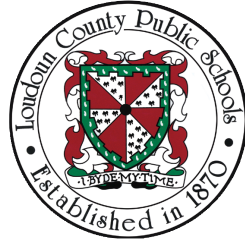


Employee Benefits Handbook



Loudoun County Public Schools

Welcome 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.

Take a few moments to become familiar with this Employee Benefits Handbook. It has been carefully prepared for you 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 Employee Health, Wellness and Benefits at 571-252-1810 or Retirement and Disability Programs at 571-252-1690. You may also direct questions to lcpshealthwellness@lcps.org or lcpsretiredisability@lcps.org.

Sincerely,

A handwritten signature in black ink that reads "E. Leigh Burden". The signature is fluid and cursive.

E. Leigh Burden
Assistant Superintendent
Business and Financial Services

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Employee Benefits Program Summary

Access the Internet (www.lcps.org) > Administration > Business and Financial Services > Employee Health, Wellness and Benefits) for information and forms or call the Employee Health, Wellness and Benefits Division at 571-252-1810.

Notes

The following information is provided as an overview of Loudoun County Public Schools benefits programs for benefits eligible employees. Please refer to the Loudoun County Public Schools Policy Manual or other appropriate plan documents or visit www.lcps.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 13th year. 24 days earned is maximum beyond the 13th year of service. 60 days maximum carryover.
Annual Leave — Administrators	Immediate (Prorated for late starts and early releases)	20 days for 1st & 2nd 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.
Donated Family Sick Leave Bank	Donation of 2 sick days to enroll in the Donated Family Sick Leave Bank. All leave must be depleted to use the Donated 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 Sick Leave Bank.
Bereavement Leave		Provides days of leave due to the death of a member of the employee's immediate or extended family. This leave is charged to employee's sick leave balance.

Employee Benefits Program Summary (continued)

Notes

BENEFIT	ELIGIBILITY	COVERAGE
Group Health Insurance ¹ Vision	1st of the month following eligibility and the receipt of completed and signed enrollment paperwork in the Employee Health, Wellness and Benefits Division including all supporting documentation. Dependents are covered up to age 26.	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. <ul style="list-style-type: none"> • Eye exam (once every 12 months) • Frames (once every 24 months) • Lenses, including contacts (every 12 months)
Group Health Insurance ¹ Dental/Orthodontia	Same as above	Comprehensive dental plan administered by Delta Dental Plan of Virginia (DDPV), Premier and Preferred Plan In-network: <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 and Orthodontics not included) Out-of-network: <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 and Orthodontics not included) Orthodontia plan benefit is 50% of usual, customary and reasonable charges, up to a \$1,000 lifetime maximum benefit per person.
VRS Retirement	1st of the month following eligibility date	Starting 7/1/2012 all new LCPS employees will be required to pay the entire 5 % member contribution to the Virginia Retirement System, as a pre-tax payroll deduction. LCPS will pay the appropriate Employer contributions, which is determined annually by VRS.
Group 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.

Determine Eligibility

If you are a new employee

All benefits eligible employees are eligible to participate in the LCPS benefit programs described in this handbook. You have 30 days from your date of hire to complete and return your enrollment forms. Late enrollment for these programs is not accepted.

Please note the following:

- If your contract or work status is not benefits eligible, you are not eligible to participate in the VRS retirement, life insurance, long-term disability programs, health insurance or flexible spending accounts.
- If both you and your spouse are full time employees, you may be eligible for reduced contribution rates for your health benefits.

LCPS requires all new employees to participate in its New Employee Orientation program, where you will receive detailed information about your benefit programs.

If you will be requesting health coverage for your dependent(s), you must also submit documentation to verify their eligibility. (See page 2-15 for the list of required documents.) If you submit your enrollment forms and documentation after the payroll deadline for that pay period, you will have a double deduction in a future paycheck.

If you are a current employee

You may enroll, add, or cancel coverage for yourself or your dependents or change your health care benefits and Flexible Spending Account participation during the annual Open Enrollment, October 15 - November 15. Changes made during Open Enrollment take effect January 1 of the following calendar year. If adding dependents, you must submit applicable documentation to verify your dependent's eligibility. See page 2-15 for required documents. Late enrollment for these programs is not accepted.

Your Health First

Cigna can help you get what you need for your chronic health condition. Support is offered for the following conditions:

- Diabetes
- COPD
- Asthma
- Metabolic Syndrome

...and more

Call 855-246-1873 for live support from your health advocate or log on to myCIGNA.com for self-service resources.



* You must notify the Employee Health, Wellness and Benefits Division within the first 30 days of your employment to initially elect benefits.

In order to make a change outside of open enrollment, you must also contact the Employee Health, Wellness and Benefits Division within 30 days of any qualified event.

- Benefits Eligibility and Program Summaries
- Group (Medical)
- Benefit Website
- Wellness
- Flexible
- Retiree
- Life Ins
- Leave
- Other
- Employ Program
- Import
- Payroll
- Glossary
- Benefit
- Forms



Group Health Insurance

Employee Health, Wellness and Benefits

571-252-1810

Medical, Dental, Vision and Prescription

- Determine Eligibility and How to Enroll
- Medical Insurance Plans Summaries
- Dental Plan Summary
- Vision Plan Summary
- Prescription Plan Summary



How to Enroll

Things to know:

- Your Health Insurance is a bundled plan
- One application is all you need to enroll in the “bundled” Health Insurance Program.
- Coverages can not be “unbundled”.

Notes

- Two full time school employees with Family Coverage will each pay discounted rate per month toward the cost of their coverage.
- 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 during 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.

Your benefits for status changes or qualifying events

You must notify Employee Health, Wellness and Benefits within 30 days* of a status change or qualifying event if you wish to make a change to your Health Insurance.

Section 125 of the Internal Revenue Code outlines status changes or qualifying events that permit mid-year coverage changes to employee benefit plans. The following events are examples of eligible status changes or qualifying events:

- Marriage or divorce. You may drop coverage for a spouse if you are legally separated; however, you must drop your spouse and any ineligible stepchildren upon your divorce.
- Birth or adoption. If you notify the Employee Health, Wellness and Benefits within 30 days, your child’s medical benefits become effective on the date of birth, date of adoption (or date placed for adoption). As an adoptive parent, you do not have to wait until the adoption is final to add your child to your health plan.
- Becoming the legal guardian of a child.
- A court order requiring you to cover a child or an order requiring someone else to cover your dependent.
- Death of a spouse or child.
- Spouse’s or other dependent’s change in employment status that affects his or her eligibility for medical and/or dental benefits (or his or her employer’s open enrollment).
- Beginning or returning from an unpaid leave of absence.
- Loss of health coverage.
- Significant increase or reduction in hours.
- Dependent reaching age 26.
- A significant cost change, coverage curtailment, improvement, new option, or a change in coverage under your spouse’s or dependent’s plan.
- Entitlement to or loss of Medicare or Medicaid.

How to change your coverage

IRS rules state that health care election changes must be on account of, and correspond to, a change in status that affects eligibility under the health plan. Paperwork must be received by LCPS within 30 days* of your status change or qualifying event.

It is your responsibility to inform the Employee Health, Wellness and Benefits about a status change by completing a Health Insurance enrollment form, which is available under Forms and Publications on the LCPS Employee Health, Wellness and Benefits website or by calling 571-252-1810.

You must also provide the required documentation to support the change in coverage.

Additional required documentation may include:

- Divorce decree (applicable pages).
- Letter from your spouse’s or dependent’s employer or open enrollment notice including enrollment dates and effective date.
- Letter from your spouse’s or dependent’s HR Department or insurance plan with insurance cancellation date.
- Letter from your spouse’s or dependent’s HR Department or insurance plan explaining circumstances regarding a significant cost change, coverage curtailment, improvement, new option, or change in coverage for your dependent.
- Copy of your letter from Medicare/Medicaid.

If you fail to notify LCPS Employee Health, Wellness and Benefits within the 30-day* period, you may not enroll, cancel, or change coverage until the next Open Enrollment. Changes made to your coverage during Open Enrollment become effective January 1 of the following calendar year.

Adding or Removing a Family Member

- If you marry, you may change your enrollment from Individual to Employee plus Spouse or Family.
- If you divorce your former spouse no longer qualifies for LCPS health insurance. You may change your enrollment:
 - Once your divorce is final; or
 - Having a signed separation agreement or property settlement.
- If you and your spouse have a baby, adopt a baby, or gain legal guardianship of a child, you can add the new dependent and change your level of coverage.
- If you have a child participating in the Dependent Care Flexible Benefit Plan Account, and you add a new child to the family, you may change your Dependent Care account contribution.
- If your son or daughter “ages out”—that is, he or she turns age 26—he or she is no longer eligible for LCPS coverage as a dependent. Coverage automatically ends at the end of the month in which he or she turns age 26.

In addition to submitting an enrollment change form, you must also provide documentation of the event as described on the form.

To facilitate compliance with federal mandates relating to health plans, you are requested to provide Social Security Numbers of all eligible dependents when adding them to your health benefit plans.

