu of eyeglasses. A \$100.00 credit, plus a 15% discount on any overage (which may or may not apply toward fitting/follow-up care fees), will be applied toward contact lenses from the provider's own supply. Medically necessary contact lenses will be covered in full with prior approval.

Out-of-Network	Reimbursed up to \$95.00
-----------------------------	--------------------------

for elective contact lenses; up to \$210.00 for medically necessary contact lenses with prior approval.

**Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examinations may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient. Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.*

What are the plan benefits and costs at retail locations?

FRAME: Employees who seek services through a participating retail location will be given a \$110.00 allowance toward the purchase of a frame. If you choose a frame with a price that is over the \$110.00 allowance, you will be responsible for any balance.

SPECTACLE LENSES: Employees who seek services through a participating retail location will be afforded the same coverage for spectacle lenses as all other Davis Vision network locations (see What Lenses/Coatings are included?) including optional lenses and coatings.

WARRANTY: Employees who receive eyeglasses at a participating Retail location will receive a 1 year warranty against breakage.

CONTACT LENSES: Employees who choose contact lenses to fulfill their benefit will receive an allowance of \$100.00 to be applied towards the cost of contact lenses from the retail location's supply.

When will I receive my eyewear?

Your eyewear will be sent to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a participating provider's frame is selected.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- \$25.00 for a Premier frame from "The Collection"
- \$30.00 for polycarbonate lenses
- \$35.00 for standard ARC (anti-reflective coating). Premium ARC is \$48.00, Ultra ARC is \$60.00
- \$20.00 for scratch-resistant coating
- \$20.00 Photogrey Extra® (photosensitive) glass lenses
- \$12.00 for ultraviolet (UV) coating
- \$20.00 for blended invisible bifocals
- \$30.00 for intermediate vision lenses
- \$75.00 for polarized lenses
- \$65.00 for plastic photosensitive lenses
- \$55.00 for high-index (thinner and lighter) lenses
- \$50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocal lenses are \$90.00.**

*** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.*

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110**

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1-888-235-3130.

What about out-of-network provider benefits?

Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Information about Laser Vision Correction Services:

Davis Vision is pleased to provide you and your eligible family members with the opportunity to receive Laser Vision Correction Services through a network of experienced, credentialed surgeons at significant discounts. For more information, please visit our website at www.davisvision.com or call 1-888-235-3130.

More special features:

- Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.
- A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

Are there any exclusions?

The following items are not covered by the Davis Vision program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those previously described
- Replacement of lost eyewear
- Non-prescription (plano) lenses
- Two pairs of eyeglasses in lieu of a bifocal
- Contact lenses and eyeglasses in the same benefit cycle

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-888-235-3130 to:

- Learn about the Davis Vision company
- Access the Interactive Voice Response Unit, to locate network providers in your area who have "The Collection"
- Verify eligibility for you or your family members or print an Enrollment Confirmation from the website
- Understand emergency care
- Speak with a Member Service Representative
- Ask any questions about your Vision Care benefits
- Member Service Representatives are available:
Monday through Friday, 8:00 AM to 8:00 PM, Eastern Time, and;
Saturday, 9:00 AM to 4:00 PM Eastern Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences
- The right to participate in all treatment decisions
- The right to dignity, privacy, confidentiality and non-discrimination
- The right to complain or appeal any decision

Patients also have the responsibility:

- To provide complete and accurate information
- To follow care instructions

For a complete copy of Your Rights and Responsibilities as a Patient, please visit our website at: www.davisvision.com or call 1-888-235-3130.

Continuation of Coverage Group Health Insurance

On April 7, 1986, a new federal law was enacted entitled the “**Consolidated Omnibus Budget Reconciliation Act (COBRA)**” (Public Law 99-272, Title X) requiring that most employers sponsoring a group health/dental plan offer employees and their families the opportunity for a temporary extension of coverage (called “continuation coverage”) at group rates in certain instances where coverage under a plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provision of the law. It is suggested that you and your covered dependents take the time to read this notice carefully.

If you are an employee of **Loudoun County Public Schools** covered by the **Loudoun County Public Schools Group Health Insurance Plans**, you have a right to choose this continuation coverage if you lose your group health coverage because of reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by one of these Plans, you have the right to choose continuation for yourself if you lose group health coverage for any of the following four reasons:

1. death of your spouse;
2. termination of your spouse’s employment (for reasons other than gross misconduct) or reduction in your spouse’s hours of employment;
3. divorce or legal separation from your spouse; or
4. your spouse becomes eligible for *Medicare*.

In the case of a dependent child of an employee covered by one of these Plans, he or she has the right to continuation coverage if group health coverage under the plan is lost for any of the following five reasons:

1. death of a parent;
2. termination of a parent’s employment (for reasons other than gross misconduct) or a reduction in a parent’s hours of employment;
3. parent’s divorce or legal separation;

4. a parent becomes eligible for *Medicare*; or
5. dependent child ceases to be a “dependent child”.



Under the law, the employee or family member has the responsibility to inform the Employee Benefits Division in the Department of Business and Financial Services of a divorce, legal separation, or of a child losing eligible dependent status under the Plan within **sixty (60) days** of the date of the event, or the date in which coverage under the Plan would end because of the

event, whichever is later.

When the Employee Benefits Division is notified that one of these events has happened, you will be informed in writing of your option to elect continuation coverage. Under the law, you have at least **60 days** from the date you would lose coverage because of one of the “qualifying events” described above to inform Flexible Benefits Administrators (Loudoun County Public Schools **COBRA** Administrator) that you want to elect continuation coverage. **The first insurance premium payment is due no later than 45 days after you elect continuation coverage.** If you do not choose continuation coverage, your group health insurance coverage will end. If Flexible Benefits Administrators does not receive the **COBRA** Election Notice from you within the **60-day** period stated above, you will automatically waive your rights under **COBRA**.

If you choose continuation coverage, Loudoun County Public Schools is required to give you coverage that is identical to the coverage provided under the Plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment or reduction in hours.

If either of these events occur, the required continuation period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other

events (such as a death, divorce, legal separation, or **Medicare** entitlement) occur during that 18-month period.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage. The 18 months may be extended to 29 months if a qualified beneficiary is determined by the **Social Security Administration** to be disabled (for **Social Security** disability purposes) at any time during the first 60 days of **COBRA** coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment. To benefit from this extension, a qualified beneficiary must notify the Plan Administrator of the eligibility determination within 60 days and before the end of the original 18-month period. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

A child who is born to, or placed for adoption with, the covered employee during a period of **COBRA** coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the **Loudoun County Public Schools Group Health Insurance Plan** and the requirements of federal law, these qualified beneficiaries can be added to **COBRA** coverage upon proper notification to the Plan Administrator of the birth or adoption.

The law also provides that your continuation may be terminated for any of the following five reasons:

1. Loudoun County Public Schools no longer provides group health insurance to any of its employees;
2. The premium for your continuation coverage is not paid on time;
3. You, your spouse, or dependent child(ren) become covered, after the date of your **COBRA** election, under another group health insurance

plan that does not contain any exclusion or limitation with respect to any pre-existing conditions;

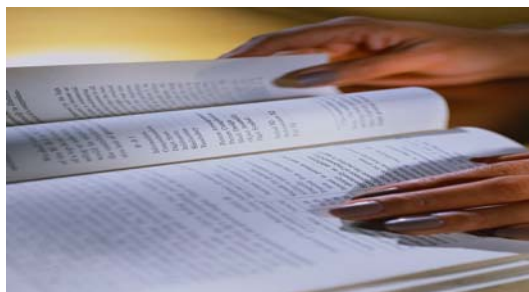
4. You become eligible for **Medicare**;
5. You extend coverage for up to 29 months due to disability and there has been final determination that the individual is no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. Under the law, Loudoun County Public Schools may charge 100% of the insurance premium rate to anyone who elects continuation coverage (150% for beneficiaries who qualify due to disability). Loudoun County Public Schools is also permitted to add 2% to this rate to defray administrative expenses. The law also says that, at the end of the 18, 29 or 36 month continuation coverage period, you must be allowed to enroll in an individual conversion health plan.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. *HIPAA* coordinates **COBRA**'s other coverage cut-off rule with these new limits as follows:

If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your **COBRA** coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of *HIPAA*'s restrictions on pre-existing condition clauses, the **Loudoun County Public Schools Group Health Insurance Plan** may terminate your coverage.

If you have questions about your rights under **COBRA**, please contact: the Employee Benefits Division.





LOUDOUN COUNTY PUBLIC SCHOOLS – GROUP #3320020

APPLICATION FOR GROUP HEALTH INSURANCE

(Medical, Prescription, Dental and Vision Coverage)

Return to Employee Benefits



SELECT YOUR PLAN	
<input type="checkbox"/> Point of Service (POS)	<input type="checkbox"/> Open Access Plus (OAP)

ACTIVE EMPLOYEES

Effective Date Of This Action:

EMPLOYEE INFORMATION:

Employee Name Last (Maiden, if applicable) First Middle	PID	Circle One: New Employee _____ Active Employee _____	Check All That Apply: New Enrollment _____ Open Enrollment _____ Pre-Tax/Post-Tax Change _____ Dependent Addition _____ Disenroll Dependent _____ Cancel Coverage Entirely _____ Address Change _____ Name Change _____ Plan Change _____
Employee Address _____ _____	Date Of Birth _____		
Employee Home Phone	Employee Cell Phone	Employee Work Number	
Employee Primary Care Physician (PCP)		PCP Code	

ACTIVE DEPENDENT INFORMATION:

02	Circle One: Add _____ Cancel _____	Spouse's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Date of Marriage	Employer
		Primary Care Physician	PCP Code	Circle One: Male _____ Female _____ Disabled _____		
03	Circle One: Add _____ Cancel _____	First Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)	
		Primary Care Physician	PCP Code	Circle One: Male _____ Female _____ Disabled _____		
04	Circle One: Add _____ Cancel _____	Second Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)	
		Primary Care Physician	PCP Code	Circle One: Male _____ Female _____ Disabled _____		
05	Circle One: Add _____ Cancel _____	Third Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)	
		Primary Care Physician	PCP Code	Circle One: Male _____ Female _____ Disabled _____		

If you have any questions concerning the benefits and services provided by or excluded under this agreement, please contact your benefits office before signing this application. I hereby apply for membership in the above noted health plan for myself and for any eligible dependents listed, and I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the health plan. I certify that the information provided above is true and correct to the best of my knowledge. I understand that my coverage and benefits may be affected by failure to provide complete and accurate information. Further, I understand and acknowledge the information provided on the reverse side of this form.

****The reverse side of this form must be signed in order for elections/changes to be processed****

06	Circle One: Add	Fourth Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)
	Cancel	Primary Care Physician	PCP Code	Circle One: Male Female Disabled	
07	Circle One: Add	Fifth Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)
	Cancel	Primary Care Physician	PCP Code	Circle One: Male Female Disabled	
08	Circle One: Add	Sixth Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth	Employer (if applicable)
	Cancel	Primary Care Physician	PCP Code	Circle One: Male Female Disabled	

Spouse's Employment

Is your spouse an employee of Yes, Loudoun County Public Schools No

If yes, spouse's name: _____ Social Security Number: _____

Certification

As a participant in the Loudoun County Public Schools (LCPS) Health Benefits Plan, I understand that I must make this election within 30 days (new hires or qualifying events) of becoming eligible for benefits under the plan. I understand that I am not covered under the Health Plan until I have elected benefits under the plan and the election has been accepted by the Employee Benefits Division. I understand that this election is made under the IRS Section 125 Pre-Tax Rules and Regulations. To comply with these rules, the effective date for a new hire employee and his/her dependent(s) who elects coverage during his/her initial eligibility period shall be the later of the 1st of the month following:

- ✓ The date of hire; or
- ✓ The date the employee submits a completed and signed health insurance enrollment/change form.

For an employee who elects to change coverage under the Plan due to a qualifying event, the effective date shall be *the later of the first of the month following:*^{1 2}

- ✓ The date the employee incurs a qualifying change in family, dependent, or employment status; or
- ✓ The date the employee submits a completed and signed health insurance enrollment/change form and the corresponding supporting documentation.

¹IRS regulations stipulate that retroactive changes will only apply for election changes made due to birth or adoption of a child. No other coverage changes will be made retroactively.

²Qualifying event changes that are made due to the birth, adoption, or placement for adoption of a child are effective on the date of the event.

As a participant in the Health Benefits Plan, I certify that if I have applied for spousal or dependent health insurance coverage, the dependents listed on my enrollment form are my legal spouse and/or child(ren) who is (are) under age 26. I must notify the Employee Benefits Division within **30 days** of any change in status which would cause any of my covered dependents to cease to be eligible for benefits under the health, dental, and vision plans. These changes include, but are not limited to, death of a dependent, divorce, or reaching the policy age limit. If I fail to notify the Employee Benefits Division by filing the appropriate termination and/or change forms, I will be responsible for any claims, and/or premiums paid on behalf of any individual who ceased to be eligible for benefits under the policy. It is my responsibility to keep informed of any changes to the plan that might affect my or my dependent(s) eligibility. I understand that I may change my election (by adding, increasing, decreasing or dropping coverage) only during the annual open enrollment period or upon certain qualifying events specified under the IRS Section 125 Pre-Tax Rules and Regulations.

I hereby authorize LCPS to deduct from my wages/compensation the appropriate premium necessary to provide the level of coverage that I have elected, and to deduct any missed health insurance premiums resulting from a change in my normal pay. I am aware that my coverage may be cancelled if premiums are at any time deemed uncollectible by LCPS. This authorization will be effective for this plan year and subsequent years, unless modified by my completion and LCPS acceptance of a new Health Plan Enrollment/Change Form.

Employee's Signature
09/2010

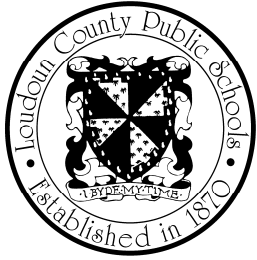
Date

Eligibility Definitions and Required Documentation

<u>Dependents</u>	<u>Definition of Eligibility</u>	<u>Documentation Required</u>
Spouse	A person of the opposite sex who is legally married to the employee or retiree.	<ul style="list-style-type: none"> • Copy of marriage certificate OR • If married more than one year, a copy of Page 1 of most current Federal Tax Return* (Form 1040) that shows the dependent listed as “Spouse”.
Child(ren) <i>(Natural, adopted, child under Qualified Medical Support Order or child you have legal guardianship of)</i>	<p>Your child(ren) may be covered to the end of the month in which he or she turns age 26.</p> <p>Dependent children over the age limit if they are incapable of self-support because of a physical or mental incapacity that started before they reached the limit age and are chiefly dependent on enrollee or spouse for support.</p>	<ul style="list-style-type: none"> • Copy of birth certificate showing employee/retiree as a parent, OR • In the case of adoption, copy of a legal adoptive agreement, OR • If applicable, copy of Qualified Medical Child Support Order, copy of Court Order of legal guardianship, or copy of Divorce Decree requiring employee to provide healthcare coverage.
Stepchild	Your spouse’s child(ren) provided they are substantially dependent upon you for support and maintenance. They must also meet the age requirements above for natural and adoptive children.	<ul style="list-style-type: none"> • Copy of birth certificate (or adoption agreement) showing the name of employee’s/retiree’s spouse; AND • Copy of marriage certificate showing the employee and spouse (parent) name, AND • If married more than one year, a copy of most current Federal Tax Return that shows the dependent’s parent listed as spouse
Grandchild	A grandchild, who is in the court ordered custody, resides with and is the dependent of the enrollee or the enrollee’s spouse. The grandchild must meet the age requirements for natural and adoptive children.	<ul style="list-style-type: none"> • Copy of the Final Court order with judge’s signature and seal; AND • Copy of current school record or report card showing child lives with you OR • Copy of most current Federal Tax Return that shows the grandchild listed as a dependent

*Note: For tax forms you only need to provide copy of first page and you may black out all financial information and all but the last 4 digits of any Social Security Numbers.

To obtain copies of the documents listed above contact your State’s Bureau of Vital Statistics or visit vitalchek.com.



Loudoun County Public Schools

Active Employees- Group Health Insurance Premiums

(Medical, Prescription, Dental and Vision Coverage)

January 1, 2011 – December 31, 2011

CIGNA Point of Service Plan (POS)				
Coverage	Employee Share		Employer Share Monthly	Total Cost
	Monthly	Semi-Monthly		
Employee Only	\$ 56.82	\$ 28.41	\$ 511.36	\$ 568.18
Employee Plus Child	\$ 100.86	\$ 50.43	\$ 705.99	\$ 806.84
Employee Plus Spouse	\$ 170.46	\$ 85.23	\$ 965.92	\$ 1,136.38
Family (Employee Plus 2 or More)	\$ 319.61	\$ 159.81	\$ 1,100.88	\$ 1,420.48

CIGNA Open Access Plus Plan (OAP)				
Coverage	Employee Share		Employer Share Monthly	Total Cost
	Monthly	Semi-Monthly		
Employee Only	\$ 24.89	\$ 12.45	\$ 472.84	\$ 497.73
Employee Plus Child	\$ 70.68	\$ 35.34	\$ 636.11	\$ 706.79
Employee Plus Spouse	\$ 149.32	\$ 74.66	\$ 846.15	\$ 995.47
Family (Employee Plus 2 or More)	\$ 273.75	\$ 136.88	\$ 970.59	\$ 1,244.34

NOTES

- Two Full Time School Employees With Family Coverage Will Each Pay **\$56.82 (POS)** or **\$24.89 (OAP)** Per Month Toward The Cost Of Their Coverage.
- Job Share Employees Pay ½ Of The Total Cost Premium.
- All New Hires Will Be Paid On The Semi-Monthly Pay Cycle.
- If You Elect Not To Participate In The Insurance Plan Upon Hire, You May Enroll In Any Open Enrollment Thereafter. OPEN ENROLLMENT IS OCTOBER 15 TO NOVEMBER 15, With Changes/Additions **To Be EFFECTIVE JANUARY 1ST**.
- Children Are Covered Up To Age 26.

CIGNA Healthcare (Group 3320020)

www.cigna.com or www.mycigna.com
 Member Services: 1-800-244-6224
 24 Hour Nurseline: 1-800-564-8982

Medco

www.medco.com
 1-800-866-9672

Delta Dental of Virginia (Group #6111)

www.deltadentalva.com
 1-800-237-6060

Davis Vision (Group LOU)

www.davisvision.com Control Code 7025
 1-888-235-3130



**Flexible Benefits
Plan**





Effective January 1, 2011, the Loudoun County Public Schools Flexible Benefit Plan (hereinafter “Flex”) will be administered by:

**Compusys/Erisa Group, Inc.
12325 Hymeadow Drive, Building 4-101
Austin, TX 78750-1847
Phone: 800-933-7472
Fax: 512-250-9487
Email: flex@cserisa.com
Business Hours: 8:45am – 6:00pm EST**

This new partnership brings the following enhancements to our participants:

- Availability of debit card for quick, automated, electronic payment of eligible expenses
- Submission of non-debit card claims by email, fax, or mail
- Direct deposit for prompt electronic reimbursement on non-debit card transactions credited directly to your bank account
- Claim Submission status updates emailed to participants
- Quarterly account statement provided to participants



...and the continued convenience of 24/7 secured, online access to account information.

If you're already enrolled or if you'd like to give this program a try, just complete and return the appropriate application to the Employee Benefits Division during the October 15-November 15 Open Enrollment period. More information and applications can be found on our website, at our Open Enrollment/Open House events, by calling our office and/or in your 2011 Open Enrollment Guide.

All 2010 Reimbursement Requests (including the Grace Period)
should be sent to the Employee Benefits Division



How to Save Money Without Spending a Dime!

Join LCPS Flexible Benefit Plans!

Enroll now if you and your family members are spending money on:

- Daycare
- Eyeglasses
- Prescription Co-pays
- Dental Services
- Physician Services
- Orthodontia
- Insurance Deductibles

Pay for these and other eligible expenses with pre-tax dollars and increase your take home pay.