Employment Changes

- If you are enrolled through a health plan with your spouse’s employer and your spouse loses coverage, you and your family may enroll in an LCPS plan.
- If your spouse changes jobs and you join your spouse’s employer’s plan, your enrollment in that plan will allow you to cancel your LCPS coverage.
- If your spouse’s or dependent’s employer has a benefits open enrollment period that does not coincide with the LCPS enrollment period, and if you, your spouse, or your dependent joins that plan, you may cancel LCPS coverage.
- If you return to active employment from a leave of absence or retirement and are eligible for benefits, you must enroll within 30 days of your status change.

Public Law 110-173 requires the LCPS health plans to report participant’s Social Security Numbers (SSNs) in order to coordinate benefits with Medicare or other insurance benefits. All participants (employees and dependents) age 45 or older must provide SSNs in order for LCPS health plans to meet the requirements of this law. All participants who are receiving kidney dialysis or have received a kidney transplant, as well as all participants under age 45 who have Medicare, are also required to report SSNs.

Coordination of Benefits

When both spouses work, each person may be covered by his or her employer’s health plan, as well as the spouse’s health plan. Coordination of benefits determines which group health care plan pays benefits first. The secondary health plan may then pay additional benefits.

Health insurers follow a common set of guidelines to determine which plan pays first and which plan pays second for family members. Your employer’s group health care plan is always primary for you as an employee.

If you are married, and both you and your spouse cover your dependent children, the plan that covers the parent whose birthday falls first in the calendar year usually is primary for any dependent children.

Other factors that can change which plan pays first include eligibility for Medicare, court decrees or custody arrangements, the length of time you are covered, and whether you are an employee or retiree.

Pre-existing Conditions

None of the health care plans offered by LCPS will deny you or your qualified dependents coverage because of a pre-existing condition.



* You must notify the Employee Health, Wellness and Benefits within the first 30 days of your employment to initially elect benefits. In order to make a change outside of open enrollment, you must also contact the Employee Health, Wellness and Benefits within 30 days of any qualified event.

Notes

- Your Health Plan is effective the 1st of the month following eligibility and the receipt of completed and signed enrollment paperwork in the Employee Health, Wellness and Benefits including all supporting documentation.
- If you elect not to participate in the insurance plan upon hire, you may enroll during any Open Enrollment thereafter. Open Enrollment is October 15 to November 15, with changes/additions to be effective January 1st.
- 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 Health, Wellness and Benefits website at www.lcps.org will prevail.



Things to know:

- Forms can be found under Forms and Publications on the Employee Health, Wellness and Benefits website at www.lcps.org.
- Make sure you submit your application within the first 30 days of your hire date.

Notes

- Your Health Plan is effective the 1st of the month following eligibility and the receipt of completed and signed enrollment paperwork in the Employee Health, Wellness and Benefits including all supporting documentation.
- If you elect not to participate in the insurance plan upon hire, you may enroll during any Open Enrollment thereafter. Open Enrollment is October 15 to November 15, with changes/additions to be effective January 1st.

Employee Health, Wellness and Benefits Website

The Employee Health, Wellness and Benefits website has detailed benefits information, forms, and more.

From the LCPS homepage

www.lcps.org

With your cursor over Administration, click on Business and Financial Services, then click on "Employee Health, Wellness and Benefits" on the left side.

Your Health First

Cigna can help you get what you need for your chronic health condition. Support is offered for the following conditions:

- Diabetes
- COPD
- Asthma
- Metabolic Syndrome

...and more

Call 855-246-1873 for live support from your health advocate or log on to myCIGNA.com for self-service resources.

Active Employees—Group Health Insurance Premiums

Medical, Prescription, Dental and Vision Coverage

January 1, 2014 – December 31, 2014

30+ HOURS PER WEEK						
INCLUDES ALL EMPLOYEES IN A FULL TIME POSITION ON JUNE 30, 2013						
AND						
ALL FULL TIME EMPLOYEES HIRED ON OR AFTER JULY 1, 2013 WHO WORK 30+ HOURS PER WEEK						
	OPEN ACCESS PLUS (OAP) PLAN			POINT OF SERVICE (POS) PLAN		
COVERAGE	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY
Employee Only	\$15.00	\$635.43	\$650.43	\$107.07	\$635.43	\$742.50
Employee Plus Child	\$81.97	\$841.68	\$923.65	\$212.69	\$841.68	\$1,054.37
Employee Plus Spouse	\$195.13	\$1,105.73	\$1,300.86	\$379.27	\$1,105.73	\$1,485.00
Family (Employee Plus 2 or More)	\$292.70	\$1,333.40	\$1,626.11	\$522.89	\$1,333.40	\$1,856.29

25-29 HOURS PER WEEK						
INCLUDES ALL FULL TIME EMPLOYEES HIRED ON OR AFTER JULY 1, 2013 WHO WORK 25-29 HOURS PER WEEK						
	OPEN ACCESS PLUS (OAP) PLAN			POINT OF SERVICE (POS) PLAN		
COVERAGE	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY
Employee Only	\$110.31	\$540.12	\$650.43	\$202.38	\$540.12	\$742.50
Employee Plus Child	\$208.22	\$715.43	\$923.65	\$338.94	\$715.43	\$1,054.37
Employee Plus Spouse	\$360.99	\$939.87	\$1,300.86	\$545.13	\$939.87	\$1,485.00
Family (Employee Plus 2 or More)	\$492.71	\$1,133.39	\$1,626.11	\$722.90	\$1,133.39	\$1,856.29

20-24 HOURS PER WEEK						
INCLUDES ALL FULL TIME EMPLOYEES HIRED ON OR AFTER JULY 1, 2013 WHO WORK 20-24 HOURS PER WEEK						
	OPEN ACCESS PLUS (OAP) PLAN			POINT OF SERVICE (POS) PLAN		
COVERAGE	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY	EMPLOYEE COST MONTHLY	LCPS COST MONTHLY	TOTAL PREMIUM MONTHLY
Employee Only	\$205.63	\$444.80	\$650.43	\$297.70	\$444.80	\$742.50
Employee Plus Child	\$334.47	\$589.18	\$923.65	\$465.19	\$589.18	\$1,054.37
Employee Plus Spouse	\$526.85	\$774.01	\$1,300.86	\$710.99	\$774.01	\$1,485.00
Family (Employee Plus 2 or More)	\$692.72	\$933.38	\$1,626.11	\$922.91	\$933.38	\$1,856.29

CIGNA Healthcare
(Group 3320020)
www.cigna.com or
www.mycigna.com

Member Services
1-800-244-6224

24 Hour Nurseline
1-800-564-8982

Express Scripts
www.express-scripts.com
1-800-886-9672

Delta Dental of Virginia
(Group #6111-6000)
www.deltadentalva.com
1-800-237-6060

Davis Vision (Group LOU)
www.davisvision.com
1-888-235-3130



LCPS Health Plans for Active Employees Eligible for Benefits

Effective January 1, 2014



Find your participating doctors at:
www.cigna.com
www.mycigna.com
 Employees who participate with LCPS Health Insurance will also have access to the 24-Hour Nurseline hotline, regardless of which plan they choose. The number for the 24-Hour Nurseline is 1-800-564-8982.

Note

This is a summary of benefits for your Network POS and OAP Co-pay plan. In the POS plan, 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.

Deductibles and out-of-pocket maximum will reset at the beginning of each plan year.

DESCRIPTION OF SERVICE	CIGNA OPEN ACCESS PLUS (OAP) PLAN		CIGNA POINT OF SERVICE (POS) PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$200 Individual \$400 Family	\$ 500 Individual \$1000 Family	None	\$ 500 Individual \$1500 Family
Referrals Required	No	No	Yes	No
Out-of-Pocket Maximum	\$1000/\$2000	\$2000/\$4000	\$2500/\$5000	\$2500/\$5000
PREVENTIVE CARE				
Routine Physical Exam	No charge	30% after deductible	No charge	20% after deductible
Well Baby/Child Care	No charge	30% after deductible	No charge	20% after deductible
Childhood Immunizations	No charge	30% after deductible	No charge	20% after deductible
PHYSICIAN SERVICES				
Primary Care Physician (PCP) Office Visit	\$15 co-pay	30% after deductible	\$15 co-pay	20% after deductible
Specialist Office Visit	\$30 co-pay	30% after deductible	\$30 co-pay	20% after deductible
Lab Work and X-Rays	10% after deductible	30% after deductible	Covered in full	20% after deductible
Allergy Evaluations	PCP or Specialist co-pay	30% after deductible	PCP or Specialist co-pay	20% after deductible
Allergy Shots	PCP or Specialist co-pay	30% after deductible	PCP or Specialist co-pay	20% after deductible
MATERNITY CARE				
Physician Services	PCP/Specialist co-pay for Initial Visit to confirm pregnancy; 10% after deductible	30% after deductible	PCP/Specialist co-pay for Initial Visit to confirm pregnancy, no charge after confirmation	20% after deductible
Hospital Services	\$200 co-pay, then 10% after deductible	\$400 per admission, than 30% after deductible	Covered in full	20% after deductible
EMERGENCY SERVICES (WHEN MEDICALLY NECESSARY)				
Urgent Care Centers	\$50 co-pay	\$50 co-pay	\$25 co-pay	\$25 co-pay
Emergency Room	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay
Emergency Physician Services	No charge	No charge	No charge	No charge
Emergency Ambulance	10% after deductible	10% after deductible	No charge	No charge

LCPS Health Plans for Active Employees Eligible for Benefits

Effective January 1, 2014

DESCRIPTION OF SERVICE	CIGNA OPEN ACCESS PLUS (OAP) PLAN		CIGNA POINT OF SERVICE (POS) PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HOSPITAL SERVICES-INPATIENT				
Semi-Private Room	\$200 co-pay, then 10% after deductible	\$400 per admission, than 30% after deductible	Covered in full	20% after deductible
Professional Services	10% after deductible	30% after deductible	Covered in full	20% after deductible
HOSPITAL SERVICES-OUTPATIENT				
Surgical Procedures	\$100 per visit, then 10% after deductible	\$200 per admission, than 30% after deductible	\$15/\$30 co-pay	20% after deductible
Professional Fees	10% after deductible	30% after deductible	No charge	20% after deductible
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES				
Inpatient Days	\$200 co-pay, then 10% after deductible	\$400 per admission, than 30% after deductible	Covered in full	20% after deductible
Outpatient Visits	\$30 co-pay	30% after deductible	\$15 co-pay	20% after deductible
Outpatient Intensive Visits	\$30 co-pay	30% after deductible	\$15 co-pay	20% after deductible
OTHER SERVICES				
External Prosthetics	10% after deductible	30% after deductible	Covered in full	20% after deductible
Infertility Treatment	Not covered under OAP	Not covered under OAP	\$15/\$30 for diagnosis & some treatments	20% after deductible for diagnosis & some treatment
Durable Medical Equipment	10% after deductible	30% after deductible	Covered in full	20% after deductible
Home Health Care	10% after deductible	60 days, 30% after deductible	Covered in full	20% after deductible
Skilled Nursing Care	10% after deductible, 100 days	30% after deductible, 100 days	Covered in full, 100 days	20% after deductible, 100 days
Hospice Care	10% after deductible	30% after deductible	No charge	20% after deductible
Organ Transplant	\$200 co-pay, then 10% after deductible	30% of charges	Covered in full	20% of charges
Short Term Rehab	\$30 co-pay (90 visit max)	30% after deductible (90 visit max)	\$30 co-pay (90 visit max)	20% after deductible (90 visit max)
Chiropractic	\$30 co-pay	20% after deductible	\$30 co-pay	20% after deductible

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Medical Claims to:
CIGNA Healthcare
P.O. Box 182223
Chattanooga, TN 37422

Submit your Behavioral Health Claims to:
CIGNA Behavior Health
P.O. Box 46279
Eden Prairie, MN 55344

Note

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 Health, Wellness and Benefits website at www.lcps.org will prevail.



Dental Plan Summary



Healthy Smile,
Healthy You
Enrolled pregnant members, enrolled members with certain high risk cardiac conditions, enrolled members undergoing certain cancer treatments, 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).

Note
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.

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

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.

Choosing A Dentist

DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST WHO IS NOT A DELTA DENTAL PPO DENTIST	NON-PARTICIPATING DENTIST
Payment will be made directly to the dentist for covered benefits.	Payment will be made directly to the dentist for covered benefits.	Payment will be made directly to you.
Delta Dental's payment will be based on the Delta Dental PPO Allowance for covered benefits.	Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits.	Delta Dental's payment will be based on Non-Participating Dentist Allowances 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.	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.	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.

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.

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 Health, Wellness and Benefits website at www.lcps.org will prevail.

Benefits for Loudoun County Public Schools
 Group Number: 6111-6000
 Effective Date: January 1, 2014

PLAN BENEFIT DESIGN	PLAN DIFFERENTIAL			GENERAL PLAN INFORMATION
	IN-NETWORK* PPO	IN-NETWORK* PREMIER	OUT-OF-NETWORK*	
Annual Deductible	\$50	\$50	\$50	Limit of 3 per family per calendar year
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 covered member, per calendar year (annual benefit maximum does not apply to members under age 19)**
Orthodontic Lifetime Maximum	\$1000	\$1000	\$1000	Per covered member, per lifetime (ortho maximum may be waived for members under age 19 if treatment deemed medically necessary)

*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.

**In order to be compliant with the Patient Protection and Affordable Care Act requirement for Essential Health Benefits and Pediatric Dental, annual benefit maximums will not apply toward Diagnostic & Preventive Services, Basic Services or Major Services for any covered member under the age of 19.

COVERAGE	IN-NETWORK*		OUT-OF-NETWORK*	BENEFIT LIMITATIONS
	PPO	PREMIER		
DIAGNOSTIC & PREVENTIVE CARE				(THESE SERVICES ARE EXEMPT FROM THE DEDUCTIBLE.)
Oral exams and cleanings	100%	100%	80%	Twice in a calendar year.
Fluoride applications	100%	100%	80%	Twice in a calendar year.
Bitewing x-rays	100%	100%	80%	Once in a calendar year, limited to either a maximum of 4 bitewing films or a set (7-8 films) of vertical bitewings, in one visit.
Full mouth/panelpse x-rays	100%	100%	80%	Limited to once in a 5 year period.
Space maintainers	100%	100%	80%	For dependents under the age of 14, once per lifetime.
Sealants	100%	100%	80%	Only for non-carious, non restored 1st and 2nd permanent molars for dependents under age 19, one application per tooth every 5 years.
Healthy Smile, Healthy You™ Program	100%	100%	80%	Enrolled pregnant members, enrolled members with certain high risk cardiac conditions, enrolled members undergoing certain cancer treatments, 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).

*Please refer to Choosing a Dentist.

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Dental Claims to

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

Note

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 Health, Wellness and Benefits website at www.lcps.org will prevail.



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 their web site at www.deltadentalva.com or can be obtained by calling 1-800-237-6060.

COVERAGE	IN-NETWORK*		OUT-OF-NETWORK*	BENEFIT LIMITATIONS
	PPO	PREMIER		
BASIC DENTAL CARE				(DEDUCTIBLE APPLIES)
Amalgam (silver) and composite (white) fillings	80%	80%	60%	Retreatment limited to once per surface in a 24-month period.
Stainless steel crowns	80%	80%	60%	Limited to primary (baby) teeth for participants under age 14.
Oral Surgery	80%	80%	60%	Simple extractions, impactions, and other surgical procedures.
Denture repair and re cementation of crowns, bridges and dentures	80%	80%	60%	Cost limited to 50% of allowance for a new denture or prosthesis.
Endodontic services/root canal therapy	80%	80%	60%	Repeat treatment only after 2 years from initial root canal therapy treatment.
Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts)	80%	80%	60%	Limitations of 2-3 years apply based on services rendered. 4 periodontal cleanings in a calendar year.
MAJOR DENTAL CARE				(DEDUCTIBLE APPLIES)
Prosthetics/Dentures/Bridges	80%	80%	50%	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.
Crowns	80%	80%	50%	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.
Orthodontic Benefits	50%	50%	50%	Lifetime maximum of \$1000. These services are exempt from the deductible and the annual maximum.

*Please refer to Choosing a Dentist.

Only one claim per service may be submitted for reimbursement each benefit cycle.

Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit Vision Claims to:
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Note

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.

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 an in-network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from an in-network provider.

What on 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.

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 their 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.

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.

Prescription Plan Summary

Express Scripts is the administrator of the Loudoun County Public Schools prescription drug benefit.

Their 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

Express Scripts Website

The Express Scripts website has detailed information, forms, and more.

www.express-scripts.com

How to use the retail program

- Take your prescriptions to a participating retail pharmacy.
- Present your Express Scripts 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 Express Scripts Pharmacy

- If you take a medication on an ongoing basis, consider the advantages of the Express Scripts Pharmacy mail-order service.
- 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 upon enrollment.)
- 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.

DESCRIPTION OF SERVICE	EXPRESS SCRIPTS/MEDCO	
	30-DAY RETAIL	90-DAY MAIL ORDER
Generic	\$5	\$10
Brand Name	\$25	\$50
Non-Preferred	\$45	\$90



Need to obtain a claim form?

Go to www.lcps.org - Administration - Business and Financial Services - Employee Health, Wellness and Benefits - Forms and Publications

Submit your Prescription Claims to:
Express Scripts Health Solutions, Inc.
P.O. Box 14711
Lexington, KY 40512

- Group Health Insurance
- Benefit Website
- Wellness
- Flexible
- Retiree
- Life Ins
- Leave
- Other
- Employment Program
- Import
- Payroll
- Glossary
- Benefit
- Forms

Instructions for Completing the Application for Group Health Insurance

See Page 15-3 for Group Health Insurance Application Form.

Notes

Notes section with horizontal lines for writing.

When you can enroll:

- Within 30 days of becoming eligible for benefits
- Within 30 days of a qualifying event (see below for definitions)
- During the annual Open Enrollment (Oct. 15-Nov. 15)

Effective date of coverage will be the later of the 1st of the month following:

- The first day in your benefitted position; and the date the employee submits a completed and signed Health Insurance Enrollment/Change Form with the appropriate documentation of spouse/dependent's relationship.
- The date the employee incurs a qualifying change in family, dependent, or employment status; and the date the employee submits a completed and signed Health Insurance Enrollment/Change Form and the corresponding supporting documentation.

Who you can enroll:

- A person of the opposite sex who is legally married to the employee.
- Any natural, adopted or stepchild under the age of 26.
- A child under a Qualified Medical Support order.
- A child of whom you have legal guardianship or custody.