FEDERAL TAX RATES 2010 (Estimate)

ANNUAL Payroll Period					
Taxable Income		Tax Rate	Taxable Income		Tax Rate
Single			Married: Filing Jointly		
Over	Not Over		Over	Not Over	
\$0	\$6,050	\$0	\$0	\$13,750	\$0
\$6,050	\$10,425	10%	\$13,750	\$24,500	10%
\$10,425	\$36,050	\$437.50 plus 15%	\$24,500	\$75,750	\$1,075.00 plus 15%
\$36,050	\$67,700	\$4,281.25 plus 25%	\$75,750	\$94,050	\$8,762.50 plus 25%
\$67,700	\$84,450	\$12,193.75 plus 27%	\$94,050	\$124,050	\$13,337.50 plus 27%
\$84,450	\$87,700	\$16,716.25 plus 30%	\$124,050	\$145,050	\$21,437.50 plus 25%
\$87,700	\$173,900	\$17,691.25 plus 28%	\$145,050	\$217,000	\$26,687.50 plus 28%
\$173,900	\$375,700	\$41,827.25 plus 33%	\$217,000	\$381,400	\$46,833.50 plus 33%
\$375,700	\$108,421.25 plus 35%	\$381,400	\$101,085.50 plus 35%

OTHER TAXES 2010 (Estimate)

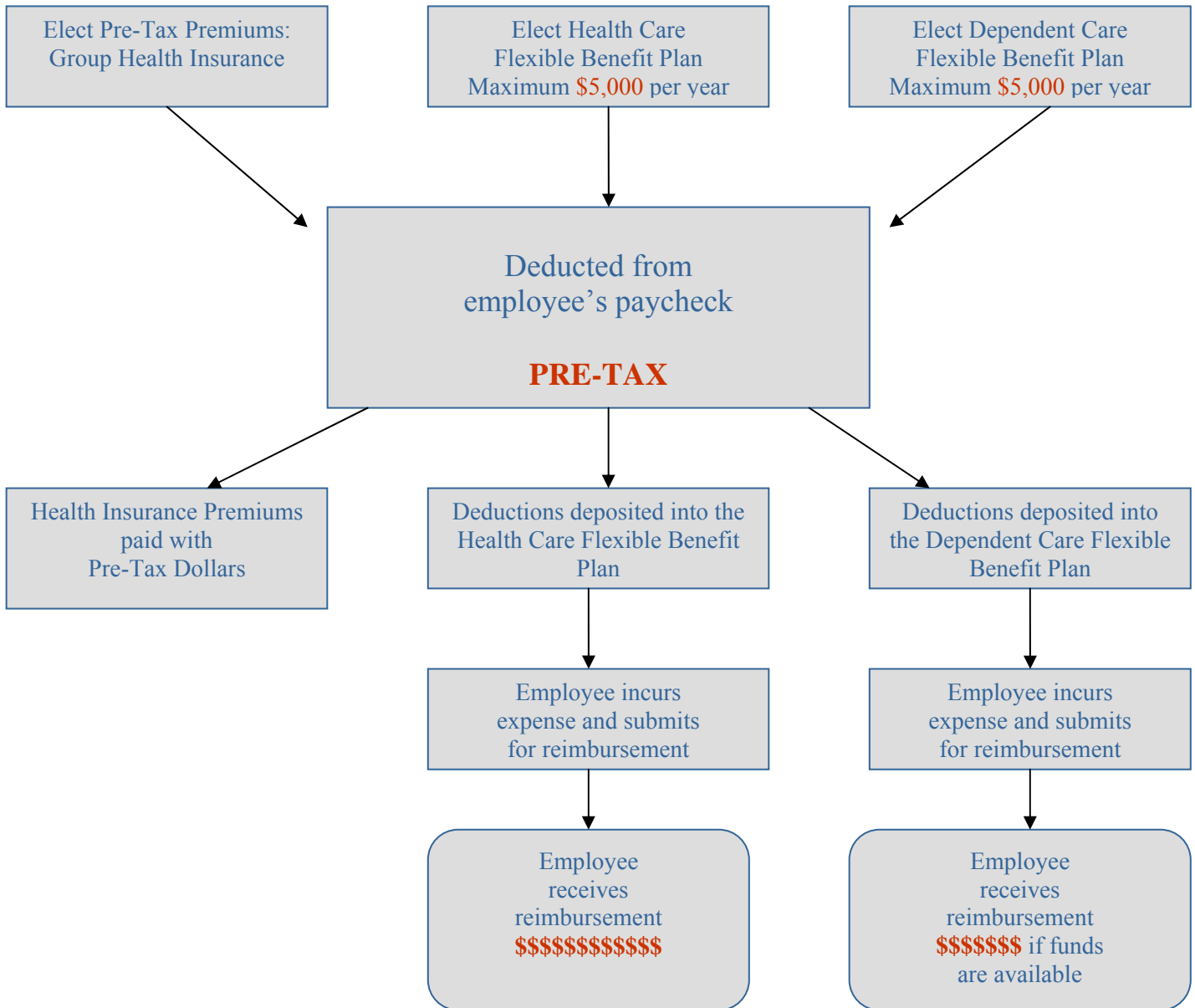
State Tax Rate	5.00%
Medicare	1.45%
Social Security	6.20%
Total	12.65%

WHAT IS MY POTENTIAL SAVINGS?

	<u>Standard</u>	<u>Using a Flexible Benefit Plan</u>
Total Family Income:	\$ _____	Line 1 \$ _____
Less (# of family members x \$3,500):	\$ _____	Line 2 \$ _____
Less Standard Deduction (\$5,700 Single/\$11,400 Married)	\$ _____	Line 3 \$ _____
Federal Taxable Income:	\$ _____	Line 4 \$ _____
Less Annual Flex Election:	\$ <u>Ø</u>	Line 5 \$ _____
Subtotal of Taxable Income:	\$ _____	Line 6 \$ _____
Federal Tax (from table above):	\$ _____	Line 7 \$ _____
Other Taxes (12.65%):	\$ _____	Line 8 \$ _____
Total estimated 2010 Taxes:	\$ _____	Line 9 \$ _____

Potential Savings!! _____
(Subtract Flex line 9 from Standard Line 9)

Flexible Benefit Plans



IMPORTANT FLEX TIPS

Eligibility: New employees and newly eligible employees may elect to participate within 30 days of eligibility or during the annual open enrollment period.

Amount Changes: Only certain changes to the accounts may be made during the year within 30 days of a Qualified Event. Changes may be made during Open Enrollment for the next calendar year.

Funds: For the reimbursement accounts, services must be incurred by March 15 of the following plan year, and **MUST** be claimed against the account(s) by March 31 of the following year. **Leftover funds will be forfeited.**

Annual Election: Employee must choose to enroll annually; enrollment is not assumed based on prior participation.

Types of Flexible Benefit Plans & How They Work

These plans are a great way for you and your family to save money by reducing your taxable income. By enrolling in one or both of these accounts, you can pay for eligible, uninsured health and dependent care expenses with pre-tax dollars. The following is a brief description of the plans available through LCPS.



1. Each year during the Open Enrollment period, determine how much money you wish to contribute based on your estimates of health and/or dependent care expenses for the upcoming year.
2. Each pay period, money will be deducted on a pre-tax basis in equal increments and contributed to your health and/or dependent care account.
3. When you have eligible expenses to be reimbursed, enter your request online or via paper. You must then forward your appropriate receipts.
4. You will then be reimbursed for eligible expenses up to the maximum you elected for the health reimbursement account for the plan year. You will only be reimbursed up to your current account balance for the dependent care account.

Dependent Care Account

This account will reimburse you with pre-tax dollars for daycare expenses for your child(ren) and other qualifying dependents so you (*and your spouse*) may work or go to school. You can contribute up to \$5,000 a year or \$2,500 if you are married and file separate tax returns.



Eligible Dependents' Include:

- Children under age 13 who qualify as dependents on your federal tax return.
- Children or other dependents of any age who are physically or mentally unable to care for themselves and who qualify as dependent on your federal tax return.

Eligible Dependent Care Expenses:

- Daycare
- Before and after school programs
- Nursery school or preschool
- Summer Day Camp
- Adult daycare
- Care in a house or by a licensed provider (income must be claimed by your care provider)

Ineligible Dependent Care Expenses:

- Child Support Payment
- Food, clothing and entertainment
- Educational supplies
- Activity or registration fees
- Private school tuition for dependents K-12
- Overnight Camps

***Please note that reimbursements will only be made up to the current balance in your dependent care account.*

Healthcare Reimbursement Account

This account will reimburse you with pre-tax dollars for healthcare expenses not reimbursed under your family's healthcare plan(s). The maximum amount you may contribute to this account for the plan year is \$5,000.

How it Works:

The healthcare reimbursement account can help you cover a variety of expenses that may not be reimbursed in full by other plans, such as medical, prescription, vision, and dental deductibles, amounts not covered by insurances, expenses in excess of medical and dental plan limits, co-payments, and some over-the-counter products. The general rule is that any medical expense deductible on your federal income tax return may be reimbursed through the medical reimbursement account without regard to the 7.50% Adjusted Gross Income rule. The following is a partial list of items that the IRS or the federal courts have held to constitute eligible medical expenses for Flexible Benefit Plans. Items traditionally covered under health insurance plans, such as expenses associated with physicians, hospitals, dentists, etc. are also eligible even if not listed specifically.

Eligible Expenses:

- Office visit co-pays
- Over-the-counter medicines with prescription for a specific diagnosis.
- Prescription drug co-pays
- Deductibles and coinsurance
- Eye exams and prescription eyewear
- Laser eye surgery
- Chiropractic services
- Installation of special medical equipment and home improvements to relieve a medical condition (see IRS Pub 502 for details)
- Hearing aids and batteries
- Medical donors expenses
- Special school and tutoring costs for physically and mentally handicapped children
- Durable medical equipment
- Diabetic supplies including test strips, syringes, monitors, etc.
- Orthopedic shoes/braces
- Dental expenses and orthodontia
- Contact solutions
- Infertility services (see IRS Pub 502 for details)
- Weight loss for obesity with a Drs. note
- Speech therapy with a Drs. note
- Costs for medical care of an elderly person (*if claimed as a dependent on tax return*)
- Telephone-teletype costs for closed caption service for the deaf

Ineligible Expenses:

- Health clubs, spas, non-prescription weight loss
- Vitamins
- Non-prescription smoking cessation drugs
- Expenses for which you receive benefits from another health plan
- Cosmetic surgery (unless medically necessary)
- Teeth whitening
- Dietary supplements
- Group health insurance premiums sponsored through your employer or another employer



Points to Remember

- All monies left in the account at the end of the plan year's grace period will be forfeited.
- Claims incurred during one plan year cannot be submitted for reimbursement for another plan year.
- Monies from the health reimbursement account may not be applied to the dependent care account or vice versa.
- Eligibility does not depend on enrollment in the LCPS health plan.
- Each year you must re-enroll during the Open Enrollment period to continue participating in the plan.
- Employees utilizing the dependent care account must still submit Form 2441 with their Federal tax return.
- You may not change your Flex Benefit Plan elections during the plan year unless you have a qualifying event. The qualifying event must be submitted to the Employee Benefits Division within 30 days of the event and the change in elections must be consistent with the qualifying event.
- Daycare and medical claims can only be reimbursed for services that have been rendered.
- Do not send cancelled checks or credit card receipts – we are unable to accept them.
- Do not send Medical receipts with a balance forward. We need the claim incurred data and the services that were rendered.
- Prescription receipts must have Rx#, patient name and pharmacy (no cash register receipts).
- Participating in this program will slightly decrease your average earnings reported to the IRS and therefore your retirement benefits. However, the current tax savings more than offset this deduction.
- You should keep the copies of all receipts.
- You can pay a family member to care for your child if the member is not a dependent on your federal tax return and is over age 19.

Administrative Information

Name of Plan: Loudoun County Public Schools Flexible Benefit Plans

Participants: Eligible employees of Loudoun County Public Schools

Name and address of employer:

**Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148**

Employer Identification Number: 54 – 6001395

Plan Year: January 1 through December 31 of each year

Funding of Plan: Plan is funded by employee pre-tax contributions

Administration of the Flexible Benefit Plans benefit is provided by Compusys/Erisa Group.

Eligible employees may enroll in the Flexible Benefit Plan(s) during the following times:

- Within 30 days of hire into a benefits eligible position;
- During the annual open enrollment period (October 15th through November 15th);
- Within 30 days of an eligible status change that constitutes a qualifying event.

Plan Details

- As a participant, you may examine, without charge at the Employee Benefit's office, all plan documents, reports and descriptions (subject to the privacy rights of other individuals), and you may obtain copies of the same at a reasonable charge.
- If your claim for a benefit is denied in whole or in part, you may request a written explanation of the reason for denial. You may request that your claim be reviewed and reconsidered.
- Flex Benefit Plan claims must be submitted no later than March 31st of the following year for claims incurred no later than March 15th. Any claims submitted after that time will not be considered.
- LCPS intends to maintain these plans permanently, but reserves the right to amend (modify) or terminate any or all of the plans. This includes changes which may affect benefits or rights under the plan, but will not affect a participant's right to claim reimbursement under a reimbursement plan for expenses incurred prior to the end of the Plan Year in which such amendment or termination occurs, except to comply with governing law or regulation to the contrary.

**LOUDOUN COUNTY PUBLIC SCHOOLS
FLEXIBLE BENEFIT PLANS
ELECTION/CHANGE FORM**

PLAN YEAR 20__

EMPLOYEE INFORMATION – Please complete the following information:

Name: _____ **PID:** _____ **Date of Hire/Eligibility:** _____
Please Print

Mailing Address: _____

Department: _____ **Work Telephone:** _____

CHECK ONE: _____ **NEW ENROLLMENT or REENROLLMENT**
_____ **MID-YEAR CHANGE IN FAMILY STATUS**
(as described on reverse)

FLEXIBLE BENEFIT PLANS ENROLLMENT

Medical Expense Reimbursement Account Annual Contribution: \$ _____ **
Maximum Salary Reduction - \$5,000 per Plan Year (\$208.33 per pay period for 24 pay periods)
Minimum Salary Reduction - \$300 per Plan Year (\$12.50 per pay period for 24 pay periods)

Dependent Care Expense Reimbursement Account Annual Contribution: \$ _____ **
Maximum Salary Reduction - \$5,000 per Plan Year (\$208.33 per pay period for 24 pay periods)
Minimum Salary Reduction - \$300 per Plan Year (\$12.50 per pay period for 24 pay periods)

Check if your Income Tax Return is Filed as Married filing Separate:

If you elect this account, you must complete the dependent information below.

Dependent Names (to be claimed on dependent care pursuant to eligibility under IRS Code)
If more space needed, please attach a separate piece of paper.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

**** If enrolling in the plan mid-year, this is the total amount to be withheld from your date of enrollment until the end of the plan year.**

(continued on reverse side)

Election Changes

If any of the following events occur during the plan year, you may be allowed to change (add, terminate, increase or decrease) your current flexible spending account elections as indicated below. The change must be as a result of one of these events and must be consistent with the status change requested. To make a Health Care election change, it must meet the following two conditions; 1) the status change results in the employee, spouse or dependent gaining or losing eligibility for accident or health coverage under the cafeteria plan or an accident or health plan of the spouse's or dependent's employer; and 2) the election corresponds with that gain or loss of coverage. If applicable, select the appropriate event and attach supporting documentation.

<u>Medical Expense Reimbursement Account</u>	<u>Dependent Care Expense Account</u>
<input type="checkbox"/> Legal Marital status - marriage, death of a spouse, divorce, legal separation, or annulment	<input type="checkbox"/> Marriage, divorce, death of spouse
<input type="checkbox"/> Number of dependents - birth, adoption, placement for adoption, death of a dependent, obtaining legal guardianship or change in custody/court ordered parental support	<input type="checkbox"/> Death of dependent <input type="checkbox"/> Birth or adoption of child <input type="checkbox"/> Obtaining legal guardianship or change in custody/court ordered parental support
<input type="checkbox"/> Work schedule - reduction/increase in hours, or switch between part-time and full-time which affects your health coverage election	<input type="checkbox"/> The employee's or spouse's change from part-time to full-time or full-time to part-time employment status <input type="checkbox"/> The employee's or spouse's unpaid leave of absence or return from maternity leave
<input type="checkbox"/> Employment status - termination or commencement of employment by the employee, spouse, or dependent	<input type="checkbox"/> Termination or commencement of spouse's employment
<input type="checkbox"/> Dependent Satisfies or Ceases to Satisfy the Requirements for Dependency Status - student status, dependent no longer qualifies because of age or change in dependency status which affects eligibility under the health plan	
<input type="checkbox"/> Change in place of residence which affects your health coverage election, or change in dependent's residence or worksite which affects his/her health coverage election	

SIGNATURE AND AUTHORIZATION

As a participant enrolling in the Flexible Benefit Account(s) I have read and understand the following:

- The plan is governed by the provisions of IRS code and regulations as stated within the Plan Document. As such, I am making a binding election for the entire plan year. I cannot change or stop my contribution amount during the plan year unless I experience a qualifying change in family status. Should this occur, I must notify the Employee Benefits Division within 60 days of the qualifying family status change.
- For expenses incurred during the plan year (including the grace period) for which this election is being made, I have until March 31 of the following calendar year to submit expenses. After March 31, all remaining balances will be forfeited. Amounts remaining in my account **may not** be carried over into the next calendar year, nor may they be transferred to another account. If I terminate employment mid-year, I may claim eligible expenses only from my date of enrollment (or beginning date of the plan year, whichever is later) through my termination date.
- I cannot contribute more than \$2,500 into the Dependent Care Expense Account if I am filing a separate return from my spouse. Additionally, if my spouse and I are filing a joint return, we cannot withhold more than a total of \$5,000 between the two Flexible Spending Accounts. (Note: highly compensated employees (gross taxable income \$80,000+), may be required to lower their contribution amounts in accordance with IRS guidelines).
- This form must be signed and dated prior to my plan year effective date in order to participate in this plan year. If I am making a mid-year change in my election due to a qualifying family status change, the amount(s) listed on the reverse side is the new total amount to be withheld for the entire plan year.
- I authorize Loudoun County Public Schools to make a payroll deduction to fund my election(s) in the Flexible Benefit Account(s). The Annual Contribution Amounts listed on the reverse side will be deducted from my pay in equal portions during the plan year.

Signature _____

Date: _____

Rev: 09/10



Leave
Information



LEAVE POLICIES

General Leave Policies

Full-Time Employment

Full-time is defined as being the sole employee under a regular contract or assignment in a position that is budgeted for at least 180 days, for no less than 3.5 hours daily or the equivalent. Two employees who initiate a request and are permitted to share a full-time position of at least 180 days per year and no less than seven (7) hours daily may be identified as full-time employees but will only be eligible for prorated health benefits.

Part-Time Employment

Any employee not included above or who is designated an at-will employee, or who signs a temporary/intern agreement, is considered a part-time employee. Part-time employees are not eligible for retirement or health benefits.

Leave benefits accrue while an employee is on approved paid leave. Leave benefits do not accrue if an employee is on unauthorized leave, injury leave, or leave without pay.

Using leave request procedures, employees must generally secure approval from their supervisor or principal before beginning an absence from work. If emergencies or unforeseen circumstances arise which require the use of sick or other leave, an employee must notify his/her supervisor as soon as possible and obtain approval at the beginning of the employee's next workday.

False or fraudulent use of leave, or failure to follow leave policy, may be cause for disciplinary action.

Each school/location may have its own procedures for requesting leave. Check with your supervisor to determine the leave request procedures for your school/location.

Annual Leave

Full-Time Twelve (12) Month Personnel

A new employee in a twelve-month position earns one day of annual leave a month for the first six (6) consecutive months of employment for a maximum of six (6) days (pro-rated for the first month). At the completion of six months, the remainder of the first year's annual leave will be advanced. Thereafter, annual leave will be advanced in July of each year. One additional day is earned for each additional year of service up to the thirteenth (13th) year. A maximum of twenty-four (24) days of annual leave are earned after the 13th year of service.



Annual Leave (continued)

Administrative Personnel

New administrators will be advanced their annual leave. Thereafter, annual leave will be advanced in July of each year.

Administrative personnel shall earn annual leave as follows:

- 20 days for the first and second year of employment
- 21 days after two (2) years of service
- 22 days after four (4) years of service
- 23 days after six (6) years of service
- 24 days after eight (8) years of service

Annual leave will be prorated based on the number of contract/assignment days actually worked after July 1 of the current school year.

Use of Annual Leave

Employees must submit annual leave plans, in advance, to their supervisor. Supervisors should make every effort to accommodate reasonable annual leave requests. The school division reserves the right to designate when some or all annual leave is taken. The immediate supervisor of an eligible employee is responsible for ensuring adequate staffing levels and should attempt, when feasible, to resolve vacation scheduling conflicts.

Limitations

Accumulated annual leave will be calculated as of July 1 of each year. Employees may carry over up to sixty (60) annual leave days from June 30 to July 1 each year. Approval to carry over more than sixty (60) annual leave days from one fiscal year to the next must be approved by the Division Superintendent.

When an employee has accumulated sixty (60) days of annual leave as of June 30th and has used at least ten (10) days of annual leave during the fiscal year, any annual leave in excess of sixty (60) days will be converted to sick leave as of July 1.

When an employee has accumulated sixty (60) days of annual leave as of June 30th and has used less than ten (10) days of annual leave the employee will be assessed the difference between the annual leave they have used and ten days. The remaining balance in excess of sixty (60) days will be converted to sick leave as of July 1.

Payment of Annual Leave Upon Separation

Employees who terminate their employment will have their annual leave prorated based on total amount earned for the school year.

Employees exceeding their total earned annual leave will be charged in their final pay and/or will be invoiced any amounts not recouped in the final paycheck.

Misuse of Leave

The misuse of annual leave may result in termination of employment.



Sick Leave

This plan includes provisions for personal illness, family illness or death, religious observance, other deaths, and other sick days.

Personnel Covered – Eligibility and Accumulation

A full-time employee under regular contract (probationary or continuing) shall accumulate sick leave during the time the employee performs his/her assigned duties, including paid leave, under terms of the contract. The maximum allowance per year is:

12 month position:	14 days
11 month position:	11 days
185-203 day position:	10 days

When the length of a contract has been shortened (e.g. for a late start or early release), the number of sick leave days will be prorated. Employees who have resigned and overused their sick leave will be charged in their final paycheck and/or will be invoiced for any amounts not recouped.

Unused sick leave may accumulate without a maximum limit. Employees will be given a monthly accounting of accumulated sick leave on their paycheck stub.

An employee transferring from another Virginia public school district or a former Loudoun employee returning directly to Loudoun may be credited with sick leave accumulated, provided that the employee has not received payment for such unused accumulated sick leave; that the employee has not accepted employment other than in Virginia public schools since leaving employment; that the employee has not been absent from employment in the public schools of Virginia for more than three (3) years; and further provided that in the case of an employee transferring from another Virginia public school district, the school board of that division approves the transfer of such leave. Maximum transfer allowed is 90 days.

Absences Covered

Personal Illness – Personal illness is defined as incapacity to perform duties because of medical condition or confinement on the advice of a licensed physician. However, under the provisions of this section, dental or medical check-ups may be counted as illness. An employee on sick leave may be required after three (3) consecutive days of absence to have verification from a licensed physician (or dentist) that he/she is unable to perform his/her duties because of a medical condition or confinement, or that he/she has a medical or dental check-up.

Family Death – An employee will be allowed to take days off for death in the employee’s immediate family. Family of an employee shall be regarded to include natural parents, foster parents, stepmother, stepfather, wife husband, children (including stepchildren and foster children), brother and sister, grandparents, great-grandparents, grandparents-in-law, mother-in-law, father-in-law, sisters-in-law, brothers-in-law, daughters-in-law, sons-in-law, grandchildren, aunts, uncles, nieces, nephews, and any other relative living in the household of the employee (“any other relative living in the household of the employee” is limited only in that the relative, however distant, must live in the household of the employee).

Other Deaths – An employee will be allowed three (3) days for attendance at funerals not covered in the family relationships listed above, but the salary of the substitute will be deducted from the employee’s salary.

Transfer of Leave

Upon separation from employment, except for retirement, employees are not entitled to payment for unused accumulated sick leave; however, the district will approve transfer of accumulated sick leave to another Virginia district unless the separated employee has (a) accepted employment other than in the public schools of Virginia since leaving employment in Loudoun; (b) been absent from employment in the public schools of Virginia for more than three (3) years.

Misuse of Sick Leave

The misuse of sick leave may result in termination of employment.

Personal Leave

Personnel Covered

A full-time employee not covered by annual leave is eligible for personal leave each year.

The maximum allowance of personal leave per year is 3 days, or the equivalent hours.

Limitations

A personal leave request will not be granted during the following periods or circumstances.

The first five instructional days and the last five instructional days of the school year, and/or

- On any teacher inservice or orientation workday that involves the employee:
 - in a central office sponsored inservice,
 - on a day that the employee is scheduled to hold parent conferences,
 - when in the judgment of the immediate supervisor a qualified substitute cannot be secured.

Transfer of Personal Leave

Personal leave not used during a school year will be automatically transferred to the eligible employee’s accumulated sick leave.

Liability Insurance

Loudoun County Public Schools provides extensive liability and other insurance coverage for all employees and authorized volunteers. Please refer to the LCPS Employee Handbook or LCPS Intranet for further details of this insurance coverage.

Leave Without Pay

The School Board has established Leave Without Pay Policy §7-58 for employees who may need to have extended leave without pay. The following Regulation has been established to support Leave Without Pay Policy §7-58.

A. General

1. Eligibility

Leave without pay may be granted to any employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

2. Period of Leave

Employees may request leave without pay not to exceed five (5) working days in any one (1) contract/appointment year provided the following extenuating circumstances apply:

- a. All other applicable leave, such as personal leave, annual leave, or sick leave, has been exhausted.
- b. Such leave, except when used for personal or family illness, death, or religious observance, shall not be granted during the first five (5) and the last five (5) instructional days for students, for any teacher work day for licensed staff, during peak work periods for classified staff, or to extend any holiday period.

3. Application

The employee shall submit a written request for leave without pay in advance of the date the desired leave is to begin. Special consideration will be given to emergencies, but in no case will such leave be permitted to begin without the prior approval of the employee's immediate supervisor.

4. Benefits

Employee will experience no change to eligibility or cost of benefits.

5. Return to Work

Employee will experience no change to employment status.

B. Emergency, Adoption or Childcare

1. Eligibility

Leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child, or childcare may be granted to an employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

- Period of Leave

The employee may request leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child, or childcare for a period not to exceed one (1) year.

- Application
 - a. The employee shall submit an Application For Leave Without Pay and supporting documentation to the Employee Benefits Division, for leave without pay for emergencies such as personal or family hardship of an unusual nature, adoption of a child, or childcare in advance of the date the desired leave is to begin.
 - b. Special consideration will be given to emergency leave. In no case will leave for adoption or childcare be permitted to begin without prior approval of the employee's immediate supervisor and the Assistant Superintendent for Business and Financial Services.

- Benefits
 - a. During the emergency, adoption or childcare leave, the employee may elect to continue health and/or life insurance coverage by making arrangements with the Employee Benefits Division to pay the full cost of the premiums on a per diem basis.
 - b. See Policy §7-63 for leave without pay approved under the Family and Medical Leave Act.

- Return to Work
 - a. An employee granted emergency, adoption or childcare leave shall notify the Department for Personnel Services, in writing, at least 30 calendar days prior to the expiration of the leave of the employee's intent and availability to return to duty. Failure to provide such notification shall be deemed a resignation by the employee, effective as of the first day following the expiration of the leave.
 - b. The employee shall be placed by the Department for Personnel Services in the next suitable vacancy.
 - c. Any employee granted leave without pay for emergency, adoption or childcare leave shall bear the sole responsibility for the purchase of any Virginia Retirement Service credit for which the employee is eligible.

C. Educational

1. Eligibility

Educational leave for the purpose of student teaching, obtaining an initial teacher license, licensure in a critical field, professional licensure or certification of non-teaching employees, or an advanced degree may be granted to an employee of the Loudoun County Public Schools. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

2. Period of Leave

The employee may request educational leave for a period of not more than fourteen (14) weeks. The period of time must coincide with a term at an accredited university or college.

3. Application

- a. The employee shall submit a written request for educational leave at least thirty (30) calendar days in advance of the date the desired leave is to begin. The employee shall also submit supporting documentation (such as degree requirements, documentation of course availability, advisor's comments, etcetera) as may be requested.
- b. Approval shall not be granted unless the Assistant Superintendent for Personnel Services has determined that a highly qualified replacement for the employee is available.
- c. In no case will such leave be permitted to begin without the prior approval of the Assistant Superintendent for Personnel Services.

4. Benefits

- a. During the educational leave, the employee may elect to continue health and/or life insurance coverage by making arrangements with the Employee Benefits Division to pay the full cost of the premiums on a per diem basis.
- b. Any employee granted educational leave without pay shall bear the sole responsibility for the purchase of any Virginia Retirement Service credit for which the employee is eligible.

5. Return to Work

During the period of time of an employee's educational leave, a suitable substitute will be employed in anticipation of the employee's return to the position vacated as a result of the educational leave. Employee will experience no change to employment status.

D. Restoration of Health

1. Eligibility

Leave without pay may be granted to any employee of the Loudoun County Public Schools with debilitating or life-threatening illness or injury for the restoration of the employee's health or the health of the employee's spouse, child, parent or legal dependent with a debilitating or life-threatening illness or injury. If the employee is still on probation at the time of the request, the probationary period will be extended to the maximum extent permitted by law, by the length of the absence.

2. Period of Leave

The employee may request restoration of health leave without pay for a period not to exceed one (1) year, provided all earned sick leave has been exhausted.

3. Application

- a. The employee shall submit an Application For Leave Without Pay for restoration of health leave in advance of the date the desired leave is to begin. The request shall be accompanied by supporting documentation from the attending physician attesting to the need for such leave and estimating the length of leave that should be required. The employee shall provide any additional documentation as may be required.

- b. Special consideration will be given to emergencies. Restoration of health leave requires notification to the employee's immediate supervisor and the Employee Benefits Division within 24 hours or the next assigned work day.
- c. A request for an extension of leave without pay for restoration of health for any employee shall be reviewed by the Employee Benefits Division, in consultation with the immediate supervisor, and approved on a case by case basis by the Division Superintendent or his/her designee.

4. Benefits

- a. Employer paid benefits will remain in place for the first thirty (30) work days of restoration of health leave without pay.
- b. Employee may elect to continue health and/or life insurance coverage by paying the total cost of premiums for health and/or life insurance for any additional leave without pay granted for restoration of health on a per diem basis.
- c. Any employee granted restoration of health leave without pay shall bear the sole responsibility for the purchase of any Virginia Retirement Service credit for which the employee is eligible.
- d. See Policy §7-63 for leave without pay approved under the Family and Medical Leave Act.

5. Return to Work

- a. If the employee returns to work within the first thirty (30) work days of restoration of health leave without pay, the employee will be restored to the same position.
- b. Beyond the initial thirty (30) work days the employee shall be placed by the Department for Personnel Services in the next suitable vacancy.
- c. Notice of return to work must be provided to the Employee Benefits Division two (2) weeks prior to the employees anticipated return. For a leave without pay granted for the restoration of the employee's health, such notice must include written certification from a health care provider as to the employee's ability to return to full duty.

Sabbatical Leave

Purpose

The purpose of a sabbatical leave is to provide incentives for professional staff members to be granted time to engage in formal study designed to increase the employee's competence or for such purpose as may be recommended by the Division Superintendent and approved by the School Board. Compensation will be paid in those years that it is funded in the budget.

Eligibility

All professional staff, on the recommendation of the Division Superintendent and approval by the School Board, are eligible to take sabbatical leave. The first such leave may be granted after the completion of the staff member's sixth year within the Loudoun County Public Schools. Additional sabbatical leave may be granted after each successive period of six years of professional service in Loudoun County Public Schools.

Sabbatical leave shall be granted for a period not to exceed one calendar year and not less than one semester.

The employee returning from sabbatical leave will return to the same position or one of comparable status.

Any employee granted such leave agrees to sign an agreement to accept a professional assignment for a period of at least three (3) years following the expiration of the leave. Should the employee elect not to fulfill this agreement the employee shall reimburse the School Board for all or part of the salary and benefits received within one year of termination of employment.

Sick leave will not accrue during the period of leave; however, sick leave accumulated will be retained.

What to do if you're accidentally injured on the job:

1. **REPORT THE INJURY**—Immediately report the injury to your Supervisor ...including details on what happened, when, where, why, and how. An Employers Report of Accident form will be completed by your Supervisor or a designee.
2. **TREATMENT**— If your injury is an Emergency situation, call 911 or go to the nearest Hospital Emergency Room or Urgent Care facility. Follow up treatment should be with an “LCPS Authorized Panel of Physicians” doctor. You must see a physician listed on the “LCPS Authorized Panel of Physicians” for your Doctor’s bills to be covered by Workers’ Compensation.
3. **PRESCRIPTIONS**—You may get your prescribed medications at a facility of your choice. You may submit the receipts to the Employee Benefits Division for submission to and reimbursement from the LCPS Claims Administrator, VACo Insurance Programs.
4. **X-RAYS**—You may get any prescribed x-rays or other testing at a facility of your choice, with the exception of MRIs which require preauthorization from VACo Insurance Programs, phone 1-888-822-6772.
5. **MISSING TIME FROM WORK**—If your injury causes you to miss time from work you must have a Doctor’s excuse and provide it to your supervisor.
6. **TIME AND ATTENDANCE**—It is your responsibility to make sure we are notified of your time and attendance in a timely fashion. Not reporting your time and attendance will affect your paycheck. The Employee Benefits Division will be monitoring your workers’ compensation claim throughout the entire process. Any questions, just give us a call at (571) 252-1240

Family and Medical Leave Act (FMLA)

The Superintendent shall promulgate regulations consistent with the Family and Medical Leave Act of 1993 for the employees covered under that Act.

Family/medical leave is available to those employees who have been employed in a full-time position by Loudoun County Public Schools for 12 months.

An employee who uses family/medical leave will be allowed to return to the same position or to a position with equivalent responsibilities, duties, benefits and pay.

When both parents of a child work for Loudoun County Public Schools the full amount of leave shall be limited to a combined total of 12 workweeks in a 12-month period.

Your Rights Under the Family & Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for certain family and medical reasons. Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.

Reasons for Taking Leave:

Unpaid leave must be granted for any of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.
- An eligible employee who is a spouse, son, daughter, parent, or next of kin (the nearest blood relative) of a covered servicemember of the U.S. armed forces with a serious injury or illness is entitled to a combined total of 26 workweeks of unpaid FMLA leave during a single 12-month period to care for that service member.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable".
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."

- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

FMLA makes it unlawful for any employer to:

- Interfere with, restrain or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information:

If you have access to the Internet visit our FMLA website: <http://www.dol.gov/esa/whd/fmla>. To locate your nearest Wage-Hour Office, telephone our Wage-Hour toll-free information and help line at 1-866-4USWAGE (1-866-487-9243); a customer service representative is available to assist you with referral information from 8 a.m. to 5 p.m. **in your time zone**; or log onto our Home Page at <http://www.wagehour.dol.gov>.

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division
Washington, DC 20210

Family Sick Leave Bank

The Loudoun County School Board has established the Family Sick Leave Bank for full-time employees. This bank may provide employees with access to additional sick leave days other than those personally accumulated when a member of an employee's immediate family, specifically, the employee's spouse, employee's child or employee's parent, is incapacitated by long-term personal illness or injury. The Family Sick Leave Bank will be maintained as long as at least one-third (1/3) of the eligible members agree to participate in accordance with the provisions of this policy. Participation will be voluntary.

Procedure

Employees may enroll within the first thirty (30) contract days of initial full-time employment or thirty (30) contract days after re-employment by completing an application and donating two (2) days of sick.

Members of the Family Sick Leave Bank will be assessed two (2) additional days at any time the bank is depleted to 200 days. Membership will be continuous unless the employee informs the Employee Benefits Division in writing of the intent to withdraw.

Upon termination of employment with Loudoun County Public Schools or withdrawal of membership from the bank, a participating employee will not be permitted to withdraw days contributed.

An employee who does not enroll when first eligible may do so between any subsequent open enrollment, October 15th to November 15th.

A member of the Family Sick Leave Bank shall not be permitted to withdraw days from the Family Sick Leave Bank until all leave is depleted.

The first thirty (30) working days of family member's illness or disability must be covered by the employee's own accumulated leave or leave without pay. A maximum of thirty (30) days from the Family Sick Leave Bank, for which the elimination period need not be consecutive, can be drawn by any one member from the Family Sick Leave Bank.

Members utilizing leave days from the bank will not be required to replace these days except as a regular contributing member of the Family Sick Leave Bank program.

Only sick leave may be contributed to the Family Sick Leave Bank.

Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Family Sick Leave Bank
For Long Term Illness or Injury to the Employee's Spouse,
Employee's Child or Employee's Parent

In accordance with the provisions of the School Board Policy and Regulation §7-66, I hereby request to become a member of the Family Sick Leave Bank established by Loudoun County Public Schools. Furthermore, my signature affixed below is to give permission for two (2) days to be deducted from my accumulated sick leave. I agree to abide by all provisions of the Donated Family Sick Leave Bank Policy and Regulations as approved by the Loudoun County Public Schools.

Check one option:

_____ This is to officially apply to become a member of the Family Sick Leave Bank of Loudoun County Public Schools.

_____ This is to confirm my understanding of the Donated Family Sick Leave Bank Policy and Regulations and my decision NOT to participate in the Family Sick Leave Bank during the school year _____.

Print NAME

PID Number

Date

Signature

School/Work Location

OFFICE USE ONLY

Accumulated Sick Leave _____

Sick Leave Deduction for the Donated Family Sick Leave Bank _____

TOTAL _____

Please contact the Employee Benefits Division at (571) 252-1240 should you have any questions about the Family Sick Leave Bank. Please contact the Payroll Department at (571) 252-1260 if you have questions about your accumulated sick leave balance.

A. Purpose

The Family Sick Leave Bank of the Loudoun County Public Schools has been established to provide full-time employees access to additional sick leave days, other than those personally accumulated, in the event of long term illness or injury of the **employee's spouse, employee's child, or employee's parent** that requires the absence of the employee.

B. Procedure

1. Employees may enroll within the first thirty (30) contract days of initial full-time employment or thirty (30) contract days after re-employment by completing an application and donating two (2) days of sick leave.
2. Members of the Family Sick Leave Bank will be given prior written notification and with their written consent will be assessed two (2) additional days at such time as the bank is depleted to 200 days. Such assessment will be voluntary but will be required for continued participation in the Family Sick Leave Bank.
3. Membership will be continuous unless the employee informs the Employee Benefits Division in writing of the intent to withdraw or declines to contribute additional days when required.
4. Upon termination of employment with the Loudoun County Public Schools or withdrawal of membership from the bank, a participating employee will not be permitted to withdraw days contributed to the Family Sick Leave Bank.
5. An employee who does not enroll when first eligible may do so between any subsequent Open Enrollment period (October 15 to November 15) by making application to the Loudoun County School Board.
6. A member of the Family Sick Leave Bank shall not be permitted to withdraw days from the donated family sick leave bank until all of the member's accumulated leave is depleted.
7. The first thirty (30) working days of the employee's absence caused by the long term illness or injury of an employee's spouse, employee's child, or employee's parent must be covered by the employee's own accumulated leave or leave without pay.
8. A maximum of thirty (30) working days each school year can be drawn from the Family Sick Leave Bank by any one member.
9. At the time of application, members applying for Family Sick Leave Bank benefits will be required to present a physician's certificate stating the nature of the illness or injury and an estimate of the employee's required time off work.
10. Members utilizing leave days from the Family Sick Leave Bank will not be required to replace these days except as a regular contributing member of the Family Sick Leave Bank program.
11. Only sick leave may be contributed to the Family Sick Leave Bank.

INTRODUCING...

Employer Paid Short-Term Disability Plan

A goal of Loudoun County Public Schools is to help maintain your earnings at 100% throughout any period of disability resulting from a non-work related injury/illness.

In 1989, LCPS established an individual sick leave bank utilizing sick days donated by employees. In 2007, the individual sick leave bank was depleted to below 200 days and members were reassessed days. In 2010 the bank was below 200 days again. Thus the individual sick leave bank was no longer able to effectively service our growing population without regular reassessments.

Effective July 1, 2010, a 100% employer paid short-term disability plan, administered by Anthem Life, replaced the individual sick leave bank.

- All benefits-eligible employees will be automatically enrolled and accepted into the program
- The elimination period is 13 calendar days
- Benefits are paid for up to 13 weeks following the elimination period at 60% of your regular income up to \$1,730.00 per week maximum
- To keep your pay at 100% for as long as possible, LCPS will supplement the short-term disability benefit with 40% from your sick leave - until the disability period ends or your sick leave is exhausted
- Short-term disability benefits for pregnancy are provided the same as for a disability caused by illness/injury

In summary, the individual sick leave bank was eliminated on June 30, 2010 and employer-paid short-term disability is being provided for all benefits-eligible employees effective July 1, 2010.

You will be automatically enrolled; feel confident that you may receive benefits to help replace lost income if you have an unexpected illness or injury!

Anthem[®]Life

Short-Term Disability FAQ's

What is short-term disability insurance?

Short-term disability insurance provides income replacement for non-work related injury/illness.

Who is eligible for short-term disability insurance?

All benefits-eligible employees.

What is the actual benefit I would receive if I became disabled?

The short-term disability benefit is 60% of your regular salary up to a maximum of \$1,730.00 per week for a maximum of 13 calendar weeks after you have satisfied the elimination period.

What is the elimination period?

The 13 consecutive calendar days you are required to be absent before becoming eligible to receive the benefit. This is different from the Individual Sick Leave Bank, which required all sick leave be exhausted and 30 consecutive workdays of absence.

How much will it cost me?

Nothing. LCPS is paying the premium for all eligible employees.

When am I eligible for short-term disability benefits?

Your coverage begins on the first day of the month after you become an eligible employee.

Who is the insurance carrier?

Anthem Life was awarded the contract by the School Board.

Is maternity leave covered under short-term disability?

Short-term disability benefits for pregnancy are provided the same as for a disability caused by illness/injury.

Is paternity leave covered under short-term disability?

No, paternity leave is not covered.

Can I use sick leave to add to the 60% benefit?

LCPS will automatically supplement your benefit with 40% of your sick leave, if available, during the time you are receiving short-term disability payments.

THIS IS INTENDED TO BE SUMMARY INFORMATION ONLY. THE PROGRAM WILL BE ADMINISTERED BASED ON THE COMPREHENSIVE DETAILS PROVIDED IN THE CERTIFICATE OF COVERAGE AVAILABLE ON THE EMPLOYEE BENEFITS DIVISION WEBSITE.



Long Term Disability Insurance

Anthem Life offers two optional plan designs for employees. These programs will not replace the VRS Disability Retirement plans, but will **provide more comprehensive coverage to employees for partial and total disabilities.**

Option #1

60% income replacement, 90-day elimination period, 2 year benefit period, full integration with VRS and Social Security Disability benefits.**

Definition of disability for this plan:

“For the 24 months following the elimination period, if an employee is prevented from performing one or more of the essential duties of your own occupation due to a disabling condition, and as a result your current monthly earnings are less than 80% of your pre-disability earnings.”

If an employee meets this definition of disability, they may receive benefits for up to 2 years from Anthem Life at 60% of their pre-disability income. If an employee qualifies for VRS or Social Security Disability benefits, the 60% benefit will be integrated with these other plans.

Benefits from this program are paid tax free.

Option #2:

40% income replacement, 180-day elimination period, 2 year own occupation protection and benefits to Social Security Normal Retirement Age if they can't perform the duties of any occupation after this period. This benefit does not integrate with VRS or Social Security Disability benefits.

Definition of disability for this plan:

“For the first 24 months following the elimination period, if an employee is prevented from performing one or more of the essential duties of your **own occupation** due to a disabling condition, and as a result your **current monthly earnings are less than 80% of your pre-disability earnings**, you are considered disabled if you are prevented from performing one or more of the essential duties of **any occupation.**” These benefits may be payable to Social Security Normal Retirement Age. This benefit **does not integrate with VRS or Social Security Disability benefits.**

Benefits from this program are paid tax free.