How to enroll:

- Select your Medical coverage—Point of Service (POS) or Open Access Plus (OAP).
- Complete the Employee Information Section on this application.
- Complete the Active Dependent Information Section for any spouse or child(ren) you wish to cover.
- If you have elected the POS plan, you will need to select a primary care physician (PCP). Please list the doctor's name and the practice name. You may list a different PCP for each covered person. If you do not list

one, one will automatically be assigned based on your home zip code.

- If you have elected the OAP plan, you do not need to list a PCP, as referrals are not required under this plan.
- Sign the Health Insurance Enrollment/Change Form.
- Return the completed Health Insurance Enrollment/Change Form to the Employee Health, Wellness and Benefits, with the appropriate documentation outlined below, within the appropriate time frame.

Required Dependent Documentation

When enrolling a spouse or dependent, documentation verifying their relationship to you must be attached to the enrollment form. If this documentation is not received you and those dependents will not be enrolled. Refer to the chart on the next page to determine what documentation is required.

Qualifying Events

Outside of an employee's initial 30 day eligibility period and/or open enrollment an employee may only make changes to their health insurance elections with the occurrence of a qualifying event. Employees have 30 days from the date of their qualifying event to make the corresponding changes to their health insurance election. A new Application for Group Health Insurance form must be completed and the appropriate dependent documentation and proof of qualifying event must be attached. LPCS follows the qualifying event rules as specified by the IRS Section 125 Pre-Tax Rules and Regulations. The following is a general list of qualifying events.

- Marriage or Legal Separation
- Divorce
- Death of Dependent
- Birth or Adoption of a child
- Loss of Coverage
- Change of employment or work schedule of employee or spouse that effects their access to benefits



Communications

- Benefit Source Newsletter
- Benefits Website
- Facebook
- Contact



Benefits Source Newsletter and Benefits Website

Stay Informed!

Benefit Source Newsletter

The Benefit Source Newsletter is distributed every other month via email and can also be found on the Employee Health, Wellness and Benefits Website or posted at your worksite. It contains important information about your benefits, open enrollments, upcoming events, and updates related to discount offers to Loudoun County Public Schools' employees.

Go to the Employee Health, Wellness and Benefits Website for the most recent version of the Benefit Source Newsletter!

Benefit Source
BENEFIT SOURCE JANUARY 2014

Flexible Spending Account DEADLINES

Grace Period: January 1, 2014 - March 15, 2014

The 2013 Flexible Spending Account year runs from January 1, 2013 - December 31, 2013. The grace period runs January 1, 2014 - March 15, 2014 and applies only to Medical Flexible Spending Accounts.

Claim Submission Deadline: March 31, 2014

All reimbursement requests for the 2013 plan year and the grace period

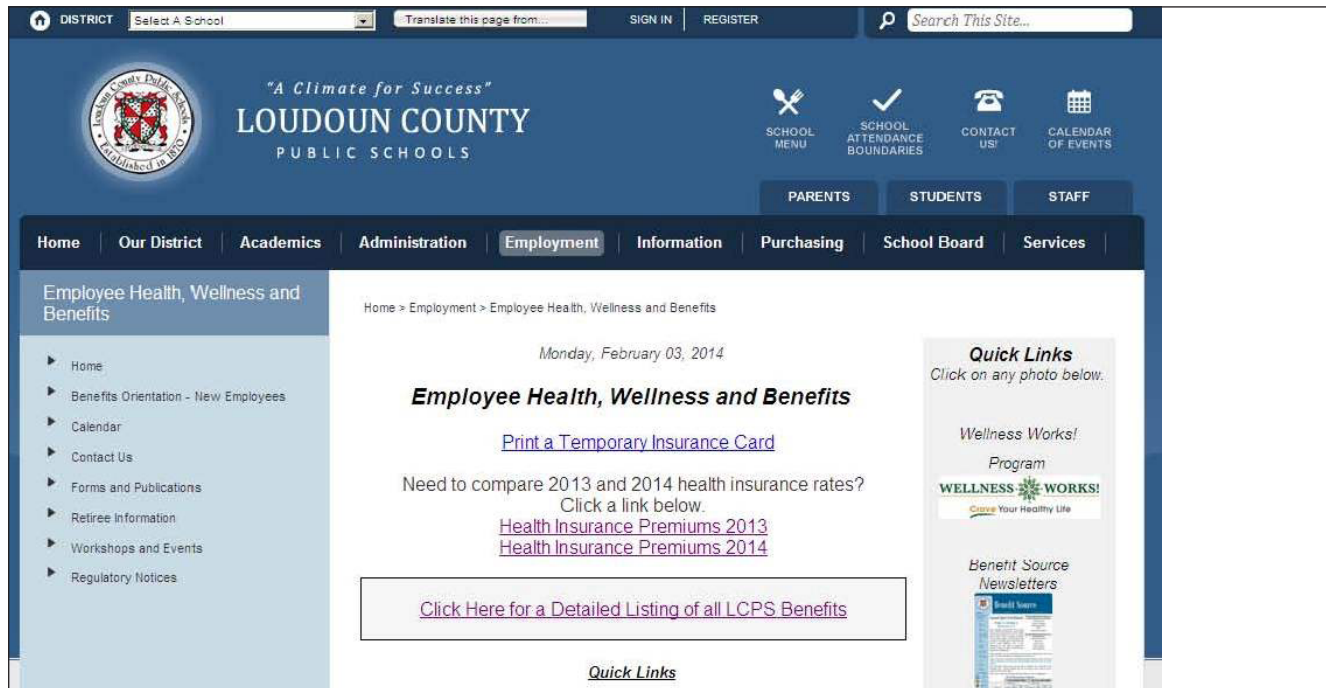
IN THIS ISSUE:

- Flexible Spending Plan Deadline
- Open Enrollment Stats and Winners
- Review Your Paystub
- LFG Retirement Readiness
- Wellness Handbook
- Wellness Webinar
- Nutrition - 4 Week Course

Website

The Employee Health, Wellness and Benefits and Retirement and Disability Programs Website is a comprehensive resource for benefits information. You can find benefit forms, vendor contact information, descriptions of your benefits, plan documents, workshops & events, benefits contact information and much more!

Go to www.lcps.org, scroll over the Administration drop down menu, click on Business & Financial Services, and then on the left hand side, click Employee Health, Wellness and Benefits or Retirement and Disability Programs.



Like us on Facebook!!

Employee Health, Wellness and Benefits is on Facebook

Like us on Facebook and see what exciting new things are happening in your LCPS benefits.



Benefits Contact List

Group Health Insurance

CIGNA Healthcare (Group 3320020)
www.cigna.com Member Services: 1-800-244-6224
www.mycigna.com 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

Express Scripts (Group #RX4LCPS)
www.express-scripts.com 1-800-886-9672

Loudoun County Public Schools Retirement Programs

403(b) Elective Deferral Program (Lincoln Financial Group)
www.lfg.com 1-800- 234-3500

457 Deferred Compensation Program w/ ICMA-RC
www.varetire.org

Virginia Retirement System
www.varetire.org and www.varetire.org/myVRS 1-888-827-3847
A printable Virginia Retirement Handbook is available online

Other Contacts

Cigna for Disability Plans 800-362-4462
(See LCPS website for more information)

Apple Federal Credit Union
www.applefcu.org 703-788-4800

Employee Assistance Program
(Lytle EAP Partners) 1-800-327-7272

Loudoun Credit Union
www.loudouncu.com 703-777-4744

Minnesota Life
www.minnesotalife.com 1-800-441-2258

Loudoun County Public Schools Employee Health, Wellness and Benefits Staff

Michele D. Kovach, Coordinator 571-252-1810

Lara Kizer, Specialist 571-252-1810

Kristy Reynolds, Specialist 571-252-1810

Lisa Bontemps, Specialist 571-252-1810

Ana Reymundo, Assistant 571-252-1810

Phyllis Ford, Secretary 571-252-1810

Fax: 571-252-1401

Benefits Email: lcpshealthwellness@lcps.org

Wellness Email: wellness@lcps.org

LCPS Website: www.lcps.org >
Administration > Business & Financial Services > Employee Health, Wellness
and Benefits

Address: 21000 Education Ct, Ashburn, VA 20148

Loudoun County Public Schools Retirement and Disability Programs Staff

Carol Edwards, Supervisor 571-252-1690

Jeanette Evans, Specialist 571-252-1690

Lacey Simms, Specialist 571-252-1690

Shari Edwards, Assistant 571-252-1690

K. Michelle Hoffman, Assistant 571-252-1690

Pam Mercready, Secretary 571-252-1690

Fax: 571-252-1699

Benefits Email: lcpsretiredisability@lcps.org

LCPS Website: www.lcps.org >
Administration > Business & Financial Services > Retirement & Disability
Programs

Address: 21000 Education Ct, Ashburn, VA 20148



Wellness Works! Program

Employee Health, Wellness and Benefits

571-252-1810

- Wellness Program
- Wellness Ambassadors
- Wellness Newsletter





Flexible Spending Accounts

Employee Health, Wellness and Benefits

571-252-1810

- Flexible Spending Account Summary
- Medical Expense Reimbursement Account
- Dependent Care Reimbursement Account



Flexible Spending Accounts



Enrollment must be within thirty (30) days from benefits eligible date or during Open Enrollment,

which is October 15th through November 15th, to be effective January 1st.