***Anthem Life will take any Other Income Benefits, which means any payments that are made to you or your family in relation to your loss of earnings, and offset your disability benefit.*

Comparison of VRS Permanent vs Anthem Life

As an employee of Loudoun County Public Schools in a covered Virginia Retirement System position, you are automatically enrolled in the VRS Disability Retirement program. This program provides partial protection against disabling conditions which prevent you from performing your job and earning a paycheck.

The VRS Disability Retirement plan pays benefits based on the following definition of disability:

“If an employee is unable to perform his or her job because of a physical or mental disability and the **disability is likely to be permanent**, the employee may be eligible to apply for disability benefits.”

Employees can continue to work with modified duties until decision is made on claim. You must quit work, however, before VRS can pay your benefit.

Employees who are vested (have five or more years of service) receive a benefit amount that is the higher of:

*the VRS formula amount (1.7% of you Average Final Compensation [AFC] multiplied by your years of service credit); **or**,

*the minimum guaranteed benefit (33 1/3% of AFC if you qualify for full Social Security benefits; 50% of AFC if you do not qualify for full Social Security benefits).

Benefits are subject to taxation.

Long Term Disability Benefit Highlights

- Eligibility:** Active full-time employees who work more than 185 days and have a minimum of 17.5 hours per week on a regular scheduled basis for Loudoun County Public Schools.
- Coverage Effective Date:** January 1, 2011
- Eligibility Waiting Period:** If you are working for the employer full-time there is no waiting period.
- Current Enrollment Period:** 31 days from first working day
- Elimination Period:** **Plan 1:** 90 Days
Plan 2: 180 Days
- Benefit Percentage/
Maximum & Minimum
Monthly Benefit:** **Plan 1:** Plan replaces 60% of your monthly income loss to a maximum of \$7,500. Benefits will never be less than \$100. The benefits are coordinated with Social Security and the Virginia Retirement System (VRS) disability allocations.
Plan 2: Plan replaces 40% of your monthly income loss to a maximum of \$5,000. Benefits will never be less than \$100. The benefits are not coordinated with Social Security and the Virginia Retirement System (VRS) disability allocations.
- Benefit Duration:** **Plan 1:** As long as you remain totally disabled, LTD benefit payments will continue for 24 months according to the following age reduction schedule.
Plan 2: As long as you remain totally disabled, LTD benefit payments will continue to age 65 or Normal Retirement Age according to the following age reduction schedule.

Your Age	Prior To Age 62	63	64	65	66	67	68	69+
Your Benefit Duration	To normal retirement age* or 42 months, whichever is greater	36 months	30 months	24 months	21 months	18 months	15 months	12 months

*Normal retirement age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.

Exclusions and Limitations

Long-Term Disability Exclusions: Benefits are not payable for disabilities resulting from any of the following: war or act of war (declared or not) or, the commission or attempt to commit a felony. In addition, your plan may exclude a disability caused or contributed to by an intentionally self-inflicted injury. Benefits are not payable if you are not under the regular care of a physician.

Pre-existing Condition Limitation: If your plan has a pre-existing condition limitation, any disability due to a condition for which you were diagnosed or received care before the effective date of your plan will only be covered in one of three situations. The first is that there has been a treatment-free period of six (6) months since your effective date. The second is that even if you are receiving treatment, you would be eligible to receive benefits if the disability begins after you have been insured for a twelve (12) month period. The third is that you have already satisfied the twelve (12) month pre-existing condition requirement of a prior insurer.

Benefit Amount Offsets: Your Long-Term Disability benefit amount will be reduced by:

Plan 1:

Other income benefits you (or possible your family) receive or are eligible to receive. Examples of such “other income benefits” are income from Social Security Disability Insurance, Virginia Retirement System (VRS) plan, the Civil Service Retirement System, Railroad Retirement Act, the Jones Act, Canada Pension Plan, the Veteran’s Administration, Workers’ Compensation or occupational disease laws; group, association, union or other organizational coverage; employer-related individual policies; any disability or unemployment benefits; damages or settlements for income loss; and compulsory no-fault automobile plans.

For Long-Term Disability Benefits Amounts, retirement benefits are another example of “other income benefits” of the retirement plan is wholly or partially funded by employer contributions, unless you were receiving them prior to becoming disabled, or you immediately transfer the payment to another plan qualified by the U.S. Internal Revenue Service for the funding of a future retirement.

Plan 2:

Your Long-Term Disability benefits payments will not be reduced by retirement benefits from Social Security Disability Insurance, Virginia Retirement System (VRS) plan, or similar plans, or by any portion of retirement benefits that you (or your family depending on your plan) receive that are funded by your after-tax contributions.

Your Long-Term Disability benefit payments will not be reduced by your savings or investments, IRAs or Keoghs, profit-sharing, personal disability policies or Social Security Increases.

How much do the plans cost and how do we pay premiums?

Anthem Life voluntary plans are offered in 5 year age bands and based on your current age for the plan year. Shown below are a few sample costs of the two voluntary options:

Option #1: (60% plan, 2 year duration)

Assumptions: 36 year old employee with an annual salary of \$35,000
 $\$35,000 \text{ annual salary} / 12 = \$2,917 \text{ monthly salary} / 100 \times .102 \text{ monthly rate} = \$2.98/\text{month} (\$1.49/\text{pay})$

Option #2: (40% plan, benefits to SSNRA, non-integrated)

Assumptions: 36 year old employee with an annual salary of \$35,000
 $\$35,000 \text{ annual salary} / 12 = \$2,917 \text{ monthly salary} / 100 \times .103 \text{ monthly rate} = \$3.00/\text{month} (\$1.50/\text{pay})$

This Benefit Highlights and the accompanying material explain the general purpose of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet on the Employee Benefits Division website and is available by request. Please read it carefully and keep it in a safe place with your other important papers.

Underwritten by:
Anthem Life
Medical Evidence Underwriting
6740 North High Street
Worthington, OH 43085
Phone: 1-800-551-7265, ext 38839
Fax: 1-614-880-3529

Loudoun County School Board

Enrollment Form Voluntary Long Term Disability

SECTION I - APPLICANT INFORMATION

Name:	Date of Birth	SSN	Hours Worked
	Date of Hire	Age	Annual Salary
	Group Number AL00003889	Occupation	

SECTION II - BENEFIT SELECTION

You may choose one of the two options listed below: (If you do not wish to elect Voluntary LTD coverage, decline both options)

Voluntary Long Term Disability - Option 1 Voluntary Long Term Disability allows you to purchase coverage to protect your income should you become disabled after a 90 calendar day waiting period. Your ability to earn income is your greatest asset, and Voluntary Long Term Disability allows you to protect your income.

ACCEPT DECLINE

60% of your earnings to a monthly maximum of \$7,500

Voluntary Long Term Disability - Option 2 Voluntary Long Term Disability allows you to purchase coverage to protect your income should you become disabled after a 180 calendar day waiting period. Your ability to earn income is your greatest asset, and Voluntary Long Term Disability allows you to protect your income.

ACCEPT DECLINE

40% of your earnings to a monthly maximum of \$5,000

Use the rate chart and calculation line below to determine your Monthly cost for this coverage.

*Note: Your cost may change on January 1st of each calendar year if your age category or salary changes.

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Option 1	.056	.072	.082	.102	.150	.228	.347	.550	.804	.979
Option 2	.056	.073	.082	.103	.152	.230	.353	.556	.813	.990

$$\frac{\text{Annual Salary}}{\text{Maximum Salary} = \$160,000} \div 12 = \frac{\text{Monthly Salary}}{\text{Monthly Rate (above by age)}} \times \text{Monthly Rate} = \text{Your Monthly Cost}^*$$

SECTION III - ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

I have been given the opportunity to enroll in Loudoun County School Board's Voluntary Long Term Disability coverage. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to the insurer and understand my request for coverage may be denied. After the initial offering 10/15/10 - 11/15/10, current employees who did not previously enroll will be required to provide evidence of insurability.

I request to be insured and authorize payroll deductions to cover the cost of such insurance. Information in this application, including the Evidence of Insurability Form, is given to obtain insurance and the statements and answers are represented, to the best of my knowledge and belief to be true and complete. I understand that (a) the insurance applied for shall not take effect until the application is approved; and (b) all insurance is subject to the eligibility provisions of the policy; and (c) I must be actively at work (as defined in the group policy) to be insured. If I am not actively at work on the date my coverage would become effective, my coverage will not begin until the day I return to work. I also understand that a pre-existing condition exclusion may apply to my coverage.

If your answers on this application are incorrect or untrue, the carrier has the right to deny benefits or rescind your coverage.

Authorization to Release Information: I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau (MIB) or any other organization, institution or person that has any records of knowledge of me or my health to give Anthem Life Insurance Company or its reinsurer(s) any such information. This authorization is valid for 24 months from the date it is signed. I agree that a photocopy of this authorization shall be as valid as the original.

Employee Signature

Date

PLEASE SIGN AND RETURN THIS FORM TO: EMPLOYEE BENEFITS DIVISION - LOUDOUN COUNTY SCHOOL BOARD



**Retirement Programs
and
Life Insurance**



Virginia Retirement System (VRS)

Customer Service Information Center: 1-888-827-3847

Loudoun County Public Schools participates in the Virginia Retirement System as its primary pension plan. Employees eligible for benefits under the VRS are covered for the following:

- Retirement Plan (Defined Benefit Plan)
- Basic Group Term Life Insurance/Accidental Death and Dismemberment; and
- Optional Group Term Life Insurance (if elected).

Under the Code of Virginia, the Retirement Plan and Group Term Life Insurance benefits are mandatory for regular full-time employees. Loudoun County Public Schools contributes the full cost (both employee and employer share) for both the Retirement Plan and Basic Group Term Life Insurance.

(Refer to the VRS Member Handbook for more detailed information, located online at www.varetire.org)



Effective July 1, 2010	VRS Plan 1 <i>(Members Hired Before July 1, 2010 Who Have <u>Not</u> Taken A Refund)</i>	VRS Plan 2 <i>(Members Hired Or Rehired On Or After July 1, 2010)</i>
Average Final Compensation	Average of the employee's <u>36</u> highest consecutive months of creditable compensation.	Average of the employee's <u>60</u> highest consecutive months of creditable compensation.
5 Percent Member Contribution	Employer contributes 5 percent of the employee's compensation each month to his or her member contribution account.	Employer contributes 5 percent of the employee's compensation each month to his or her member contribution account.
Normal Retirement Age	VRS: <u>Age 65</u>	VRS: <u>Normal Social Security Retirement Age</u>
Earliest Unreduced Retirement Eligibility	VRS: <u>Age 65</u> with at least five years of service credit or minimum age <u>50</u> with at least 30 years of service credit.	VRS: <u>Normal Social Security Retirement Age</u> with at least five years of service credit or with age and service equaling <u>90</u> (age 58 with 32 years of service credit).
Earliest Reduced Retirement Eligibility	VRS: <u>Age 55</u> with at least five years of service credit or minimum age 50 with at least 10 years of service credit.	VRS: <u>Age 60</u> with at least five years of service credit.
Cost of Living Adjustment (COLA) <i>(effective July 1 following the first full calendar year after retirement)</i>	Matches first <u>3</u> percent increase in the Consumer Price Index-Urban and one-half of the remaining increase up to a maximum of <u>5</u> percent, when provided.	Matches first <u>2</u> percent increase in the Consumer Price Index-Urban and one-half of the remaining increase up to a maximum of <u>6</u> percent, when provided.
<p>Retirement benefits are determined by the employee's age at retirement, average final compensation, years of service, type of retirement and position classification. The formula for normal (unreduced) retirement is as follows: 1.7% x Average Final Compensation x Number of Years of Creditable Service <i>(This amount may be reduced for employees who retire prior to their normal retirement age.)</i></p>		

Your Social Security Retirement Age

Year of Birth	Full Retirement Age
1937 or earlier	65
1938	65 & 2 months
1939	65 & 4 months
1940	65 & 6 months
1941	65 & 8 months
1942	65 & 10 months
1943 – 1954	66
1955	66 & 2 months
1956	66 & 4 months
1957	66 & 6 months
1958	66 & 8 months
1959	66 & 10 months
1960 or later	67

Service Credit: Eligible employees are credited with one month of service for each month a contribution is made by the LCPS.

Vesting: An employee is vested after being credited with 5 years of accumulated VRS service.

Contributions: The LCPS contributes **BOTH** the member contribution of 5% **AND** the current year's employer contribution at **NO** cost to the employee.

Member Profiles: Profiles showing balance and retirement information are available annually through *myVRS*.

Disability Retirement: You are eligible for disability retirement benefits beginning with your first day of employment in an eligible position, provided the disability did not exist at the time you were employed (unless the condition worsened substantially since your employment).

Health Insurance: Employees hired on or after July 1, 2009 must have **10 consecutive** years of **full time** LCPS service which must **immediately precede** the retirement year in LCPS to be eligible for continuation of retiree health coverage. For those retiring after June 30, 2011, the employee (and anyone they wish to cover into retirement) must be on the insurance for the 3 consecutive years prior to retirement. Contributions from LCPS towards the monthly premium are based on the retiree's **LCPS** service years.

Purchase of Prior Service Credit

The 2001 General Assembly passed legislation that makes the cost of purchasing eligible service credit less expensive. Under the new law, employees may purchase up to 48 months each of military, Federal Civil service, or other governmental service at the cost of 5% of their current annual creditable compensation



Coming January 1, 2011:

Plan 1: your cost is based on 5 percent of your compensation or average final compensation if you purchase prior service or VRS refunded service within **three years** of becoming eligible. After your three-year eligibility period, you will pay actuarial cost.

Plan 2: your cost is based on 5 percent of your compensation or average final compensation for eligible prior public service if they purchase it within **one year** of becoming eligible. Plan 2 members may begin purchasing service effective January 1, 2011. Plan 2 members who purchase service after their one year eligibility period will pay actuarial cost.

The requirements for purchasing VRS refunded service and active duty military leave remain unchanged. More information about purchasing prior service is available at www.varetire.org.

MyVRS

- You can also go online at VRS's website to obtain your member profiles, use the benefit calculator with your information, and see your account by going to www.varetire.org/myVRS, and registering to use myVRS.

LCPS Retirement Plan Comparison Chart

FEATURE	<u>TRADITIONAL 403(b)</u>	<u>ROTH 403(b)</u>	<u>457(b)</u>
Provider	Lincoln Financial Group (LFG)		VRS 457 with ING
Contributions	Traditional, pre-tax employee elective contributions are made with before-tax dollars.	Designated Roth employee elective contributions are made with after-tax dollars.	Pre-tax employee elective contributions are made with before-tax dollars.
Basic 2011 Contribution Limit¹	\$16,500	\$16,500	\$16,500
Age 50 Catch-up Contribution	\$5,500	\$5,500	\$5,500
Who may benefit from contributing?	<ul style="list-style-type: none"> ~ Employees who expect to be in a lower tax bracket at retirement. ~ Employees who want to defer current taxation on income and investment earnings. 	<ul style="list-style-type: none"> ~ Younger employees in lower tax brackets with long time horizon until retirement. ~ Employees who are unable to contribute to Roth IRAs due to income constraints. ~ Employees who expect tax rates to increase by their retirement date. ~ Employees interested in estate planning opportunities. 	<ul style="list-style-type: none"> ~ Employees who expect to be in a lower tax bracket at retirement. ~ Employees who want to defer current taxation on income and investment earnings. ~ Employees who will terminate employment prior to age 59½ and want to withdrawal funds.
Timing of Distributions	<ul style="list-style-type: none"> ~ Age 59½ ~ At retirement if over 55 ~ Total & Permanent Disability ~ Death ~ Severance from employment² ~ In-service hardship and In-service loan³ 	<ul style="list-style-type: none"> ~ Age 59½ ~ Total & Permanent Disability ~ Death ~ Severance of employment⁴ 	<ul style="list-style-type: none"> ~ Severance of employment ~ Death ~ Total & Permanent Disability ~ In-service unforeseeable emergency
Taxation of Withdrawals	Withdrawals of contributions and earnings are subject to federal and state income taxes.	Withdrawals of contributions and earnings are not taxed provided it is a qualified distribution. ⁵ - The account must be held for at least 5 years and one of the following has occurred: <ul style="list-style-type: none"> ~ severance of employment and over 59½ ~ disability, or ~ death of participant 	Withdrawals of contributions and earnings are subject to federal and state income taxes.
Required Minimum Distributions	Distributions must begin no later than age 70½, unless still working.	Distributions must begin no later than age 70½, unless still working. ⁶	Distributions must begin no later than age 70½, unless still working.

¹ Employees may split their contributions between the Traditional 403(b) and Roth 403(b), however the total combined contribution may not exceed the IRS annual maximum amount.

² Employees must satisfy 59½ age requirement or IRS qualifying distribution event to avoid the 10% early withdrawal penalty.

³ Roth deferrals will be used to calculate the maximum loan amount available, but loans are not available from the Roth account.

⁴ Employees who have not met the IRS age requirements may be subject to penalties and additional taxes upon withdrawal.

⁵ If IRS requirements are not met, the earnings will be subject to taxes and may be subject to a 10% federal penalty tax.

⁶ The required minimum distribution may be avoided if the Roth 403(b) account is rolled over into a Roth IRA.

Please refer to your retirement plan summary document for more complete information on contributions and withdrawals eligibility. Mutual funds offered through Lincoln Financial Advisors Corp., a broker/dealer, member SIPC. 1300 South Clinton Street, Fort Wayne, IN 46801. The stable value option may be offered as a fixed annuity through Lincoln affiliates or as a collective trust through independent third party trust companies. CRN200705-2005118

The Cost of Waiting

Don't let another payday fly by. The tendency to put things off is a growing problem. Thirty years ago, 5% of all Americans considered themselves chronic procrastinators, delaying action on even the most important responsibilities. Today, more than 25% admit to putting this off. Don't delay!

The cost of waiting just one year to save for retirement may run into thousands of dollars.

Age	Retirement plan balance at age 65	Cost of waiting one year	Cost of waiting 10 years	Cost of waiting 20 years
25	\$383,393.00	\$24,039.00	\$187,542.00	\$292,264.00
26	\$359,354.00			
35	\$195,851.00			
45	\$91,129.00			

Age	Retirement plan balance at age 65	Cost of waiting one year	Cost of waiting 10 years	Cost of waiting 20 years
35	\$195,851.00	\$13,423.00	\$104,722.00	\$163,199.00
36	\$182,428.00			
45	\$91,129.00			
55	\$32,652.00			

Age	Retirement plan balance at age 65	Cost of waiting one year	Cost of waiting 10 years	Cost of waiting 20 years
45	\$91,129.00	\$7,496.00	\$58,477.00	N/A
46	\$83,634.00			
55	\$32,652.00			
65	\$0.00			

These assumptions assume a \$200.00 monthly contribution, 6% interest and retirement age of 65 years of age.

*provided by Lincoln Financial Group



“A Climate For Success”
**LOUDOUN COUNTY
 PUBLIC SCHOOLS**

Two for the road!



Your “java jolt” is more expensive than you think.

If you spend \$10 a week on coffee or soft drinks over the next 30 years, your tab will be about \$15,600. However, if you save \$10 a week in your Loudoun County Public Schools 403(b) program for 30 years, you could potentially build \$42,000 toward a secure financial future.*

You can start saving for a comfortable retirement and take advantage of your employer’s 403(b) program in less time than it takes to finish a cup of coffee. Simply fill out the form below and return it to the Employee Benefits Division. For one-on-one retirement planning assistance – at no additional charge – call your Lincoln Financial Group Retirement Consultant.



© 2008 Lincoln National Corp.
 LFD0610-2423C
 7/08

Scott Mann
866-963-5384
scott.mann@lfg.com

or

Ernest Massenberg
866-248-5180
Ernest.massenberg@lfg.com

* Assumes a 6% return, compounded monthly in a tax-deferred account. This is a hypothetical example and is not indicative of any product or performance and does not reflect any expense associated with investing. Taxes will be due upon distribution. It is possible to lose money by investing in securities.

Consider the investment objectives, risks, charges, and expenses of the investment company carefully before investing. The prospectus contains this and other information about the investment company. A prospectus is available by calling 800 4LINCOLN (800 454-6265). Read it carefully before investing or sending money.

Investment values will fluctuate with changes in market conditions so that when you withdraw your investment it may be worth more or less than the original amount invested. Securities offered through Lincoln Financial Advisors Corp., a broker/dealer, 1300 S. Clinton St., Fort Wayne, IN. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates

You deserve retirement income security.

Yes! I want to join the Loudoun County Public Schools 403(b) program and start saving toward a secure financial future. Please have a Lincoln representative contact me and help me complete the forms required to enroll in the Loudoun County Public Schools 403(b) program.



Your Name (Please print) _____

School _____

Work Phone (_____) _____

Email _____

Home Phone (_____) _____

Deferred Compensation Plan

Thinking how your retirement picture may look?

The Commonwealth of Virginia 457 Plan can help you focus on your goals. If you're not already saving, look at the opportunities you may be missing, including free money!



Meet Sarah: She earns \$2,000 a month and wants to save \$100 a month in the 457 Plan. Let's compare how much she would save before tax with the 457 Plan versus after tax (through a bank savings account, for example).

**Assumes \$40 monthly investment earning 7% annual rate of return.*

	Contributing to DCP Before Tax	Contributing to DCP After Tax
Gross Pay	\$2,000	\$2,000
Before-Tax Contributions to Plan	- 100	- 0
Taxable Pay	\$1,900	\$2,000
Estimated Income Tax Withholding from Pay	- 551	- 580
Take-Home Pay	\$1,349	\$1,420
After-Tax Contributions to Other Accounts	- 0	- 100
Spendable Pay	\$1,349	\$1,320
Before-Tax Advantage	\$29	None
By contributing before-tax in this Plan, Sarah has \$29 more to spend (or save) each month – \$348 more per year .		

This hypothetical illustration assumes federal tax withholding of 25%, state & local tax withholding of 4%, and does not account for Social Security or Medicare taxes.

Have questions?

Below are three ways to contact ING about your 457

1. Visit the Web site: www.varetire.org.

Select *Commonwealth of Virginia Deferred Compensation Plan* under the *Defined Contribution Plans* tab.

2. Call toll-free 1-VRS-DC-PLAN1(1-877-327-5261)

3. Contact your local representative:

David Detamore

Phone: 877-327-5261, option 2, ext. 11 (weekdays 8:30 a.m. to 5 p.m)

Email: david.detamore@us.ing.com

Basic Group Term Life Insurance

Accidental Death and Dismemberment

Administered By: Minnesota Life for VRS
1-800-441-2258

Benefit: Coverage is two (2) times current annual salary for group term life and up to an additional two (2) times annual salary for accidental death and dismemberment.

Premiums: The Loudoun County Public Schools currently pays the entire premium for this coverage.

Additional Benefits:

- **Safety Belt Benefit:** If a member dies or suffers dismemberment in an accident while driving or riding in a private passenger car, Minnesota Life will pay an additional benefit equal to 10 percent of the accidental death or dismemberment amount, provided the passenger car was equipped with safety belts, a safety belt was in proper use by the member, and the driver of the passenger car was a licensed driver and was not intoxicated, impaired, or under the influence of alcohol or drugs. The maximum benefit payable is \$50,000.
- **Repatriation Benefit:** This benefit pays an additional accidental death benefit for the transportation and associated costs of returning a member's remains, if a member dies in an accident at least 75 miles from home. The amount paid will be either the cost of transportation or \$5,000, whichever is less.



- **Felonious Assault Benefit:** The life insurance provider pays a benefit equal to the lesser of \$50,000 or 25% of the accidental death or dismemberment benefit amount if a member dies, or suffers dismemberment, because of a felonious assault while performing his or her job. If the assault causes the death of the member, and the member has a dependent child or children under age 18 (or 18 if still in high school), the benefit will provide a **Virginia Education Savings Trust** account to be used for college tuition and mandatory fees at any accredited college or university in the country that is eligible to participate in federal student financial aid programs. The amount will be approximately equal to the cost for a four-year in-state university.

assault while performing his or her job. If the assault causes the death of the member, and the member has a dependent child or children under age 18 (or 18 if still in high school), the benefit will provide a **Virginia Education Savings Trust** account to be used for college tuition and mandatory fees at any accredited college or university in the country that is eligible to participate in federal student financial aid programs. The amount will be approximately equal to the cost for a four-year in-state university.

See the VRS handbook for members for more details.

To review or print the complete policy, visit the [Employee Benefits website](#) or contact the [Employee Benefits Department](#)

Beneficiary Designations

The Order of Precedence

The order of precedence for retirement contributions and life insurance benefits provides for benefits to be distributed in an order established by law. It is only necessary to designate a beneficiary if you want payment to be made in a way other than the following:

Life Insurance Benefits: The order established by law provides that payment will be made as follows in the event of your death:

- to your spouse;
- *if no surviving spouse*, to your child(ren) and descendants of deceased children, per stirpes;
- *if none of the above*, to your parents equally or to the surviving parent;
- *if none of the above*, to the duly appointed executor or administrator of your estate;
- *if none of the above*, to other next of kin entitled under the law of the state you live in at the time of death.



Retirement Benefits: The order established by law provides for payment to be made as follows in the event of your death while in service:

- to your spouse;
- *if no surviving spouse*, to your child(ren) and descendants of deceased children, per stirpes;
- *if none of the above*, to your parents equally or to the surviving parent;
- *if none of the above*, to the duly appointed executor or administrator of your estate;
- *if none of the above*, to other next of kin entitled under the law of the state you live in at the time of death.

If a member wants to provide for someone other than what is provided for by law, the VRS-2 Beneficiary Change form must be completed to allow the member to make that type of designation.



Optional Group Term Life Insurance

Benefit: Additional term life insurance at group rates is available to VRS members as an optional benefit. Members may purchase additional coverage, up to 4 times of the employee's annual salary. Spouse and children coverage is also available (note that coverage must be consistent with the option level elected by the employee).

Option	Employee Insurance Amount	Spouse Insurance Amount	Children 15 months-max age**
1	1 x Salary	½ x Employee Salary	\$10,000
2	2 x Salary	1 x Employee Salary	\$10,000
3	3 x Salary	1½ x Employee Salary	\$20,000
4	4 x Salary	2 x Employee Salary	\$30,000

The **guaranteed issue** amount is up to \$300,000 for the employee and ½ your salary for your spouse when coverage is elected within 31 days of eligibility.

Premiums: Premiums are based on the employee's age (and the age of the employee's spouse, if spousal coverage is elected), annual salary and amount of elected coverage. Premiums are conveniently deducted through payroll deduction.

Note: Employees who apply for coverage later than 31 days after initial eligibility, employees whose optional coverage would exceed \$300,000, or employees who elect more than 1/2 salary for spousal coverage must complete and provide an EOI (Evidence of Insurability) form to Minnesota Life.

Optional Group Life Insurance (per \$1,000 of coverage)

Age of Employee (or Spouse)	Monthly Premium (per \$1,000 of coverage)*
Under 30	\$0.05
30 – 34	0.07
35 – 39	0.08
40 – 44	0.09
45 – 49	0.14
50 – 54	0.22
55 – 59	0.43
60 – 64	0.66
65 – 69	1.27
70 – 74	2.06
75 and over	2.06

Child(ren) Rates*

Option	Amount of Insurance** (children less than 15 days old are not covered by this benefit)	Monthly Rate
1	\$10,000	\$0.80
2	\$10,000	\$0.80
3	\$20,000	\$1.60
4	\$30,000	\$2.40

*Rates/benefit amounts effective July 1, 2004

** One premium covers all children.

OPTIONAL LIFE INSURANCE

CALCULATION WORKSHEET

To calculate the employee's "optional life" premium complete the following:

Enter Your Annual Salary: _____
(rounded up to the next even thousand)

Divide by 1000 to get Covered Payroll: _____

Multiply by Monthly Premium Rate:
(based on employee's age - see schedule on previous page) _____

= Monthly Premium _____ (Option 1)

Multiply by 2 = _____ Monthly Premium **(Option 2)**
Multiply by 3 = _____ Monthly Premium **(Option 3)**
Multiply by 4 = _____ Monthly Premium **(Option 4)**

(Enter Monthly Premium _____ divide by 2 _____ = **Your Bi-Weekly Premium**)

Calculations for spouse's coverage are based on the spouse's age*.

*See schedule for child(ren) rates.**

Enter Your Annual Salary: _____
(rounded up to the next even thousand)

Divide by 1000 to get Covered Payroll: _____

Multiply by Monthly Premium Rate:
(based on spouse's age - see schedule on previous page) _____

= _____

divided by 2 = _____ Monthly Premium **(Option 1)**
multiply by 1 = _____ Monthly Premium **(Option 2)**
multiply by 1.5 = _____ Monthly Premium **(Option 3)**
multiply by 2 = _____ Monthly Premium **(Option 4)**

(Enter Monthly Premium _____ divide by 2 _____ = **Your Bi-Weekly Premium**)

Add the spouse's amount to the employee's premium, and children's premium (if elected) to determine the total amount deducted per pay.

**Enrollment Application For VRS
Optional Group Life Insurance**

VRS-39

MINNESOTA LIFE

Minnesota Life Insurance Company - A Securian Company
Richmond Branch Office • P.O. Box 1193 • Richmond, VA 23218-1193 • Phone 1-800-441-2258

Employer code (5 digits)	Employer name	Employee's annual salary \$
--------------------------	---------------	--------------------------------

1 - EMPLOYEE INFORMATION

Social Security number	Employee name (last, first, middle initial)		
Street address	City	State	Zip code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	Age	Date of birth (mo/day/yr)
		Employment date (mo/day/yr)	Payroll frequency

2 - ELECTION OF INSURANCE AMOUNTS

I wish to insure myself and my spouse and my child(ren).
Sign and date section 4, Payroll Deduction Authorization. (If you do not elect to be insured under the VRS Optional Plan you must complete section 5 below.)

OPTIONAL INSURANCE AMOUNTS

Option	Employee	Spouse	Child(ren)
<input type="checkbox"/> 1	1 X Salary	.5 X Salary	\$ 10,000
<input type="checkbox"/> 2	2 X Salary	1.0 X Salary	\$ 10,000
<input type="checkbox"/> 3	3 X Salary	1.5 X Salary	\$ 20,000
<input type="checkbox"/> 4	4 X Salary	2.0 X Salary	\$ 30,000

If the option you elected will provide insurance of \$350,000 or higher, you must complete an Evidence of Insurability form (EOI). Your spouse must also complete an EOI form if you elected options 2,3, or 4. Optional amounts of insurance in excess of \$700,000 for an employee and \$350,000 for a spouse are not provided. If you and your spouse are insured as employees under the Basic VRS Group Life insurance plan neither of you is eligible for coverage as a spouse. If you do not apply when you are first eligible to do so, or within 31 days immediately thereafter, you must complete an EOI for yourself and eligible dependents you subsequently elect to insure.

3 - DEPENDENT INFORMATION

See reverse side for definition of Eligible Dependents (eligibility must be verified by Employer's Representative).
How many children do you have who are less than 21 years of age? _____
How many children do you have who are age 21 to 25 and who are currently full-time students? _____

List information about your spouse and youngest child below:

Name (first name, middle initial, last)	Relationship	Sex	Social Security number	Date of Birth (mo/day/yr)
	Your Spouse	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Youngest Child	<input type="checkbox"/> Male <input type="checkbox"/> Female		

4 - PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize my Employer to deduct from my compensation the amount necessary to provide the insurance amounts indicated above. I understand that the deduction amount will change as my age and annual salary change.

Signature X	Date signed
----------------	-------------

5 - WAIVER OF COVERAGE

I DO NOT wish to enroll for myself or for my eligible dependents in the VRS Optional Insurance Plan. I understand that once coverage is waived, I will have to furnish evidence of insurability for myself and eligible dependents if I wish to become insured at a later date.

Signature X	Date signed
----------------	-------------

6 - STATEMENT BY EMPLOYER'S REPRESENTATIVE

I certify that I believe the statements made herein are true and accurate, as disclosed by the records of this office, and the Social Security Number and Annual Salary are correct as entered.

Employer's representative X	Title	Date signed
--------------------------------	-------	-------------



ELIGIBLE DEPENDENTS

The following persons are eligible to be insured under the VRS Optional Group Life Insurance Plan:

- the employee's spouse, and
 - the employee's unmarried, natural, or legally adopted children* who are not self-supporting, and
 - the employee's unmarried step-children* who live full-time with the employee in a parent-child relationship and can be claimed as a dependent on the employee's Federal income tax return, and
 - any other children* if they are in the permanent court-ordered custody of the employee.
- * less than 21 years of age (age 25 if a full-time college student).

Beneficiary Information

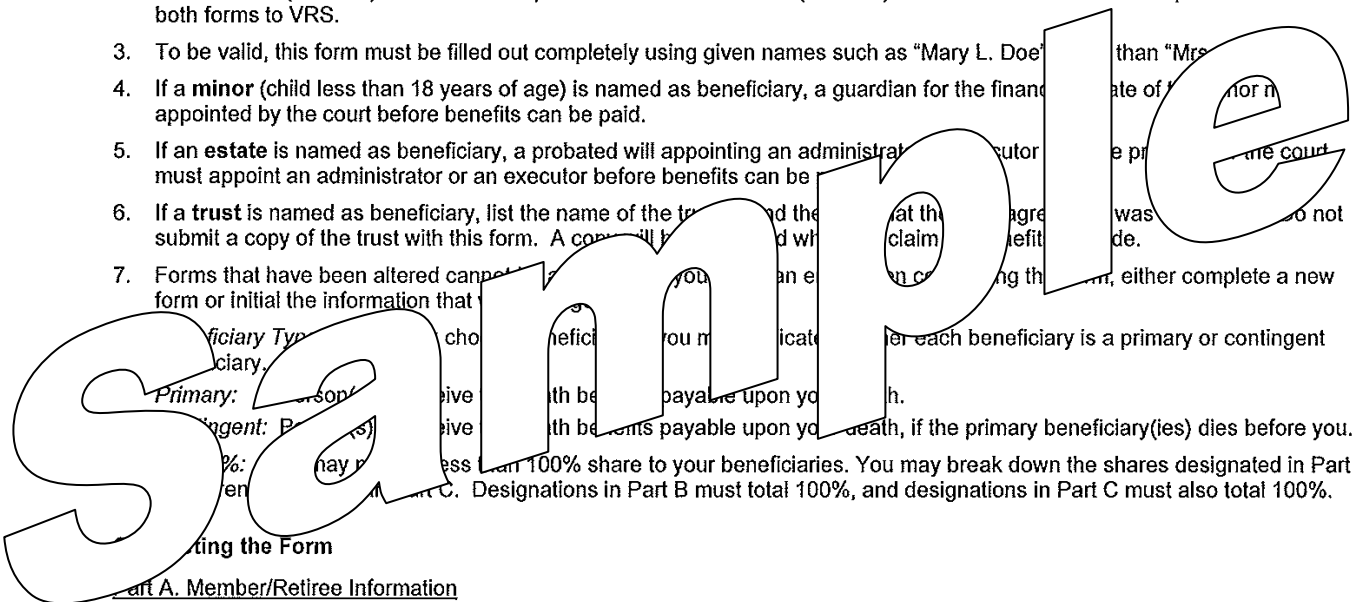
The employee's beneficiary for Optional Group Life Insurance is the same as designated for the employee's Basic VRS Group Insurance. The employee is the beneficiary for the Optional Group Life Insurance on the employee's spouse and children.

Death After Termination:

If you die after you have terminated your employment in a VRS-covered position but before beginning to receive a monthly retirement benefit and you have not taken a refund of the contributions and interest credited to your account prior to your death, a refund of the contributions and interest credited to your account is paid to your named beneficiary; or if no beneficiary designation is on file, to the first person qualifying by order of precedence.

Other Key Points to Remember

1. This form cannot be used to designate a beneficiary for your spouse's or children's coverage under the Optional Life Insurance Plan because you are the beneficiary of those benefits.
 2. If you name multiple primary beneficiaries, other than those established by law for death in service benefits, the proceeds will be split equally, unless you instruct otherwise in the Share % box for each beneficiary on this form. List up to four beneficiaries on this form. If you want to designate additional beneficiaries, list them on the Designation of Beneficiary – Continuation (VRS-2A). You must complete the continuation form (VRS-2A) at the time the VRS-2 is completed and send both forms to VRS.
 3. To be valid, this form must be filled out completely using given names such as "Mary L. Doe" rather than "Mrs. Doe" or "John Doe" rather than "Mr. Doe".
 4. If a **minor** (child less than 18 years of age) is named as beneficiary, a guardian for the financial affairs of the minor must be appointed by the court before benefits can be paid.
 5. If an **estate** is named as beneficiary, a probated will appointing an administrator or executor must appoint an administrator or an executor before benefits can be paid.
 6. If a **trust** is named as beneficiary, list the name of the trust and the name of the trustee. You must submit a copy of the trust with this form. A court order must be obtained if the trustee is not named in the trust agreement.
 7. Forms that have been altered cannot be used. If you have altered a form, either complete a new form or initial the information that has been altered.
- Beneficiary Type: Primary or Contingent
Beneficiary Name: _____
Relationship: _____
Share %: _____
Birth Date: _____



Completing the Form

Part A. Member/Retiree Information

Enter your personal information in boxes 1 through 6, and box 7 on the 2nd page. Your VRS identification number must be clearly displayed in boxes 1 and 7. The employer code is required in box 2 only if you are an active VRS member.

Part B. Designation of Beneficiary for VRS Basic and Optional Group Life Insurance

Check the appropriate box to indicate whether you wish to have payment of basic and optional life insurance be made by order of precedence or have the payment made to beneficiaries you designate.

If you choose to designate beneficiaries, enter each beneficiary's full name, Social Security number and complete address as well as whether the beneficiary is primary or contingent, the person's relationship to you, the percentage of life insurance to be paid to the person, and his or her birth date.

Part C. Designation of Beneficiary for Accumulated VRS Retirement Contributions/Benefits

Check the appropriate box to indicate whether you wish to have payment of VRS retirement contributions/benefits be made by order of precedence or have the payment made to beneficiaries you designate.

If you choose to designate beneficiaries, enter each beneficiary's full name, Social Security number and complete address as well as whether the beneficiary is primary or contingent, the person's relationship to you, the percentage of retirement contributions/benefits to be paid to the person, and his or her birth date.

Part D. Certification

Sign and date the member certification. Make a copy of the completed form for your records and mail the original to VRS.

If you wish to make a change, please go to www.varetire.org.

DESIGNATION OF BENEFICIARY



VIRGINIA RETIREMENT SYSTEM
 P.O. Box 2500 ♦ Richmond, Virginia 23218-2500
 Toll Free 1-888-VARETIR (827-3847)
www.varetire.org

1. Social Security Number
2. Employer Code

PART A. MEMBER/RETIREE INFORMATION

3. Name (First, Middle Initial, Last)	4. Are you retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Address (Street, City, State and Zip+4)	6. Birth Date

PART B. BENEFICIARIES FOR VRS BASIC AND OPTIONAL GROUP LIFE INSURANCE

Check ONE:

- I revoke any previous designations and elect payment of VRS basic and optional group life insurance benefits to be made by order of precedence established by law. If you check this box, do not complete the beneficiary information below. Continue to Part C. (Order of precedence is explained in the form instructions.)
- I revoke any previous designations and elect payment of VRS basic and optional group life insurance benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

Full Name (Person or Estate) (First, Middle Initial, Last)		Social Security Number	
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one)	Share %	Relationship	Birth Date
<input type="checkbox"/> Contingent			
Name (Person or Estate) (First, Middle Initial, Last)	Social Security Number		
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one)	Share %	Relationship	Birth Date
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
Name of Trust Organization			Date of Trust
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one)	Share %	Trustee or Organization Executive Officer	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

Are additional beneficiaries for Part B listed on a VRS-2A continuation form?
 Yes No

VRS-2 (Rev. 01/11)



PART C. BENEFICIARIES FOR VRS MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS/BENEFITS

Check ONE:

- I revoke any previous designations and elect payment of VRS retirement contributions/benefits to be made by order of precedence established by law. If you check this box, do not complete the beneficiary information below. Continue to Part D. (Order of precedence is explained in the form instructions.)
- I revoke any previous designations and elect payment of VRS retirement contributions/benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Full Name (Person or Estate) (First, Middle Initial, Last)			Social Security Number
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Relationship	Birth Date
Name of Trust Organization			Trust Officer
Address (Street, City, State and Zip+4)			
Beneficiary Type (Check one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %	Trust Organization Executive	Trust Officer

Are you a VRS-2A continuation form?
 Yes No

Declaration: I do hereby revoke all previous designations of primary and contingent beneficiaries, if any, and designate the beneficiary(ies) as indicated on this form to receive the proceeds of the basic and optional group life and accidental death and dismemberment insurance policies administered by VRS if I am covered under those policies, and to receive the accumulated retirement contributions/benefits to my credit in VRS at the time of my death. I do hereby direct that should I survive all of the above-named primary and contingent beneficiaries, any amount(s) which otherwise would have been payable to such beneficiary(ies) shall be paid in the order of precedence established by law and as listed in the instructions of this form or to such other beneficiary(ies) as I shall hereafter designate by written designation filed with the VRS Board of Trustees in accordance with its procedures. The right to change the beneficiary(ies) designation without the consent of said beneficiary(ies) is reserved. All information I provide in this document is true and I understand that any willful falsification of facts presented may result in prosecution as provided by law. (Persons holding a Power of Attorney, acting under a Guardianship, or acting as a Trustee may not make or change any beneficiary designation unless the relevant documentation specifically grants the authority to do so. Persons not holding such documents may not make or change any member's beneficiary designation unless granted the authority to do so by court order.)