How To Enroll

- Complete the Employee Information Section on the application.
- Enter the amount for the Flexible Spending Account you wish to enroll in the appropriate sections —Medical Expense or Dependent Care.
- Sign the Flexible Spending Account Enrollment/Change form.
- Return the completed Flexible Spending Account Enrollment/Change form to the Employee Health, Wellness and Benefits Division, with the appropriate documentation (if making a change), within the appropriate time frame.

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 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.
5. Flex claims must be submitted no later than March 31st of the following year. Any claims submitted after that time will not be considered. See note on page 5-3 for the Medical Expense Reimbursement Account grace period.

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

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

Medical Expense 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 \$2,500.

How it Works:

The medical expense 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 Spending Accounts. 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

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.

Ineligible Expenses (con't):

- 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

The Loudoun County Public Schools Flexible Spending Account (hereinafter "Flex") will be administered by:

Compusys/Erisa Group, Inc.
13706 Research Blvd, Ste 308,
Austin, TX 78750-7840
Phone: 800-933-7472
Fax: 512-250-9487

Website: www.lcpsflex.com
Email: flex@cserisa.com
Business Hours: 8:45am – 6:00pm EST

This partnership brings the following benefits 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'd like to give this program a try, just complete and return the appropriate application to the Employee Health, Wellness and Benefits Division within 30 days of new hire date for current plan year or during the October 15-November 15 Open Enrollment period for

the next calendar year. More information and applications can be found on our website or by calling our office.

Name of Plan:
Loudoun County Public Schools Flexible Spending Accounts

Participants:
Eligible employees of Loudoun County Public Schools

Name & 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 Spending Accounts benefit is provided by Compusys/Erisa Group.

Plan Details

- As a participant, you may examine, without charge at the Employee Health, Wellness and Benefits 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.
- 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.

Flex Debit Card

What is a Flex Debit Card?

One of the features to our Medical Flexible Spending Account is the addition of a Flex Debit Card. This card works similarly to a check card and allows you to pay for your medical expenses directly out of your flex account at the time of service. You may be required to submit supporting documentation after the fact.

How do I submit for reimbursement?

Claims are sent to and processed by Compusys/Erisa. They accept claims and receipts by mail, email and fax. To print a claim form or to get additional information about claim submissions please visit their website at www.lcpsflex.com or call them at 800-933-7472.





Retirement Programs

Retirement & Disability
571-252-1690

- Virginia Retirement System Pension
- Purchase of Prior Service
- myVRS

Employee Health, Wellness and Benefits
571-252-1810

- 403(b) Elective Deferral Program
- 457 Deferred Compensation Program



Retirement Programs

Virginia Retirement System Pension Plans



Virginia Retirement System (VRS)
Customer Service Information Center:
1-888-827-3847

Notes

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

- Retirement 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. Effective July 1, 2012, all new LCPS employees are required to pay the entire 5% member contribution to VRS; Loudoun County Public Schools contributes the employer share for the Retirement Plan and the full cost of the Basic Group Term Life Insurance.

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

Virginia Retirement System (VRS)

	VRS PLAN 1 (MEMBERS HIRED BEFORE 7/1/10 WHO HAVE NOT TAKEN A REFUND)	VRS PLAN 2 MEMBERS (MEMBERS WHO WERE NOT VESTED AS OF 1/1/13 AND MEMBERS HIRED OR REHIRED ON OR AFTER 7/1/10)	VRS HYBRID PLAN (PLAN 3) MEMBERS (NON-VRS MEMBERS HIRED ON OR AFTER 1/1/14)
Defined Benefit Vesting	5 years of service	5 years of service	5 years of service
Defined Contribution Vesting	n/a	n/a	Employee Contributions: Vested 100% Employer Contributions: Vested based on years of participating in Hybrid Plan - 100% vested after 4 years participation in plan
Defined Benefit Average Final Compensation	Average of a member's 36 consecutive months of highest salary	Average of a member's 60 consecutive months of highest salary	Average of a member's 60 consecutive months of highest salary
Defined Benefit Service Retirement Multiplier	1.7%	1.65%	1.0%
Disability Coverage	LCPS provides short term disability coverage to all full time benefits eligible employees at no cost. Voluntary long term disability plans are available for employee to enroll. Members are eligible for VRS' Disability Retirement	LCPS provides short term disability coverage to all full time benefits eligible employees at no cost. Voluntary long term disability plans are available for employee to enroll. Members are eligible for VRS' Disability Retirement	School division members who are under Hybrid Plan will participate in the Virginia Local Disability Program (VLDP). Hybrid Plan members are not eligible for VRS' Disability Retirement, nor participation in LCPS' short term and long term disability plans
Defined Benefit Unreduced Retirement Eligibility	Age 65 with at least 5 years of service or age 50 with at least 30 years of service	Normal Social Security retirement age and have at least 5 years of of service credit, or when the member's age and service equal 90. Example: Age 60 with 30 years of service credit	Normal Social Security retirement age and have at least 5 years of of service credit, or when the member's age and service equal 90. Example: Age 60 with 30 years of service credit
Defined Benefit Reduced Retirement Eligibility	Age 55 with at least 5 years of service or age 50 with at least 10 years of service	Age 60 with at least 5 years of service credit	Age 60 with at least 5 years of service credit
Defined Benefit Cost-of Living Adjustment (COLA)	COLA matches the first 3% increase in the CPI-U and half of any additional up to 4% increase, for a maximum COLA of 5%	COLA matches the first 2% increase in the CPI-U and half of any additional up to 2% increase, for a maximum COLA of 3%	COLA matches the first 2% increase in the CPI-U and half of any additional up to 2% increase, for a maximum COLA of 3%
Monthly Member Contributions	5% mandatory	5% mandatory	4% Defined Benefit Mandatory + 1% Defined Contribution Mandatory with maximum additional 4% voluntary defined contribution
Monthly Employer Contribution	Employer Actuary Rate	Employer Actuary Rate	Employer Actuary Rate decreased by any voluntary employer match defined cotribution amounts

Notes

Why you should save even more!

Don't let another pay day 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			

This assumes a \$200.00 monthly contribution, 6% interest and retirement age of 65 years of age.

*provided by Lincoln Financial Group

Voluntary Elective Deferral Plan and Deferred Compensation Plan



Lincoln Financial Group - 403(b)



Virginia Retirement System - 457

Retirement Programs

Life Insurance

Leave Programs

Other Programs

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Benefits

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Notes

LCPS OPTIONAL ELECTIVE DEFERRAL PLAN AND DEFERRED COMPENSATION PLAN			
FEATURE	TRADITIONAL 403(B)	ROTH 403(B)	457(B)
PROVIDER	LINCOLN FINANCIAL GROUP (LFG)		VRS 457 WITH ICMA-RC
Contributions	Traditional, employee elective contributions are made with pre-tax dollars.	Designated Roth employee elective contributions are made with after-tax dollars.	Employee elective contributions are made with pre-tax dollars.
Basic 2014 Contribution Limit	\$17,500	\$17,500	\$17,500
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 59 ½ and want to withdraw funds.
Timing of Distributions	<ul style="list-style-type: none"> • Age 59 ½ • At retirement if over 55 • Total & Permanent Disability • Death • Severance from employment • In-service hardship • In-service loan • Purchasing Service Credits in gov. pension plan 	<ul style="list-style-type: none"> • Age 59 ½ • Total & Permanent Disability • Death • Severance of employment • In-service loan 	<ul style="list-style-type: none"> • Severance of employment • Death • Total & Permanent Disability • In-service unforeseeable emergency • Purchasing Service Credits in gov. pension plan
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. 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 59 ½ • 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 70 ½, unless still working.	Distributions must begin no later than age 70 ½, unless still working.	Distributions must begin no later than age 70 ½, unless still working.



Leave Information

Retirement and Disability Programs

571-252-1690

- Summary of Leave Benefits
- Donated Family Sick Leave Bank

For VRS Plan 1 and Plan 2 Members

- Short Term Disability
- Voluntary Long Term Disability

For VRS Hybrid Members

- Short Term Disability with VLDP
- Long Term Disability with VLDP



Leave Policies

Notes

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 4.0 hours daily or the equivalent.

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.

Leave benefits accrue while an employee is on approved paid leave. Leave benefits do not accrue if an employee is on unauthorized 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.

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 July 1 to June 30 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.

Horizontal lines for taking notes.

4. Benefits

- a. During the educational leave, the employee may elect to continue health and/or life insurance coverage by making arrangements with Employee Health, Wellness and Benefits 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 VRS 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 Retirement and Disability Programs 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 Retirement and Disability Programs 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 VRS service credit for which the employee is eligible. See Policy S7-63 for leave without pay approved under the Family and Medical Leave Act.

Maternity/Paternity Workshops

Expecting a baby?

See the Retirement and Disability Programs Division website for more information or call 571-252-1690.

Donated Family Sick Leave Bank

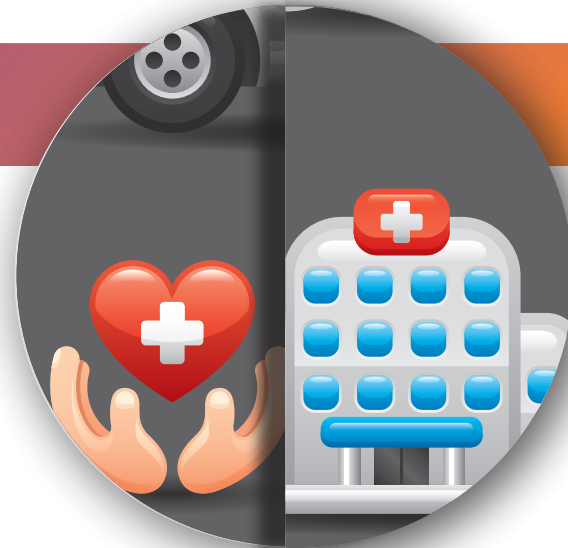


The Loudoun County School Board has established the Donated Family Sick Leave Bank for full-time employees.

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 Donated 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 leave. Please see page 15-11 for application.
- Members of the Donated 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 Retirement and Disability Programs 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. The effective date of that enrollment will be January 1st of the following plan year.
- A member of the Donated Family Sick Leave Bank shall not be permitted to withdraw days from the Donated 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 Donated Family Sick Leave Bank, for which the elimination period need not be consecutive, can be drawn by any one member from the Donated 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 Donated Family Sick Leave Bank program.
- Only sick leave may be contributed to the Donated Family Sick Leave Bank.
- You must have two sick leave days available at the time of enrollment to be eligible to enroll.





Long-Term Disability For VRS Plan 1 and Plan 2 Members

Note

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 Retirement and Disability Programs division website.

Notes

Long Term Disability Insurance

Eligibility

VRS Plan 1 and Plan 2 active full-time employees who work more than 180 days and have a minimum of 20 hours per week on a regular scheduled basis for Loudoun County Public Schools.

Eligibility Waiting Period

If you are working for the employer full-time there is no waiting period.

Current Enrollment Period

30 days from first working day

Elimination Period

Plan 1: 90 Days

Plan 2: 180 Days

Cigna 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 to a maximum of \$7,500, 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 Cigna 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.

*Cigna 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.

Option #2

40% income replacement to a maximum of \$5,000, 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.

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 twelve (12) 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.

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



Life Insurance

Retirement and Disability Programs

571-252-1690

- Basic Group Term Life Insurance
- Designation of Beneficiary
- Optional Group Term Life Insurance



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 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).

The guaranteed issue amount is up to \$350,000 for the employee and .5x your salary for your spouse, and up to \$30,000 for children 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.

OPTION	EMPLOYEE INSURANCE AMOUNT	SPOUSE INSURANCE AMOUNT	CHILDREN MUST BE 15 DAYS OLD**
1	1 x Salary	½ x Employee Salary	\$10,000
2	2 x Salary	1 x Employee Salary	\$10,000
3	3 x Salary	1 ½ x Employee Salary	\$20,000
4	4 x Salary	2 x Employee Salary	\$30,000

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	0.06
35 – 39	0.07
40 – 44	0.09
45 – 49	0.14
50 – 54	0.20
55 – 59	0.34
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, 2011

** One premium covers all children.

OPTIONAL COVERAGE **31 DAYS**

You must return your signed Optional Group Term Life Insurance form to the Retirement and Disability Programs within 31 days of employment to be considered guaranteed issue.

Notes

Employees who apply for coverage later than 31 days after initial eligibility and employees whose optional coverage would exceed \$350,000, 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.





Other Voluntary Benefits

- Virginia 529 prePAID
- Virginia 529 inVEST
- Hepatitis B Vaccination
- AFLAC Supplemental Income Protection Plans—Cancer and Hospital Intensive Care
- Long Term Care Insurance Program
- United States Securities through Treasury Direct
- Loudoun Credit Union
- Apple Federal Credit Union
- LCPS Discounts (ID Badge required)



OPTIONAL
COVERAGE

30
DAYS

This optional coverage is made available to LCPS employees through an independent agents. Please contact the agents directly if you are interested in enrolling. Enroll in the first thirty (30) days from benefits eligible date.

Hospital Intensive Care & 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

Enroll in the first thirty (30) days from benefits eligible date or during Open Enrollment, October 15-November 15, with coverage taking effect January 1st.

For further information on these products, contact AFLAC Agent:
Debbie Smith
(703) 851-5504

Long Term Care Insurance for Today's Workforce

Long-term care (LTC) is a variety of services which help meet both the medical and non-medical needs of people with a chronic illness or disability who cannot care for themselves for long periods of time.

It is common for long-term care to provide custodial and non-skilled care, such as assisting with normal daily tasks like dressing, bathing, and using the bathroom. Increasingly, long-term care involves providing a level of medical care that requires the expertise of skilled practitioners to address the often multiple chronic conditions associated with older populations. Long-term care can be provided at home, in the community, in assisted living facilities or in nursing homes. Long-term care may be needed by people of any age, although it is a more common need for senior citizens.

Enroll in Genworth within the first thirty (30) days from benefits eligible date for Guaranteed Issue or anytime after with approval of Issuers.

Check out and compare policies carefully before you enroll:

Virginia Retired Teacher Association Plan

offered by
Creekside Insurance Advisors
(800) 467-5425

Commonwealth of Virginia Voluntary Group Long Term Care Program

offered by
Genworth Life Insurance Company
(866) 859-6060
www.genworth.com/cov

Treasury Direct

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:

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 found on page 15-15 and return it to the Employee Health, Wellness and Benefits Division to begin your deductions. It's that easy!



Employee Discounts

There are many Loudoun County businesses that offer discounts to LCPS employees.

Be prepared to show your badge as proof of LCPS employment.

To see a complete list please check out our website (www.lcps.org, click on Business & Financial Services under the Administration drop down menu, and then click on Employee Health, Wellness and Benefits on the left hand side.) under "Employee Discount List" to get an updated list of our Discounts.

The Employee Discount list includes discounts from:

- Apartments
- Auto Services
- Banks
- Computers
- Dentists
- Educational Centers
- Fitness Centers
- Food Services
- Hair & Spa Services
- Home Services
- Hotels
- Mortgage Companies
- Realtor
- Restaurants
- And many more...





Employee Assistance Program

Retirement and Disability Programs

571-252-1690



Employee Assistance Program



Notes

Lined area for taking notes, consisting of approximately 20 horizontal lines.

What is an EAP?

The EAP provides employees of Loudoun County Public Schools and family members with free and confidential help in dealing with personal problems. This benefit provides up to 4 sessions per problem per year for you and your family members. The EAP can help you and your family with most any kind of problem that affects your personal well-being and your ability to perform your job. These include:

- Marital or family problems
- Financial/Legal difficulties
- Balancing work/life situations
- Emotional or stress related problems
- Drug or alcohol abuse
- Problems related to work

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.lytleap.com and use "lcps" as the password.



Payroll Information



Payroll Information

Notes

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 254 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.
- Forms should be kept by the supervisor based on the retention schedule.

All Schools or Divisions should have a Time Keeper who is responsible for submission of leave information on the Leave Summary document to the Payroll Division.

Notes

OPT LIFE2 EMPL
Optional Life—Employee Coverage – Group 2

OPT LIFE2 SPOUS
Optional Life—Spouse Coverage – Group 2

OPT OUT
Opt Out of Health Insurance Credit

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

LOAN REPAYMENT
Visiting International Faculty Teachers Must Repay A Loan
Given To Them When They Arrive In The United States

AFLAC ICU PRE
AFLAC Intensive Care Unit Insurance Pre-Tax

AFLAC ICU AFT
AFLAC Intensive Care Unit Insurance After-Tax

AFLAC CANCR PRE
AFLAC Cancer Insurance Pre-Tax

AFLAC CANCR AFT
AFLAC Cancer Insurance After-Tax

VRS-LTC
VRS Long Term Care Insurance Plan

VA ASSOC ELEM P
Virginia Association Of
Elementary Principals

VA ASSOC SEC PR
Virginia Association of
Secondary Principals

ING 457
ING 457 Plan

LINFIN PRETAX
Lincoln 403(b) Plan Pre-Tax

LINFIN POSTTAX
Lincoln 403(b) Plan Post-Tax

NET PAY
Employees Take Home Pay

ADMIN FEE
Administrative Fee For Payment of Child Support,
Tax Levies, Personal Property Taxes, Garnishments

LOUDOUN ED ASSO
Loudoun Educational Association Dues

TAX LEVY PAYMENT
Tax Levy Payment

TAX LIENS
Tax Liens

CREDIT UNION DD
Loudoun Credit Union Direct Deposit For Loans,
Savings or Shares Accounts

AFCU DD
Apple Federal Credit Union Direct Deposit
For Loans, Savings or Shares Accounts

TREASURY DIRECT
Savings Bond Purchase

LT DISABILITY
Long Term Disability

LFG LOAN REPAYMENT
Lincoln 403(b) Loan Repayment

W-2 REPRINT FEE
Fee for reprinting W-2's

EMP HI PAY LWOP
LWOP greater than 5 days of ER share of Health Premium

Register and View Your Paystub on EPay

Web Address: www.intranet.lcps

From the LCPS Intranet home page click on E-Pay.