Member Signature _____ Date _____

7. Social Security Number:



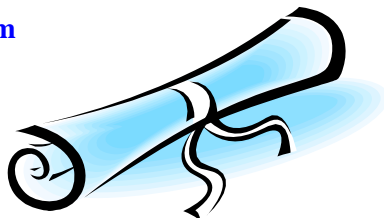
Other Benefits





Virginia Prepaid Education ProgramSM

- ❖ Internal Revenue code § 529 prepaid tuition plan
- ❖ Expenses covered:
 - In-state undergraduate tuition
 - All mandatory fees
- ❖ Guarantee
 - Program backed by statutory guarantee
 - Lock in future costs of in-state undergraduate tuition and mandatory fees at Virginia public colleges
- ❖ Tax Advantages
 - Tax-free earnings
 - Tax-free qualified distributions*
 - Favorable federal estate and gift tax provisions
 - Virginia income tax deduction for account owner
- ❖ Protection from creditors under Virginia law
- ❖ Use at any accredited college in the country eligible to accept federal financial aid
- ❖ Age limits
 - Newborn through ninth grade
- ❖ Limited enrollment period
- ❖ State residency requirements
- ❖ Maximum 5 year university and 3 year community college contracts
- ❖ www.Virginia529.com



Virginia Education Savings TrustSM

- ❖ Internal Revenue code § 529 prepaid tuition plan
- ❖ May be used for all IRC § 529 expenses
 - Tuition and Fees
 - Room and board
 - Textbooks and required supplies and equipment
- ❖ No guarantee
 - Investments subject to market conditions
 - Savings may not be sufficient to cover all college costs
- ❖ Tax Advantages
 - Tax-free earnings
 - Tax-free qualified distributions*
 - Favorable federal estate and gift tax provisions
 - Virginia income tax deduction for account owner
- ❖ Protection from creditors under Virginia law
- ❖ Use at any accredited college in the country eligible to accept federal financial aid
- ❖ No age limits
- ❖ Adults and children
- ❖ Enrollment open all year
- ❖ No state residency requirements
- ❖ \$250,000 account limit
- ❖ www.Virginia529.com

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

WHAT IS HEPATITIS B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States.
- have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:

- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

HEPATITIS B VACCINE: WHY GET VACCINATED?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a **series of 3 or 4 shots**. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

WHO SHOULD NOT GET HEPATITIS B VACCINE?

- Anyone with a life-threatening allergy to **baker's yeast**, or to **any other component of the vaccine**, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a **previous dose of hepatitis B vaccine** should not get another dose.
- Anyone who is **moderately or severely ill** when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

WHO SHOULD GET HEPATITIS B VACCINE AND WHEN?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:
 - sex partners of people infected with HBV
 - people with chronic liver or kidney disease
 - people with jobs that expose them to human blood,
 - household contacts of people infected with HBV
 - people who travel to countries where hepatitis B is common,
 - residents and staff in institutions for the developmentally disabled,
 - men who have sex with men,
 - people with more than one sex partner,
 - people who inject street drugs,
 - kidney dialysis patients
 - people with HIV infection
- Anyone else who wants to be protected from HBV infection may be vaccinated.

HEPATITIS B VACCINE RISKS

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following **mild problems** have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

WHAT IF THERE IS A MODERATE OR SEVERE REACTION?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

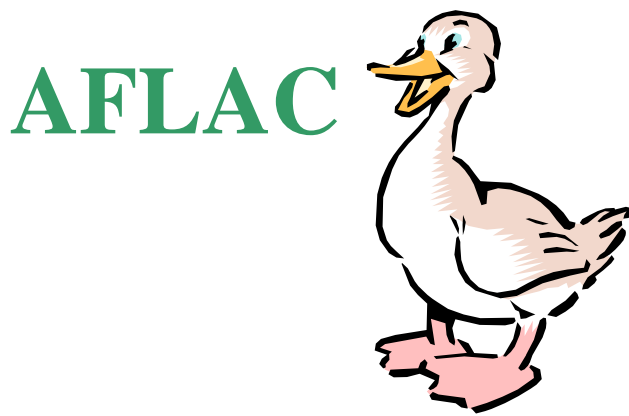
- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. *VAERS does not provide medical advice.*

THE NATIONAL VACCINE INJURY

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed. For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

HOW CAN I LEARN MORE?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC websites at:
 - www.cdc.gov/ncidod/diseases/hepatitis
 - www.cdc.gov/vaccines
 - www.cdc.gov/travel



Cancer Income Protection Plan

When a covered individual is diagnosed with cancer, this plan provides for hospital, confinement, radiation and chemotherapy and surgery, among others. In addition, AFLAC will pay a First Occurrence Benefit when a covered individual is first diagnosed as having internal cancer. Benefits are determined by state, but may include:

- Hospital Confinement
- Radiation and chemotherapy
- National Cancer Institute (NCI) evaluation/consultation

Hospital Intensive Care

This plan pays a benefit if you or any covered individual is confined to a hospital intensive care unit regardless of any other insurance you may have.

For further information on these products, contact AFLAC Agent:

Debbie Smith
(703) 851-5504

or

Sheila Long Raitch
(703) 899-7120

Long Term Care Insurance for Today's Workforce



Compare and check out:

Virginia Retired Teacher Association's Plan offered by
Central Atlantic Insurance Services

- (800) 543-4287 for information

Or

Commonwealth of Virginia Voluntary Group Long Term Care Program Offered by
Genworth Life Insurance Company

- (866) 859-6060
- www.genworth.com/cov

TreasuryDirect

TreasuryDirect is a web-based system that allows you to purchase electronic Series EE and I savings bonds, as well as Treasury bills, notes, bonds and TIPS. You will NOT receive paper bonds through TreasuryDirect.

Your payroll deduction is sent to your TreasuryDirect account each pay period. When you have accumulated a minimum of \$25.00 in your account, you may purchase whatever Treasury security you wish online. You are able to purchase your securities whenever it is convenient – TreasuryDirect is available 24/7.

Some of the advantages of using TreasuryDirect are:

- Since all securities are electronic, there is no paper to lose.
- You may set up an account for minor children.
- You control the issuance of savings bonds.
- TreasuryDirect provides a summary of account activity, including recent purchases, payments and account balances.
- TreasuryDirect tracks details such as issue date and current value for you.
- Bonds don't get lost in the mail or returned as undeliverable.

TreasuryDirect Enrollment Information

(You must have internet access to use TreasuryDirect)

First, open a TreasuryDirect account:

- Go to www.treasurydirect.gov (note the .GOV)
- On the right hand side of the screen you will see:

Open an Account:

[TreasuryDirect®](#)

[Legacy Treasury Direct®](#)

[FedInvest®](#)

[SLGSafe®](#)

Click on TreasuryDirect

- Enter the required information. (You will be asked for your banking information – NO money will be deducted from your account, but this number is required by TreasuryDirect. This is a method of identification, and the account to which any redeemed securities will be deposited.)

Next, complete the LCPS TreasuryDirect Payroll Authorization form and return it to the Employee Benefits Division to begin your deductions. It's that easy!

Deductions will be sent to TreasuryDirect within 10 working days after the end of each month a deduction is made.

TreasuryDirect Payroll Authorization

(This form can only be completed after you have established a TreasuryDirect account)

Return this form to:
Employee Benefits, 21000 Education Court, Ashburn, VA 20148
or fax it to 571-252-1401

Employee Name: _____ Contact Number: _____

PID: _____ Work Location: _____

Deduction per pay period: \$ _____

TreasuryDirect Account Number: _____

TreasuryDirect Routing Number: **051736158**

Start Date: _____

End Date (only if stopping deduction) _____

Deductions will begin the pay period after this form is received. Please be sure to review you e-stub and call Employee Benefits (571-252-1240) immediately if you have any questions or concerns.

Employee Signature: _____ Date: _____

For Office Use Only:

HED: _____

Date Entered: _____

Initials: _____

Credit Union Opportunities



Direct Deposit/Payroll Deduction

Enjoy the convenience of direct deposit or payroll deduction.

With Direct Deposit you normally receive your deposit a day early. For example, if you direct deposit has an effective date of Friday, we will normally post it to your account on Thursday.

Payroll Deduction is an allotment to the credit union for deposit and/or to make a loan payment.

Audio Response System – S.T.A.R.S.

Our Secure Telephone Audio Response System (STARS) is a FREE service that gives you access to your account 24 hours a day, seven days a week.

Obtain account balances, transfer funds, check clearings, verify your deposits and much more. You may access STARS by calling (703) 771-3089 or toll-free 1-866-67-STARS.



Visa Check (Debit) Card

Eliminate the need to write a check with the Loudoun Credit Union Visa Check (Debit) Card. The check card is tied directly to your checking account and you can make purchases or obtain cash from any ATM displaying the VISA logo.

Identity Theft Protection

Identity theft is one of the fastest growing problems facing everyone today. You may purchase Identity Theft Shield protection through Loudoun Credit Union.

U.S. Postage Stamps

While you are visiting the credit union, don't forget to purchase postage stamps. Stamps are sold by the book only (20 stamps per book).



Notary Public Service

As a courtesy to our members only, we offer free notary service. No appointment is necessary; there are three notaries on staff.

Discount Busch Garden Tickets

One of the great attractions in Virginia is Busch Gardens and tickets are sold at the credit union well below gate prices



Traveler Cheques

If you are traveling, we recommend the safety guarantee of American Express Traveler Cheques. If they are lost or stolen, American Express will issue you a refund. Literally, don't leave home without them.

Travel Cheques are 50 cents per \$100.



Wire Transfers

For a minimum fee, funds can be wired from your credit union account to another financial institution. Wire requests must be submitted before 2:00 p.m. for same day service. A Wire Transfer Form must be completed before a wire is initiated; this is done to maintain security.

Motor Vehicle Certification Program (MVCP)

This is a car pricing service on new and used vehicles. Check on MVCP before purchasing your next vehicle. Visit their website at www.mvcp.com

Mortgage Financing

The Loudoun Credit Union has partnered with PHH Mortgage Services, who offers you the strongest mortgage guarantees anywhere. Available 6 days a week. Call 1-877-256-1358.

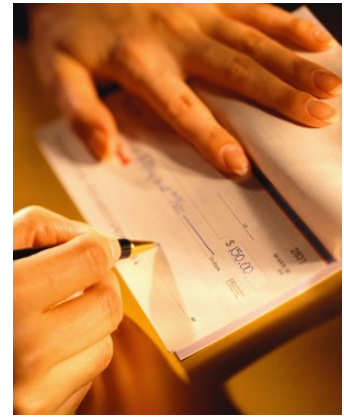




Apple Credit Union has been serving the community since 1956. As a financially sound and strong institution, their goal is to be your number one financial service provider.

The beauty of an Apple Federal Credit Union membership is that once you join you are a member for life. Family members are also eligible to take advantage of the many products and services Apple FCU has to offer. This includes spouses, children, siblings, grandparents and grandchildren. With over 18 locations throughout Northern Virginia, Apple FCU is convenient for you, the employee. Besides convenience, Apple has a variety of products to fit every need. Their products include:

- Direct Deposit
- Savings Accounts
 - Money Market Accounts
 - Individual Retirement Accounts
- Checking Accounts
- VISA Debit Cards
- VISA Personalized Credit Cards
- Certificates of Deposit (CDs)
- Auto Loans
- Student Loans
- Mortgages
- Home Equity Lines of Credit
- Extra Students Accounts
- Business Services
- NetBranch Online Banking
- Web Bill Payer
- Express Yourself Personalized Debit Cards
- Professional Development Loans
- Financial Counseling Services



Employee Discount Program

Business	Address	Phone	Discount	Additional Information
Apartments				
Camden Westwind	22541 Hickory Hill Square Ashburn, VA 20148	703-729-3100		Ask for the LCPS discounts
The Metropolitan at Village at Leesburg	1606 Village Market Blvd Leesburg, VA	703-779-7770	20%	Percentage of market rents
University Heights Apartments www.liveuniversityheights.com	20300 River Ridge Ter Ashburn, VA	703-478-8388		Ask for LCPS discount
Auto Services				
Ashburn Car Wash	43324 Junction Plaza Ashburn, VA	703-729-9274	25%	Discount on Monday only.
Fallon Automobile Repair	202 Lane Court #5 Sterling, VA	703-478-9550		See our Web site for LCPS discounts fallonautomotive.com
Goodyear	44285 Ice Rink Plaza Ashburn, VA	703-858-5100	10%	
Jiffy Lube	43910 Farmwell Hunt Pl. Ashburn, VA	703-724-3985		Ask for LCPS Discount
Sud's Car Wash	43985 Pipeline Plaza Ashburn, VA	703-723-9181	25%	Every Tuesday from 8:00 a.m. to 7:00 p.m.
TireVan		877-847-3826	20%	Discount on installation
Banks				
Chevy Chase Bank	21100 Dulles Town Circle Dulles, VA 20166	703-406-7341		Ask for the LCPS discount
Commerce Bank	Francie Barody	703-622-8550		Ask about discount for LCPS employees
M & T Bank	43911 Farmwell Hunt Pl. Ashburn, VA	703-729-2921		Ask for LCPS Discounts M&T @ Work Program
Middleburg Bank	Various locations	703-777-6327		Free Checking
PNC Bank	44080 Pipeline Plaza Ashburn, VA	703-723-1461		Ask for LCPS discounts.
Wachovia at Work	Various locations	1-888-353-7375		Ask for LCPS Discounts
Computers				
Apple Computer www.apple.com →Store→ Education→K12 Teacher/Staff	Tysons Corner I 1961 Chainbridge Road McLean, VA	703-893-5055 X5		The discount depends on the product purchased
Dell Computers	www.Dell.com/edubuy	1-800-727-1100	10% - 15%	No. KS29309019
Dentists				
Dr. Sean Grady Aesthetic Dentistry and Spa http://www.seangradydds.com	2 West Loudoun Street Round Hill, VA	540-338-0046	15%	Any whitening procedure
Lansdowne Dental Associates www.drrajbala.com	19415 Deerfield Avenue #207, Lansdowne, VA	571-223-2434		Ask for LCPS discounts

Business	Address	Phone	Discount	Additional Information
Loudoun Dental Smiles	540 Fort Evans Road Leesburg, VA 20176	703-779-7779		Waiving 20% co-pay on basic services. Saturday hours
Sterling Dental Center	21155 Whitfield Place #104, Sterling, VA	703-433-0234		As for LCPS employee discount
Educational				
Huntington Learning Center www.Leesburg.huntingtonlearning.com	521 C East Market Street Leesburg, VA	703-443-1200		\$100 off an Educational Evaluation or an SAT/ACT practice test and analysis
Kiddo Mart	47100 Community Plaza Sterling, VA	703-421-1123	10%	All items
Round Hill Art Center www.roundhillartcenter.org	35246 Harry Byrd Hwy. Round Hill, VA	540-338-5022	10%	LCPS Employees and their children
Fitness				
4 Cats Yoga Kathy@4CatsYoga.com		540-338-1861		10% discount on a full 8-week session
Bridge to Learning Family Yoga www.bridgetolearning.net	44110 Ashburn Shop. Pl Ashburn, VA	703-726-0077		\$50 initiation fee \$100 for 10 sessions
Curves for Women	20604 Gordon Park Sq. Ashburn, VA	571-223-0123		No initiation fee for membership \$49 per month
Curves for Women	305 E. Market Street Leesburg, VA	703-669-0300		No initiation for membership fee \$49 per month
Curves for Women	745 E. Marin Street Purcellville, VA	540-338-0008		No initiation fee
Elite Fitness Concepts Belmont Greene	42910 Winkle Drive Ashburn, VA	703-723-0075		\$38 monthly Ask about family discounts
Ferraiola Fitness Studio www.ferrfit.com		703-771-4900		Ask For LCPS Discount
Fitness First	532 East Market Street Leesburg, VA	703-771-4900		\$50 initiation fee - \$29 per month with a one year contract
Gold's Gym	1043 Edwards Ferry Rd. Leesburg, VA	703-669-9100		No enrollment fee \$29.99 per month
Gold's Gym	20099 Ashbrook Place Ashburn, VA	703-858-5530		\$54 initiation fee \$42.99 per month
Jazzercise Fitness Center	412 S. Sterling Boulevard Sterling, VA 20164	703-450-8080		No registration fee
L. A. Fitness	21074 Dulles Town Circle Dulles, VA	703-421-0963		No registration fee \$34.99 per month
Lifetime Fitness	44610 Prentice Sterling, VA 21376 Potomac View Rd. Sterling, VA	703-433-0256		\$49 joining fee 1 month of free team training or An extra \$100 MYLT Bucks + any promotion running at the time
Plumblin Training Michael Thrash	751 Miller Drive Suite A1 Leesburg, VA	703-717-2767		10% discount on all training programs and 20% off the first month
Snap Fitness www.ashburnva@snapfitness.com	43330 Junction Plaza Ashburn, VA	703-729-9393		\$34 initiation fee, \$34.95 a month for a 6 month commitment. For new memberships only.

Business	Address	Phone	Discount	Additional Information
Food Service				
Entrée Vous www.entreevous.com	20937 Ashburn Road Suite 140 Ashburn, VA 20147	703-723-4724		Buy one item, get one item free per visit
Let's Dish	44260 Ice Rink Plaza Suite 212, Ashburn, VA	703-858-7900		\$10 off + free ready made meal \$20 Dish-N-Dash \$20 New Disher Discount
Hair & Spa Ser				
Dejure Salon	44260 Ice Rink Plaza Ashburn, VA	703-858-9433	10%	
Great Clips	43300 Southern Walk Plaza Ashburn, VA 20148	703-723-9390		\$9.99
Image Hair Studio Denise Osterhoudt	302C Industrial Court Leesburg, VA	703-777-7700	10%	Walk Ins Only
Massage Envy Kayla Broussard	22000 Dulles Retail Plaza Sterling, VA	703-230-3689		\$49 intro massage \$54 per month per massage
Old Towne Hair Design Dottie Thornley	201 Loudoun Street, Ste A Leesburg, VA	703-779-2224		Ask for the LCPS discount
Purcellville Spa and Boutique	727 E. Main Street Purcellville, VA 20132	540-751-0220	10%	Must schedule an appointment
Royal Barber Shop	42882 Truro Parish Road Ashburn, VA 20148	703-858-9008		\$2.00 off haircut
Studio 609 Salon & Boutique	609 E Marin Street Purcellville, VA	540-338-6430	10%	Discount good the first week of each month
Home Service				
American Chimney	201 N. Maple Avenue Purcellville, VA	540-338-2723		15% Cleaning 10% Store Items
Bob's Termite & Pest Services	12616 Lake Ridge Drive Woodbridge, VA	703-497-2225	10%	
Dish Network www.dish-systems.com/loudoun		866-395-9955		New Accounts only, \$24.00/month for 1 yr
Modern Mechanical	P. O. Box 828 Ashburn, VA	703-726-6066	10%	Includes all HVAC services
Hotels				
Candlewood Suites	45520 East Severn Way Sterling, VA	703-674-2288		Ask for the LCPS discount
Holiday Inn Leesburg at Carradoc Hall	1500 E. Market Street Leesburg, VA	703-771-9200	20% dinner at the rest.	\$99 per night including a free breakfast
Hotel Sierra	45520 Dulles Plaza Sterling, VA 20166	703-435-9002		Sun-Thur. Studio Suite \$119 + tax Fri-Sat Studio Suite \$79 = tax
Lansdowne Resort	44050 Woodridge Pkway Lansdowne, VA	877-509-8400		\$119 per night
Suburban Suites	45510 East Severn Way Sterling, VA	703-674-2299		Ask for the LCPS discount

Business	Address	Phone	Discount	Additional Information
Miscellaneous				
ADA Driver Improvement	P. O. Box 1971 Leesburg, VA	703-777-8833	\$10 Discount	
Amusement Rentals by J&J Inc. www.amusement-rentals.com	100-D Ruritan Road Sterling, VA	703-450-2792	10%	
BuyCruises.com Don Vore	Vore@BuyCruises.com	703-727-2584		\$50 to \$250 off any 7-day cruise
Fruit Flower	43150 Broadlands Center Ashburn, VA 20148	703-723-1511		\$5.00 discount on each order
Hansen, Staub & Assoc.	116-H Edwards Ferry Road Leesburg, VA	703-771-1046	10%	Individual tax returns
Parcel Plus	43330 Junction Plaza Ashburn, VA 20147	703-7241309	10%	All Packing and Shipping needs
South Riding Acupuncture	4229 Lafayette Center Dr Chantilly, VA	703-209-3106	10%	
Mortgage Co				
Champion Title & Settlement Inc - Keith Barrett	50 Catocin Circle #302 Leesburg, VA 2016	703-443-1010		\$99 Settlement fee to purchasers \$99 Settle fee to sellers if by is also using Champion
Fairfax Mortgage	3900 University Dr Fairfax, VA	703-385-6122		Call for LCPS Discounts
George Mason Mortgage	606 S King St # 200 Leesburg, VA	703-443-1900		Call for LCPS Discounts
JP Morgan Chase Colette.A.Wachtel@chase.co	21430 Cedar Drive Suite 204, Sterling, VA	703-505-5464		\$500 off closing costs
Moving Co				
JK Moving & Storage, Inc. Matt Plumer	44112 Mercure Circle Sterling, VA	703-505-5464	10% packing Material	\$10.00 per hour for local moves; 1 month free storage Discount on Interstate moves
Regal Movers www.regalmovers.com	4553 Heritage Trail Sq. Sterling, VA	703-707-9008		\$250 off first move
Realtor				
Long & Foster Nancy Pav, Associate Broker	www.GottaHavePav.com nancy.pav@longandfoster.com	703-726-3421		Ask me about my LCPS employee discount as well as other programs that may be available to you.
Restaurant				
American Flatbread	43170 Southern Walk Pl Ashburn, VA	703-723-7003	15%	Dine-in or Pick-up
Andy's Pizza & Subs	9-F Catocin Circle Leesburg, VA	703-771-0277	10%	Not on delivery Specials not included
Ashburn Bagel & Sandwich Shop www.ashburnbagel.com	43930 Farmwell Hunt Plaza Ashburn, VA 20147	703-858-5883	10%	Caters breakfast, lunch & sweet platters. Delivery 5 sandwich minimum
Bertucci's	44042 Pipe Line Plaza Ashburn, VA	703-858-5400	10%	Ask for LCPS Discount