Thursday, September 22, 2011 1:30 PM

Ashburn Weather
81
forecast.com

click here to go to the LCPS Internet Site

September 22

Read & Write 9: Homophone Tools

www.delicious.com/lcpsat/22sep2011

Read & Write 9 is available on all LCPS instructional computers and works with other programs like MS Word and Internet Explorer. The *Homophone* tool assists students by identifying proper choice of words that sound alike but have different spellings and meanings. In conjunction with dictionary definitions, students are guided in choosing the correct homonym for their usage.

Homophone Video Tutorial:
<http://bit.ly/rwghpvld>

QUICK LINKS

- iForms (Budget Adjustment)
- StarWeb - Schools A - H
- StarWeb - Schools I - P
- StarWeb - Schools Q - Z
- OLPS (Online Purchasing System)
- SmartFindExpress
- Schoolbooks-Web
- Enzone
- **E-Pay**

Diagram A

If this is the first time you are using the system, you MUST register. From the E-Pay page click on "Register to View Your Paystub".

Employee Payroll Advice

This page is for the sole use of Loudoun County Public Schools Employees. Unauthorized parties are prohibited from accessing these pages. Violators will be prosecuted.

[View Your Paystub \(Registration Required\)](#)

[Register to View Your Paystub](#)

[Frequently Asked Questions/Instructions](#)

Administrative Pages
(Special Access Required and Logged)

[Registration Removal: LCPS Help Desk Only](#)

[Business and Financial Services Admin Page](#)

Diagram B


If you have already registered, then click on "View Your Paystub (Registration Required)" and skip to next page.

Complete the information requested on the registration page.

The information in the first (3) fields MUST match the information in the payroll system. Contact the Payroll Office if not sure 571-252-1260.

Employees may access the information from their school or home. Employees who will never view their paystub from home can opt-out of access to your paystub over the internet by clicking inside the checkbox to opt-out of this access.

Click on the Register button when you have completed this page.



Employee Payroll Advice

This page is for the sole use of Loudoun County Public Schools Employees.
Unauthorized parties are prohibited from accessing these pages.
Violators will be prosecuted.

Registration

Employee Last Name: (See Note Below)

Social Security #: (Include '-' dashes)

Employee Home Zip Code:

Password: (See Note Below)

Repeat Password for Verification:

Loudoun County Public Schools has taken all necessary precautions to ensure that your data is kept private and secure. We recognize, however, that many people would feel better if their information was not available to view over the internet. By checking the box below, you can opt-out of access to your paystub via the Internet. Please note that selecting this option means that you will only be able to access your paystub from the Loudoun County Public Schools Intranet. If you decide later that you would like the convenience of viewing your paystub from the Internet, you must call the Help Desk at (571) 252-1333 during regular business hours and ask them to delete your registration. You will then be required to register again.

I elect to opt-out of access to my paystub via the Internet.

Note: The Last Name MUST be IDENTICAL to the Last Name on your Paystub!
For Example: Smith JR. (Don't forget the period after JR) or Jones III (That's 3 capital "i"s after Jones)
Passwords must start with a letter, be at least 8 characters long, have one number, have one non-alphanumeric character like @!#\$%* and are case sensitive.

Diagram C



Employee Payroll Advice

This page is for the sole use of Loudoun County Public Schools Employees.
Unauthorized parties are prohibited from accessing these pages.
Violators will be prosecuted.

Login

Social Security #:
(use dashes '-')

Password:
(case sensitive)

Forgot password? Use the button below

Diagram D

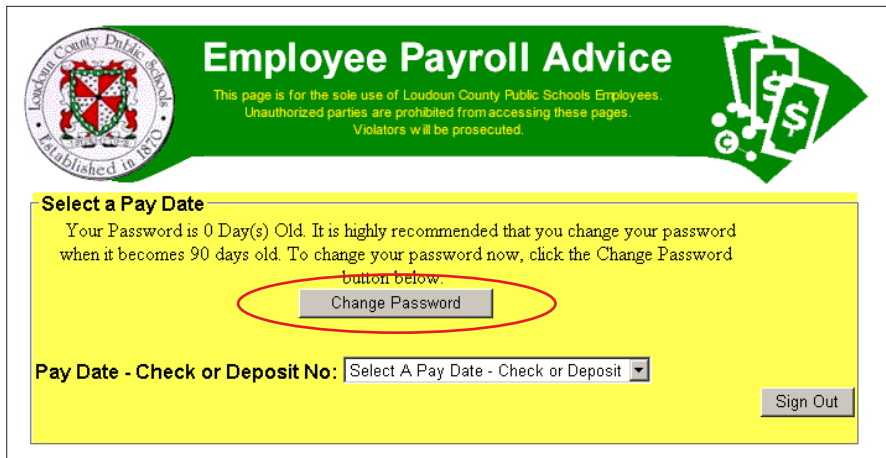
Once you've successfully registered, you will be directed to the login screen.

Complete the login screen with your social security number and your EPay password.

See the "Note" section at the bottom of this screen regarding setting up your E-Pay password. Some examples of acceptable passwords are:

- ABC@2006
- TBONE*84
- GOLFPAR@2
- REDMUM#3
- TOPDOG*1

Click on the login button.

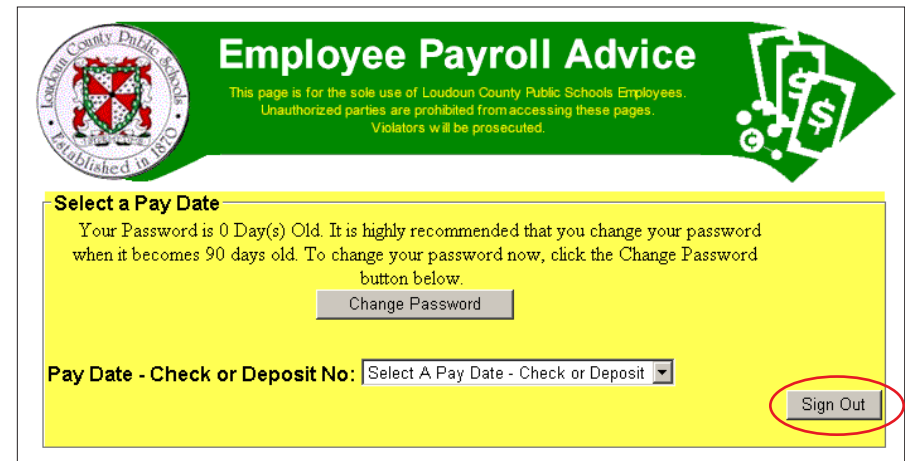


Employee Payroll Advice
 This page is for the sole use of Loudoun County Public Schools Employees. Unauthorized parties are prohibited from accessing these pages. Violators will be prosecuted.

Select a Pay Date
 Your Password is 0 Day(s) Old. It is highly recommended that you change your password when it becomes 90 days old. To change your password now, click the Change Password button below.

Pay Date - Check or Deposit No:

Be sure to click on the "Sign Out" button when you've finished.



Employee Payroll Advice
 This page is for the sole use of Loudoun County Public Schools Employees. Unauthorized parties are prohibited from accessing these pages. Violators will be prosecuted.

Select a Pay Date
 Your Password is 0 Day(s) Old. It is highly recommended that you change your password when it becomes 90 days old. To change your password now, click the Change Password button below.

Pay Date - Check or Deposit No:

Diagram E

Click on the drop down arrow and select the pay date you want to view.
 Scroll to the bottom of the screen to view your paystub.

Diagram G

Loudoun County Public Schools

Employee Name: _____ Check No.: 1501
 Pay Date: 05/31/2006
 Pay Period End Date: 05/31/2006 Location: _____
 Rate/Salary: 1918.50

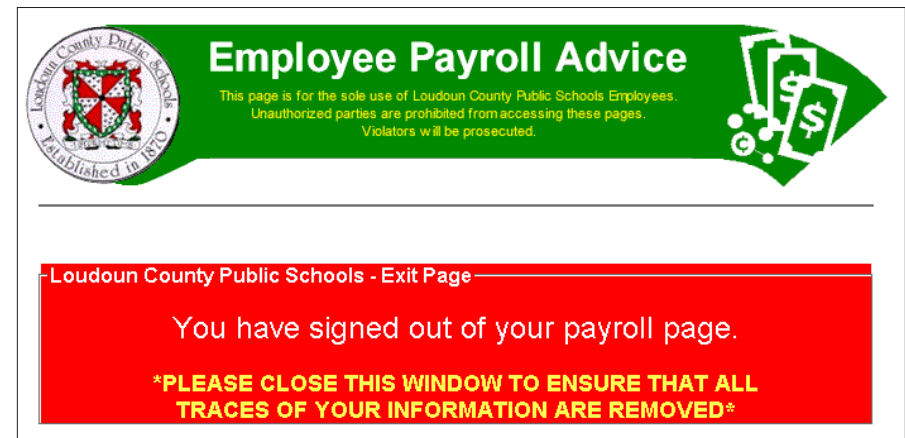
Hours and Earnings				Deductions		
Description	Current Hours	Current Earnings	YTD Earnings	Description	Current	YTD
REGULAR PAY	57.46	1,918.50	19,185.00	FICA-OASDI	117.71	1,177.13
TOTAL PAY	57.46	1,918.50	19,185.00	FEDERAL S-00	308.44	3,084.40
				FICA-HI	27.53	275.30
				COUNTY MDMONT	144.31	1,443.10
				POS PRE TAX	21.66	216.60
				LOUDOUN ED ASSO	22.00	220.00
				NET PAY	1,276.85	12,768.47

Other Taxable Fringes			
Description	Current Hours	Current Earnings	YTD Earnings

Leave Accrual	
Description	Balance
Annual Leave	14.00
Sick Leave	51.25
Personal Leave	

Employee Statement of Earnings and Deductions:
 Any Errors Should Be Brought Promptly to the Attention of the Payroll Division
 (571) 252-1260 Payroll Division Main Line

Diagram F



Employee Payroll Advice
 This page is for the sole use of Loudoun County Public Schools Employees. Unauthorized parties are prohibited from accessing these pages. Violators will be prosecuted.