Business	Address	Phone	Discount	Additional Information
CiCi's Pizza	500 Fort Evans Road Leesburg, VA	703-443-8071		\$1.00 off per person Children under 10 eat free on Tuesdays
The Dock at Lansdowne www.thedockatlansdowne.com	19289 Promenade Drive Suite P 101-102 Lansdowne, VA 20176	571-333-3877	20%	Lunch and Dinner Carry out 50 seat private meeting room
El Pan Nuestro Market	525 E. Market Street Leesburg, VA 20176	703-443-0073	10%	
Emilio's Pizza & Grill	19308 Promenade Dr Lansdowne, VA	571-333-3350	10%	
Foster's Grill	43670 Greenway Corp Ashburn, VA 20147	703-726-9199	10%	
Giovanni's	520 E. Market Street Leesburg, VA	703-777-8440	10%	
Hunan Café IV	43300 Southern Walk Pl. Broadlands, VA	703-726-3890	10%	
IHOP	980 Edwards Ferry Rd Leesburg, VA	703-779-7501	10%	Regular Menu Only. No holiday Discount for Employee only
LaVilla Roma	305 E. Market Street Leesburg, VA	703-777-6223	10%	Lunch only (11-4) Dine-in only
Ledo's	1037 Edwards Ferry Leesburg, VA	703-777-9500	10%	Mon-Fri; 11:00 am - 3:00 pm only
Leesburg Restaurant	9 S. King Street Leesburg, VA	703-777-3292	10%	Lunch only
Maggie Moos	43135 Broadlands Center Ashburn, VA	571-223-2495	10%	
Manhattan Pizzeria	43930 Farmwell Hunt Ashburn, VA	703-858-1388	10%	
Mansion House Restaurant at Holiday Inn	1500 East Market Street Leesburg, VA	703-771-9200		50% off any second entree
Mediterranean Breeze	20693 Ashburn Road Ashburn, VA	703-726-1045	10%	Lunch only
Mezza Grill	43150 Broadlands Center Ashburn, VA	703-723-7447	10%	Dining Room only
Moe's Southwest Grill	667 Potomac Station Leesburg, VA	703-777-0004	10%	Lunch only
Original Steakhouse	43150 Broadlands Center Ashburn, VA	571-223-0100	10%	Food purchase only
R. J. Deli	707-I E. Market Street Leesburg, VA	703-771-2058	5%	Catering available
Red, Hot and Blue	541 E. Market Street Leesburg, VA	703-669-4242	10% 20%	At any time Tues night on carry out only
Rocko's Pizza & Subs	62 Plaza Street Leesburg, VA	703-443-8500	10%	Regularly priced items only
Roebeks	Broadlands Village Ctr Ashburn, VA	703-729-2806	10% 20%	At any time Every Wednesday
Roebeks	Cascades Marketplace Sterling, VA	703-444-0920	10% 20%	At any time Every Wednesday

Business	Address	Phone	Discount	Additional Information
Saigon Star	43150 Broadlands Ctr. Ashburn, VA	703-723-2604	10%	Lunch and dinner
Sal's N.Y. Pizza	43145 Broadland Center Ashburn, VA	703-729-7791	10%	
TGI Friday's	235 Ft. Evans Road Leesburg, VA	703-737-3900	10%	
Tropical Smoothie Café	20921 Davenport Drive Sterling, VA	703-430-1700	10%	
Vapiano	21100 Dulles Town Cen. Dulles, VA	703-404-7100	15%	
Vocelli's Pizza	34 Catoctin Circle SE Leesburg, VA	703-771-1900	10%	Specials included
Retail				
Barnes & Noble	Various locations	703-437-8147	20%	
Leesburg Corner Premium Outlet Mall	241 Fort Evans Rd NE Leesburg, VA	703-737-3071	Coupon Booklet	Information desk in food court has discount booklets
Play It Again Sports	530 E Market Street Leesburg, VA 20176	703-777-3043	10%	
Total Basket Cases	2 E. Pennsylvania Ave Lovettsville, VA	540-822-9415	15%	In store purchases only
Wireless				
AT&T	www.att.com/wirelessdiscounts FAN # 2417767	202-638-7876 X14	15%	Discount also available at corporate stores
Sprint/Nextel	www.evpdiscount.com/LCPS Brian.sutton@evpdiscout.com	1-888-457-6294		15% discount on wireless bill 10% on accessories
T-Mobile		877-453-8824	12%	Discount listed under Commonwealth of VA Requires 2-year contract. Some plans not included.
Verizon Wireless	www.verizonwireless.com/getdiscounts		Varied Discount	15% discount on wireless bill. Sign up with your LCPS e-mail address. If you don't have a LCPS address please contact the Benefits Division

Use your LCPS Badge to receive your discount

Revised 11/30/2010

Please check out our website (www.lcps.org, click on Business & Financial Services under the Administration drop down menu, and then click on Employee Benefits on the left hand side.) under “Employee Discount List” to get an updated list of our Discounts.



Important Notices



Privacy Notice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Covered Entity's Duties

Health plans are considered covered entities under the HIPAA Privacy regulation. Therefore, Loudoun County Public Schools (hereinafter "LCPS") is required by law to perform certain duties.

The following is a list of some, but not all of these responsibilities:

- Provide and maintain a Privacy Notice;
- Designate a Privacy Official;
- Abide by the Federal and State privacy regulations for protecting and securing protected health information;
- Not use or disclose protected health information other than as permitted under the law without your authorization; and,
- Require our business associates and employees to comply with privacy regulations.



Complaints or Inquiries

Individuals may send any complaint or inquiry about our privacy policy to us. A written inquiry or complaint may be sent to the contact address below. Please include your name and account information. There will be no retaliation for any complaint received by our company. If you feel your privacy rights have been violated, you may send a complaint to us as well as to the Secretary of the United States Department of Health and Human Services.

Also, if you would like a written listing of any disclosures of your protected health information, or you would like to request an amendment of the protected health information created by LCPS, you may send a written request to the contact address below with your name and account information.

Contact Information

Complaints and inquiries need to be addressed to:

Loudoun County Public Schools
Administrative Offices
21000 Education Court
Ashburn, VA 20148
Attention: Privacy Official

To request a copy of the Privacy Notice, please contact the **Employee Benefits Division**.

Commitment

We at LCPS are committed to providing excellent service while protecting your health information from unauthorized uses or disclosures.

Amendments

This Privacy Notice will be amended as required to remain compliant with any changes in State and/or Federal law. You will receive a new Privacy Notice within 60 days of any amendment to this Notice.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting your medical history is an important part of how we do business. This notice explains our privacy practices and procedures. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains patient privacy regulations and rights that apply to health care providers and health plans.

Uses and Disclosures

We receive information about you from (but not limited to) the following:

- Information you provide with an application for medical leave;
- Information you provide with regard to flexible benefit reimbursement;
- Information you provide with regard to a worker's compensation claim, American's with Disabilities Act or Occupational Safety Hazard Association claim;
- Information you provide to the Employee Benefits Division in order for them to assist you in medical, dental or vision claim resolution/processing; and,
- Information received as a result of employment drug testing.

We use information about you for (but not limited to) the following reasons:

- To determine eligibility and duration of leave;
- To determine eligibility for reimbursement under flexible spending regulations;
- To determine eligibility for a worker's compensation claim, American's with Disabilities Act or Occupational Safety Hazard Association claim;
- To assist you in receiving proper reimbursement of medical, dental or vision claims; and,
- To determine compliance with employment conditions.

We disclose information about you without an authorization for the following reasons:

- When required by law; and,

- To the health care provider who supplied the information.

Individual Rights

Individuals have the following rights under the HIPAA regulation:

- The right to inspect and obtain copies of your protected health information (subject to the cost of copying and mailing charges);
- The right to request an amendment to your protected health information;
- The right to receive a list of any disclosures of your protected health information (Limited to six [6] years of information, not including information disclosed prior to the April 14, 2003 HIPAA compliance date or information disclosed by us based on a valid authorization);
- The right to request a restriction on certain uses and disclosures of your protected health information (LCPS has the right not to agree to a requested restriction);
- The right to receive confidential communications regarding your protected health information;
- The right to revoke an authorization except those given with an enrollment application;
- The right to a duplicate copy of this Privacy Notice upon request.

LOUDOUN COUNTY PUBLIC SCHOOLS
Effective Date: March 25, 2003



**Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility –

VIRGINIA – Medicaid and CHIP	WEST VIRGINIA – Medicaid
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

Universal Availability Notice

Loudoun County Public Schools 403(b) Elective Deferral Plan

Employee Contributions

- Eligibility and Entry Requirements: You are eligible for and may enter the Plan immediately upon date of hire.
- Your pre-tax and/or after-tax (Roth) contributions are made via payroll deduction.
- You can increase, decrease or discontinue your contributions at any time.
- You must abide by certain maximum limitations on the salary deferral contributions [pre-tax and Roth] you make to the Plan. These limitations are set by the Internal Revenue Service each year. The tax information provided later in this booklet is brought to you as a courtesy and is for educational purposes only.
 - Special 15-year Catch-up: If you have at least 15 years of service with the same employer and have not exceeded the average annual deferral limit, you may contribute up to an additional \$3,000.
- Vesting: You are always 100% vested in your employee contributions and any earnings they generate.

Investment Options

- You can direct your future investments to a variety of widely-recognized mutual funds.
- You have the option to select one of the following *LifeSpan*® asset allocation models which provide a guideline for allocations among the various investment options offered in your plan:
 - 2010 Model - 2035 Model
 - 2015 Model - 2040 Model
 - 2020 Model - 2045 Model
 - 2025 Model - 2050 Model
 - 2030 Model - 2055 Model
- Your plan also offers an individual Self-Directed Brokerage Account (SDBA) for an annual fee of \$100.00 plus potential transaction charges. The service is offered through a brokerage company. For more information about the SDBA option, call customer service toll-free at 800-234-3500.
- If you do not select investment choices, your contributions will be invested in the appropriate time-based model based on your date of birth and normal retirement age, the default investment option designated by your employer.

Birth Date Range	Default Investment Model
Before 1950	2010 Model
1950-1954	2015 Model
1955-1959	2020 Model
1960-1964	2025 Model
1965-1969	2030 Model
1970-1974	2035 Model
1975-1979	2040 Model
1980-1984	2045 Model
1985-1989	2050 Model
After 1989	2055 Model

- You may transfer existing retirement assets from a previous employer or assets with your current employer to the new program (check with your previous provider to determine if any fees apply).

Administration

- Contributions in this program are made at Net Asset Value (NAV).
- Front-end sales charges are waived.
- Mutual fund companies encourage investing for the long term. Certain funds may place restrictions on short-term trading and market timing by imposing redemption fees or trade restrictions. Please read the fund prospectus for details.

Universal Availability Notice

Loans

- Although the Loudoun County Public Schools 403(b) Elective Deferral Plan is intended to help you put aside money for the future, you can borrow from your account.
- Loan interest rate is prime + 1%; \$75 initial set-up and \$25 annual administrative fee.
- Loans are not permitted from the Roth account, however the Roth account balance can be used to determine the maximum loan amount available.
- The maximum loan amount is the lesser of \$50,000 reduced by the excess (if any) of the highest outstanding loan balance in the last 12 months or 50% of vested balance reduced by the outstanding balance of all loan. The minimum loan amount is \$1,000.
- All loans must be repaid within 5 years, except loans used to purchase a primary residence.

Withdrawals

- You can withdraw money from your pre-tax account when one of the following events occur:
 - Attainment of age 59½
 - Retirement
 - Death
 - Total and Permanent Disability
 - Separation from employment
 - Financial hardship
 - Purchase service credits in governmental pension plan
- For pre-tax contributions:
 - Taxes will be due upon distribution and, if taken before age 59½, may be subject to an additional 10% federal tax penalty. Consult with your tax advisor before withdrawing any money from your account.
 - Salary reduction contributions made before Dec. 31, 1988 are available for any reason.
- For after-tax (Roth) contributions:
In order to receive a Qualified Distribution of earnings (no tax due) you must meet two qualifying events:
 - Your account must be open for 5 years.
 - The distributions must be a result of Death, Disability or age 59½.

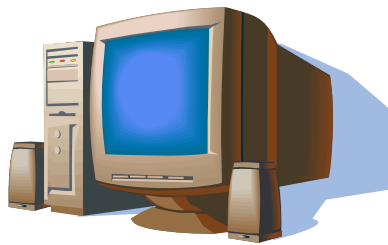
Service

- You may access your account online at www.LincolnAlliance.com. For your protection, your PIN number and Social Security number are required to access your account. Your PIN can be changed at any time to a password that you will easily remember to access your account whenever it is most convenient for you.
- You may call Customer Service toll-free at 800-234-3500 for more information.

These highlights are a brief overview of the Loudoun County Public Schools 403(b) Elective Deferral Plan features and not a legally binding document. Please read it carefully and contact your Employee Benefits department if you have further questions.



Payroll Information



LCPS's Payroll Time Report

Purpose

The Fair Labor Standards Act requires that certain class of employees (NON EXEMPT) must record time worked. The LCPS Payroll Time report is used to record time worked for all non-exempt employees, with the exception of custodians, cafeteria workers, and garage employees who punch a clock.

For all employees the Time Report is used to record absences for sick, personal or annual leave. LCPS has two cut-off dates per month (the 15th and the last working day of the month) if the fifteenth falls on the weekend, the cut-off is the last working day before the 15th.

Procedure

Timesheet labels are distributed to all schools or departments for all employees paid in the prior pay period.

- New employees will not receive a pre-printed label for the time sheet for their first pay period.
- Employees who work in more than one position will only receive one pre-printed label for the primary position. These employees must complete a written time sheet for all other positions worked in a pay period.

The timesheet must be completed and signed by the employee, then forwarded to the employee's supervisor for review and signature. Once approved by the supervisor, the information is reported to the Payroll Division and the timesheet is kept by the school or department.

How to Record

For each date during the pay period, enter the information as specified below. All hours are reported as they occur. The Payroll Division will process in quarter hour increments.

Date:

Time In and Time Out – is the time that the employee actually starts and stops work on that day.

Leave Type:

Sick Leave – enter the number of hours to cover each day or portion of a day an employee is absent from work.

Reason Code = OI – Own Illness;
FI – Family Illness;
FD – Family Death.

- If **FI** or **FD** are used, you must State Relationship to Employee.
- **Personal Leave** – Only available for employees working less than 248 days but more than 185 days. Enter the number of hours to cover each day or portion of a day an employee is absent from work.
- **Annual Leave** – Only available for 248 day (12 month) employees. Enter the number of hours to cover each day or portion of a day an employee is absent from work.
- **Other Leave Used** = Worker's Compensation – **WC**;
Religious Observance – **RO**;
Leave without pay – **NO**;
Subpoenaed witness – **SW**;
Jury Duty – **JD**;
Funeral not covered – **FN**;
School Business or Conference, etc.- **PF**

Substitute Information

When the employee is absent and a substitute has been hired to replace the employee, the substitute must print name and SSN#, sign the form and indicate the number of hours worked.

Signatures Needed At The Bottom

- The employee should sign and date the form.
- After the employee has signed and dated the form, the supervisor must sign before the form is forwarded to the Payroll Division.

All Schools or Divisions should have a Time Keeper who is responsible for submission of the forms to the Payroll Division.

INFORMATION ON YOUR PAYCHECK

EARNINGS

Standard Hours for Regular Pay

All employees who receive regular pay through a normal payrun process will have a total of hours listed beside their regular pay rate. These standard hours are calculated this way:

Hours Per Day Employee Works multiplied (X) By Number Of Days In Position Employee Is Working divided by (/) Number of Paychecks (24).

Example: Employee Works 7 hours per day
Contract Length is 197 days
Number of Paychecks = 24
 $7 \times 197 = 1379/24 = 57.46$
Standard Hours

Example: Employee Works 6.5 hours per day
Contract Length is 187
Number of Paychecks = 24
 $6.5 \text{ Hours} \times 187 = 1215.5/24 = 50.65$
Standard Hours

What do those abbreviations on your pay advice/paycheck stand for?

DEDUCTIONS: (Located On the Right Hand Side of the Paycheck Stub)

FICA – OASDI Social Security – Medicare Benefit

FICA – HI Social Security – Health Insurance Benefit

FEDERAL Federal Tax Withholding Exemption Status M – Married or S – Single Followed By Number of Exemptions That Employee Has Claimed.

STATE State Tax Withholding
VA Virginia State Withholding
WV West Virginia State Withholding
DC District of Columbia
MD Maryland
Followed by the County in which the employee lives.

GARNISHMENT Normally court ordered.

TAX LEVY

Tax Levy issued by IRS, State, or County

CHILD SUPPORT

Child Support Payments

ED LOAN GARNISH

Educational Loan Garnishment

OAP PRE TAX

Open Access Plus Pre-Tax (Health Insurance Premium)

OAP AFTER TAX

Open Access Plus After-Tax (Health Insurance Premium)

POS PRE TAX

Point of Service Pre-Tax (Health Insurance Premium)

POS AFTER TAX

Point of Service After-Tax (Health Insurance Premium)

VRSI PREBUYBACK

Virginia Retirement System Pre-Tax Buy Back Of Prior Service – Group 1

VRS 1 BUYBACK

Virginia Retirement System After-Tax Buy Back Of Prior Service – Group 1

OPT LIFE1 CHILD

Optional Life – Child/(ren) Coverage – Group 1

OPT LIFE1 EMPL

Optional Life – Employee Coverage – Group 1

OPT LIFE1 SPOUS

Optional Life – Spouse Coverage – Group 1

OPT LIFE2 CHILD

Optional Life – Child/(ren) Coverage – Group 2

OPT LIFE2 EMPL

Optional Life – Employee Coverage – Group 2

OPT LIFE2 SPOUS

Optional Life – Spouse Coverage – Group 2

VRS2 PREBUYBACK

Virginia Retirement System – Pre-Tax Buy Back of Prior Service – Group 2

VRS 2 BUYBACK

Virginia Retirement System After-Tax Buy Back of Prior Service – Group 2

DEPENDENT CARE

Dependent Care “Flex Plan”

MEDICAL EXPENSE

Medical Expense “Flex Plan”

UNITED WAY

United Way

VA PREPAID EDUC	Virginia Prepaid Education Savings Plan	ADMIN FEE	Administrative Fee For Payment of Child Support, Tax Levies, Personal Property Taxes, Garnishments
LOAN REPAYMENT	Visiting International Faculty Teachers Must Repay A Loan Given To Them When They Arrive In The United States	EMP HI PAY LWOP	Employee Health Insurance LWOP
AFLAC ICU PRE	AFLAC Intensive Care Unit Insurance Pre-Tax	LOUDOUN ED ASSO	Loudoun Educational Association Dues
AFLAC ICU AFT	AFLAC Intensive Care Unit Insurance After-Tax	TAX LEVY PAYMENT	Tax Levy Payment
AFLAC CANCR PRE	AFLAC Cancer Insurance Pre-Tax	TAX LIENS	Tax Liens
AFLAC CANCR AFT	AFLAC Cancer Insurance After-Tax	CREDIT UNION DD	Credit Union Direct Deposit For Loans, Savings or Shares Accounts
KANAWHA INS-LTC	KANAWHA Insurance Long Term Care Plan	LT DISABILITY	Long Term Disability
VA ASSOC ELEM P	Virginia Association Of Elementary Principals	LE FOUNDATION	Loudoun Education Foundation
VA ASSOC SEC PR	Virginia Association of Secondary Principals	LFG LOAN REPAYMENT	Lincoln 403(b) Loan Repayment
ING 457	ING 457 Plan		
LFG 403(b) PRETAX	Lincoln 403(b) Plan Pre-Tax		
LFG 403(b) POSTTAX	Lincoln 403(b) Plan Post-Tax		
NET PAY	Employees Take Home Pay		



REGISTER AND VIEW YOUR PAYSTUB ON-LINE

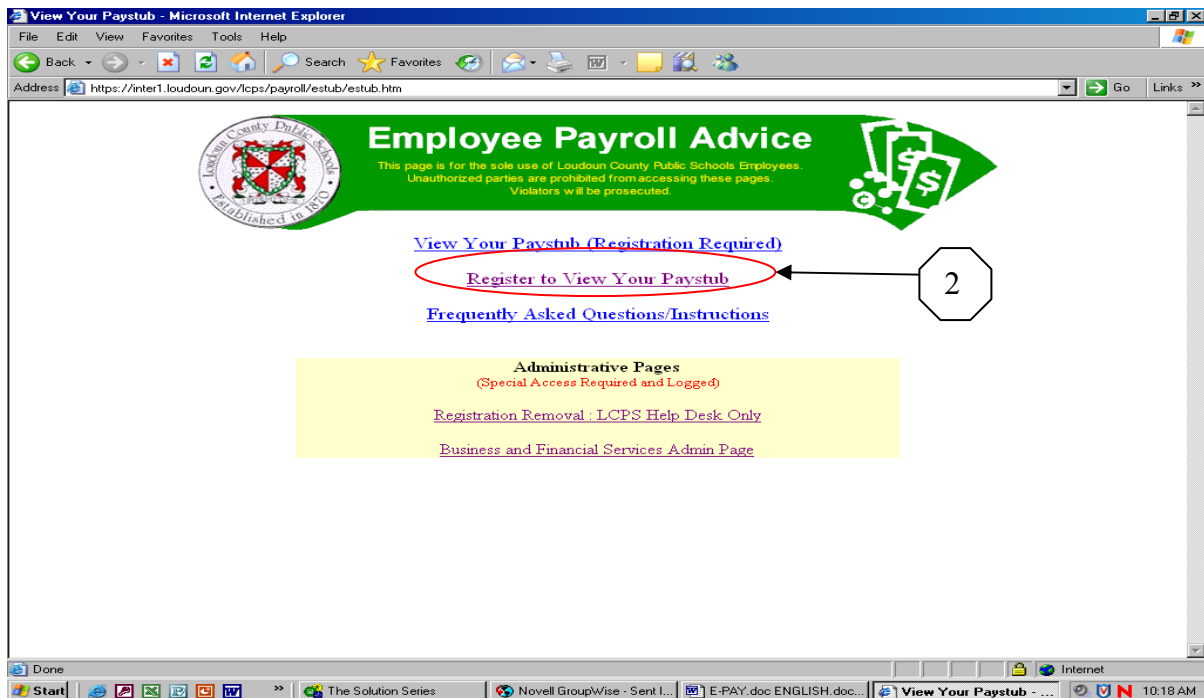
Web Address: www.intranet.lcps

1. Click on E- PAY.



- If this is the first time you are using the system, you MUST register.

2. Click on: [Register to View Your Paystub](#)

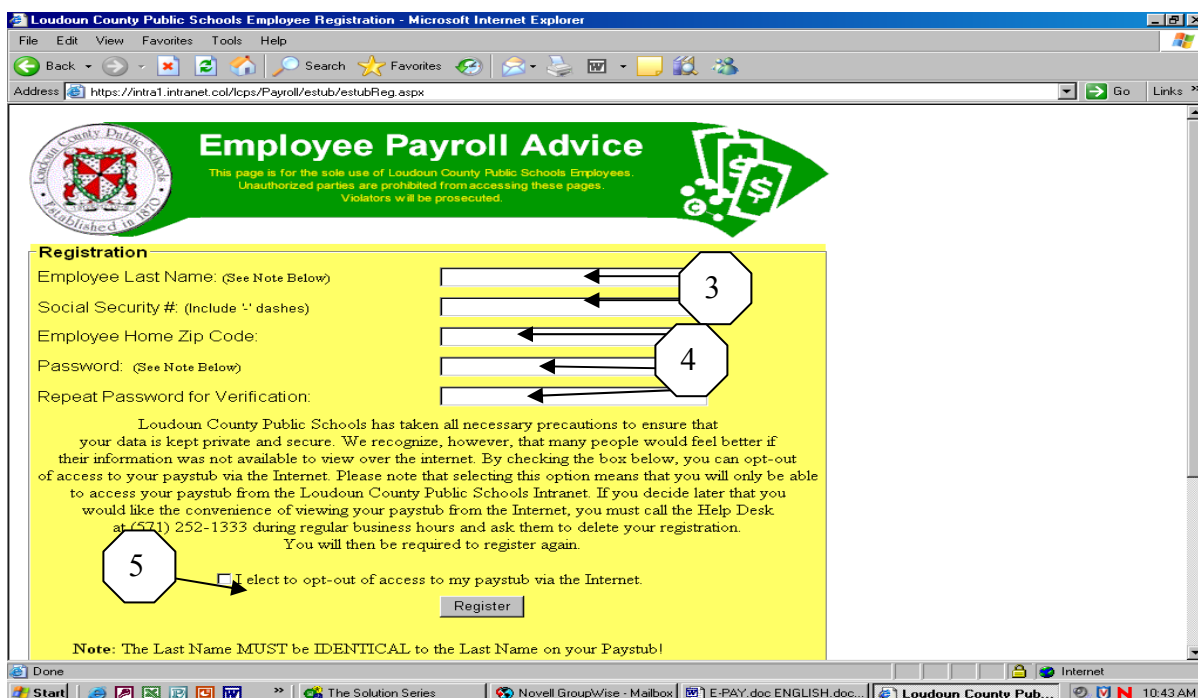


- Complete the information requested on the registration page. (see BELOW)

3. The information in the first (3) fields **MUST** match the information in the payroll system. Refer to your most recent pay stub for this information.
4. E-Pay passwords should be 8 characters long, are case sensitive and should contain at least one number & one special character.

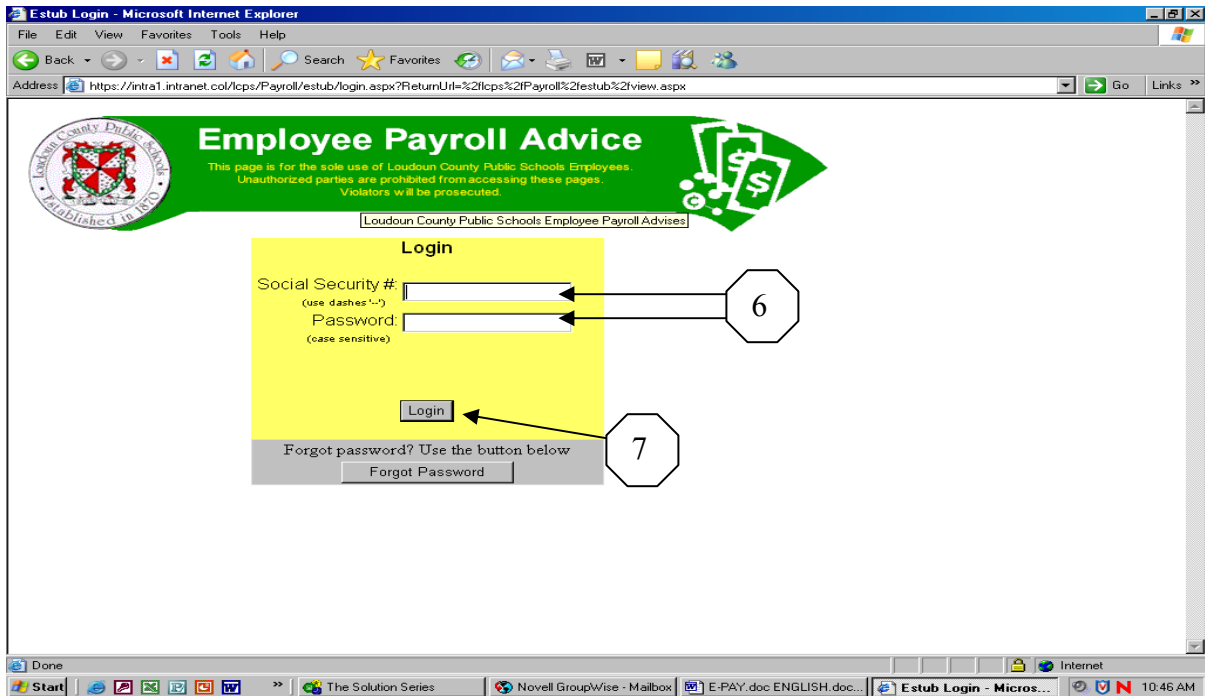
Examples: abc@2007
Topdog#1
Emerick*1995

5. Employees may access the information from their school location or home. If the employee prefers to only access the information from the school location and not access from home, there is an opt-out election in the registration process. Just click inside the checkbox, **I elect to opt-out of access to my paystub via Internet**. Once you have completed all information, please click the **Register** button to complete the process.

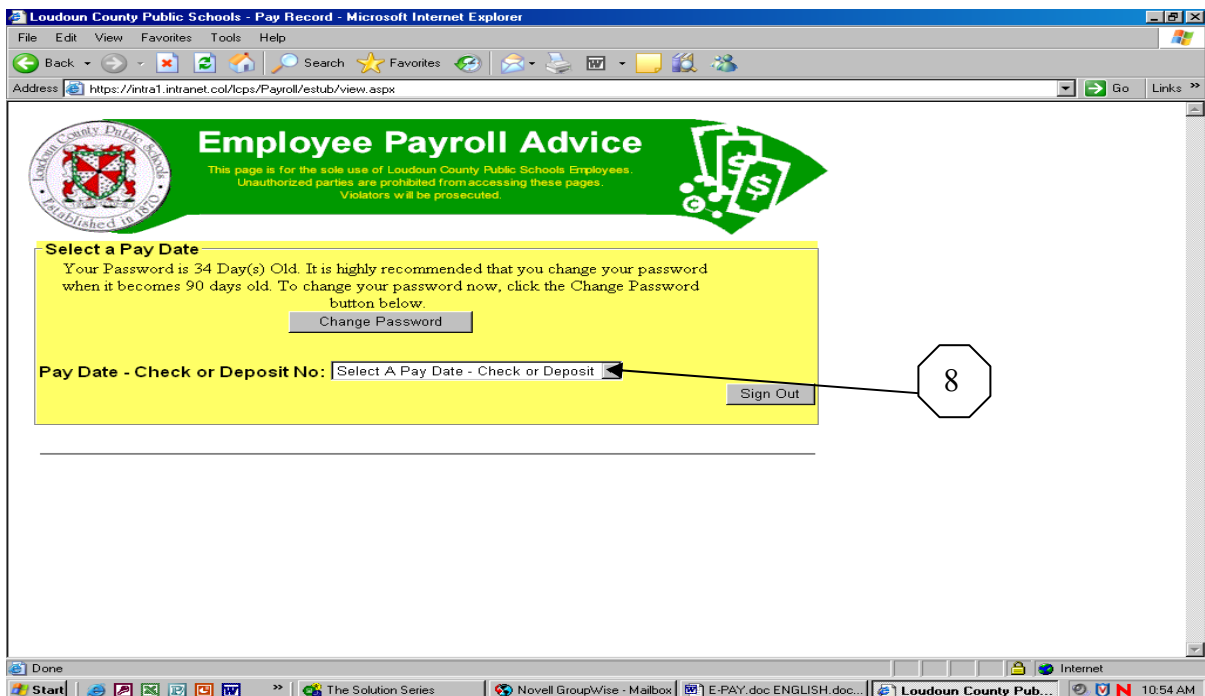


- Once you have successfully registered, you will be directed to the login screen.

6. Complete the **Login** screen with your social security number and your E-Pay password.
7. Click on the **Login** button.
If you have forgotten your password, then click on **Forgot Password**. This will automatically take you back to the registration screen. **Reminder:** Registration or password changes can only be completed from a school system network computer.

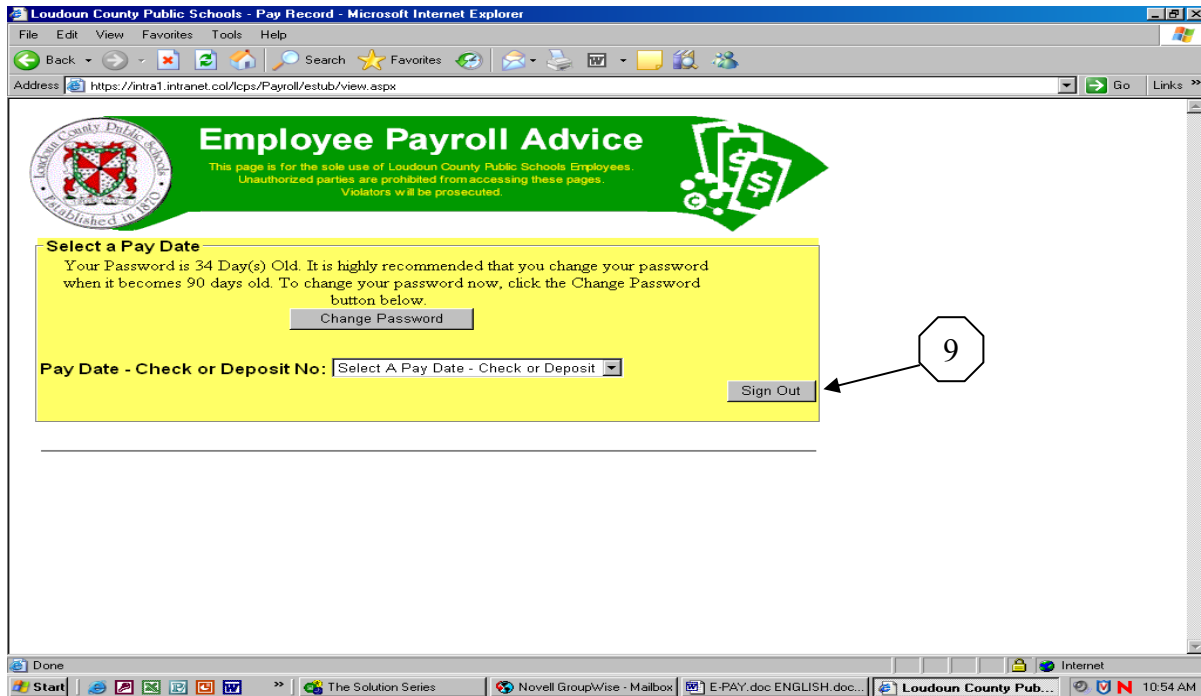


After completion of the registration and login, to view pay stub you will see this screen:



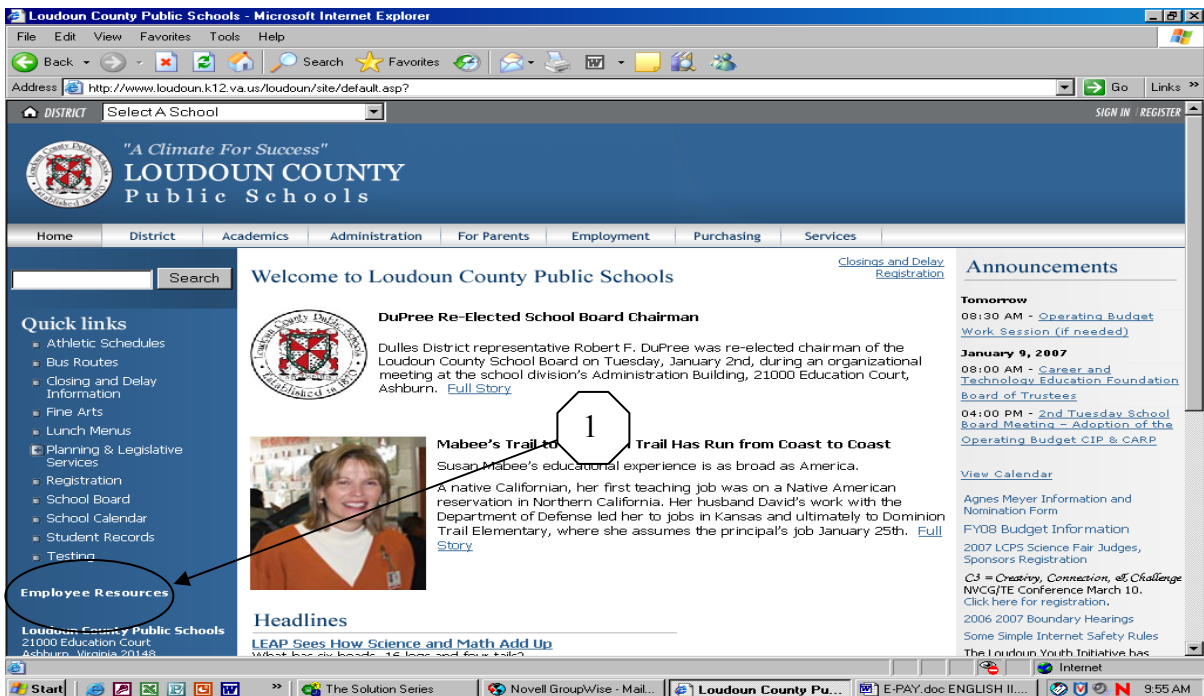
8. Click on **Pay Date - Check or Deposit** at the drop down arrow and select the pay date you want to view.

- Scroll to the bottom of the screen to view your full pay stub document.
9. After viewing your pay stub, be sure that you click the “SIGN OUT” button.



To view E-Pay from your Home Computer
 Web Address : www.lcps.org

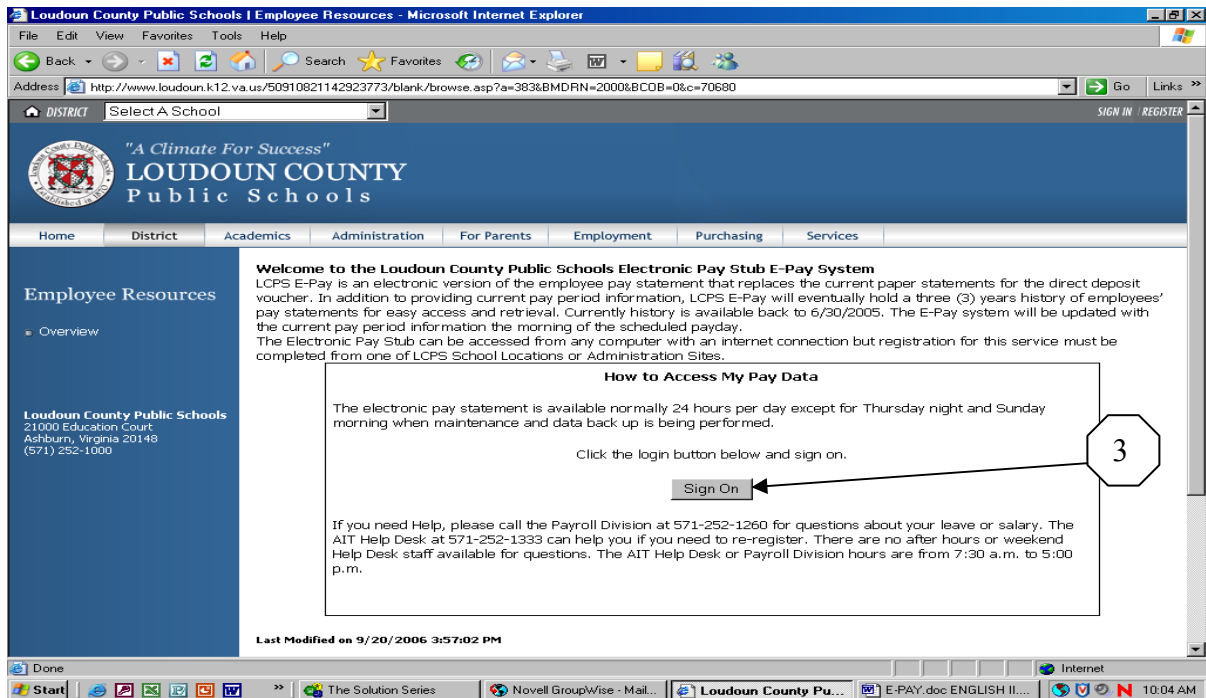
1. Click Employee Resources:



2. Click on E-Pay:



3. Click on Sign On:



➤ You will then login with your social security number and password.

Remember to Log Out when you are done.



Benefits Checklist

Checklist

All the forms mentioned in this checklist should be returned to:

Employee Benefits Division
Administrative Offices
21000 Education Court
Ashburn, VA 20148

Medical, Dental and Vision Plan Enrollment Form

- Enrollment must be within thirty (30) days from benefits eligible date (in most cases, this is thirty [30] days from date of hire).
- Enrollment is not automatic. Application must be completed and returned to the Employee Benefits Division with the required documentation.
- If you choose not to enroll upon eligibility, you must wait until open enrollment, which is October 15th through November 15th, to be effective January 1st, or, if you have a qualifying change of status and supporting documentation.
- One application form is used as enrollment form for all companies.

NOTE: For new enrollees outside of the Open Enrollment period, benefits will start the 1st of the following month in which all documentation is received and complete.

Flexible Benefit Plan

- Dependent care and medical reimbursement accounts.
- Enrollment must be within open enrollment, which is October 15th through November 15th, to be effective January 1st.
- **Annual** election to participate must be made.

Family Sick Leave Bank

- Decision to participate/not participate must be made within 30 days from benefits eligibility date, or during open enrollment.
- Open enrollment is October 15th through November 15th.
- Two (2) days from an employee's sick leave must be donated in order to join – this is a one-time donation unless bank becomes depleted (falls below 200 days).
- Family bank benefit is up to thirty (30) paid sick days, as certified by a physician.

Long Term Disability

- Enrollment must be within thirty (30) days from benefits eligible date or open enrollment, which is October 15th through November 15th, to be effective January 1st.

403(b) Elective Deferral Program

- Can be set up for payroll deduction at any time (no open enrollment)
- Advice and changes are the service provider's responsibility.

457 Tax Deferred Compensation Plan

- Can be set up for payroll deduction at any time (no open enrollment)
- Advice and changes are the service provider's responsibility.

Optional Life Insurance

- Employee children are guaranteed approval of all options if coverage is applied for within 30 days of benefited eligible date; spouse is guaranteed Option 1.
- Employee may purchase additional coverage at any time (no open enrollment), but beyond the initial 30 days will require approval.

Hepatitis B Vaccination

- LCPS will pay for Hepatitis B Vaccinations for the following positions:
 - Nurses
 - Health Clinic Assistants
 - Athletic Trainers
 - Custodians
 - Severe Special Education Positions
 - Teachers
 - Teacher Assistants

AFLAC Supplemental Income Protection

- Cancer and extensive hospital insurance.
- Contact agents noted in packet
- Enrollment must be within thirty (30) days from benefits eligible date or open enrollment, which is October 15th through November 15th, to be effective January 1st.

Long Term Care Insurance

- Contact agents noted on brochure
- Employees may enroll at any time (no open enrollment)

Treasury Direct

- Can be purchased at any time (no open enrollment) through www.TreasuryDirect.gov
- Payroll deductions taken every pay period.
- May stop deductions at any time.

Loudoun Credit Union

- (703) 777-4744 can be set up for payroll deduction at any time www.loudouncu.com
- 803 Sycolin Rd, Ste. 105, Leesburg, VA 20175
- 8:00 am – 5:30 p.m. Monday - Friday

Apple Federal Credit Union

- (703) 788-4800 can be set up for payroll deduction at any time www.applefcu.org
- Multiple locations, please check website for a branch nearest you
- 24-hour ATM