Loudoun County Public Schools - Exit Page

You have signed out of your payroll page.

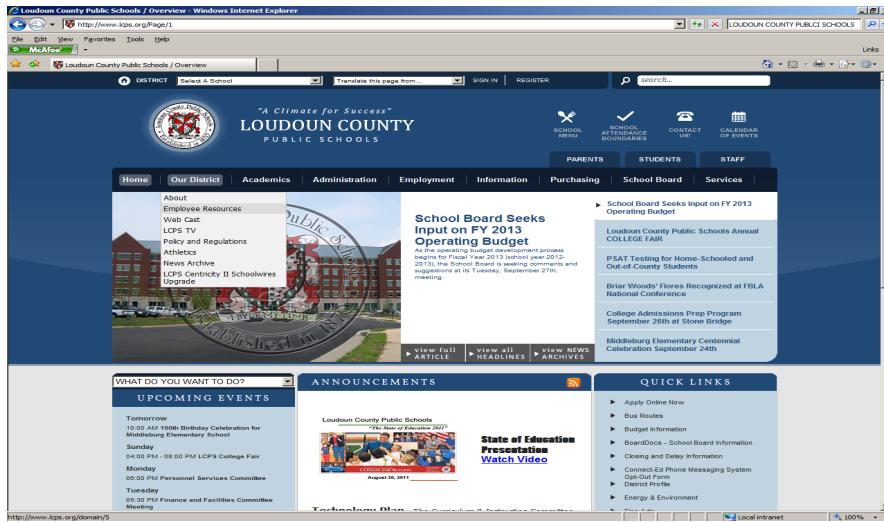
PLEASE CLOSE THIS WINDOW TO ENSURE THAT ALL TRACES OF YOUR INFORMATION ARE REMOVED

Diagram H

You've successfully signed out of EPay!

To view pay stubs from home (after first registering for E-Pay on a worksite computer) visit the LCPS website: www.lcps.org/

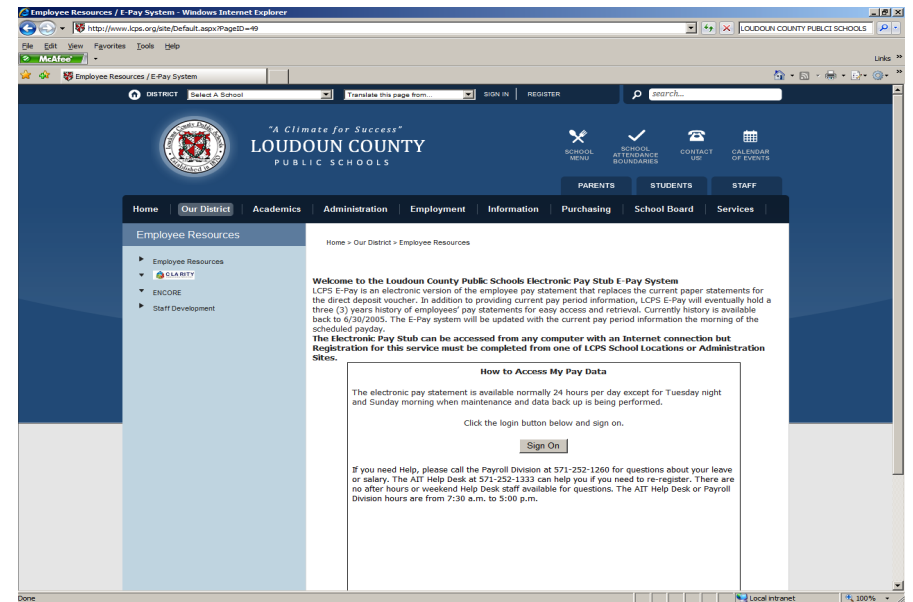
1. Under Our District Select "Employee Resources"



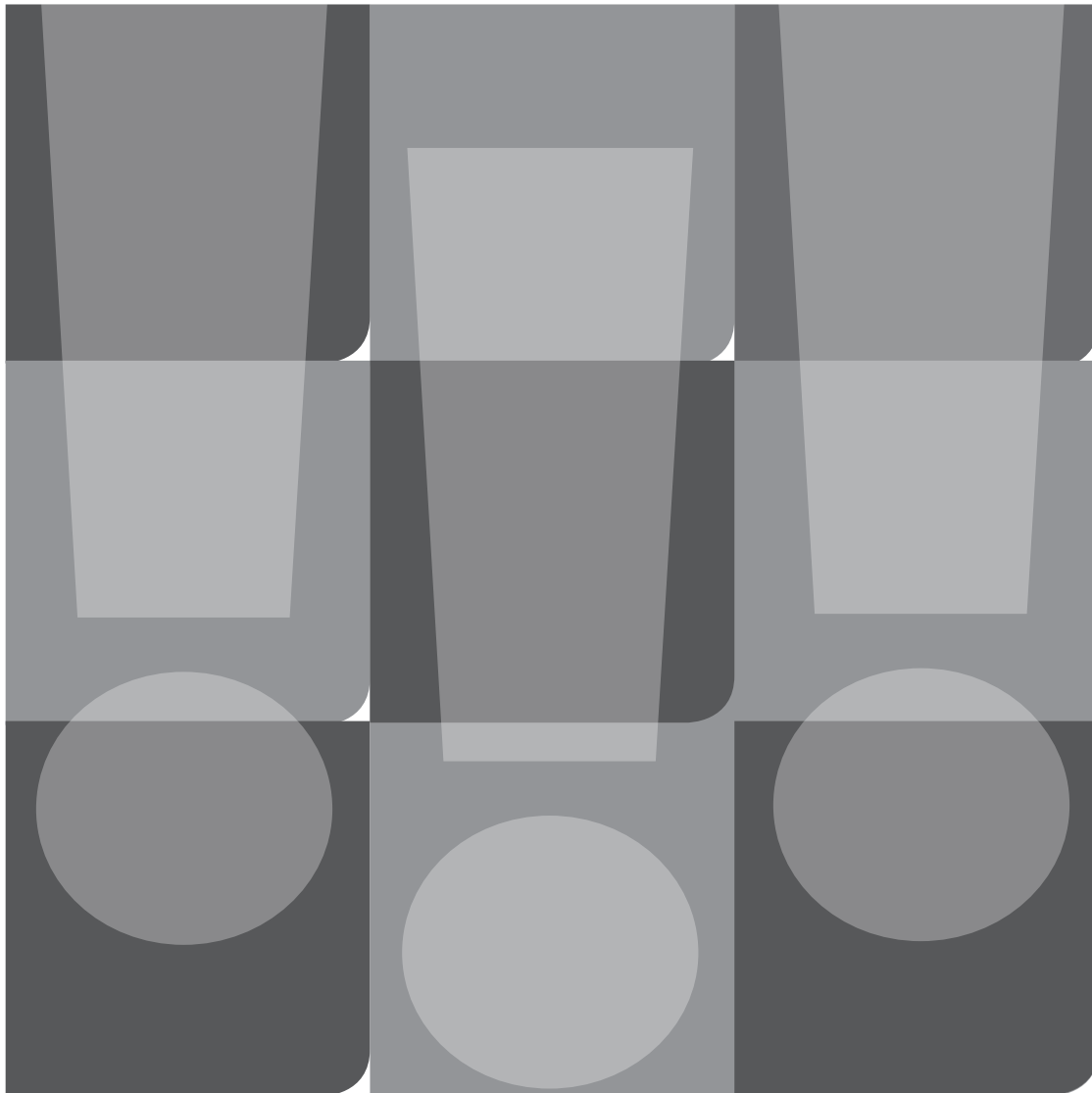
2. Select "E-Pay"



3. Click "Sign On"



You will then login with your social security number (include dashes) and password (case sensitive). Remember to log out when you are done.



Important Notices

- Your Benefits and the Law
- COBRA Notice
- Privacy Notice
- Medicare Credible Coverage Notice
- State Children's Health Insurance Program (SCHIP)
- Universal Availability Notice

Your Benefits and the Law

Your LCPS benefits comply with all federal mandates that govern public sector employee plans.

Your LCPS benefits comply with all federal mandates that govern public sector employee plans. To obtain more information about the requirements of these legislative acts, please refer to the following:

Women's Health & Cancer Rights Act - www.dol.gov

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided (in a manner determined in consultation with the attending physician and the patient) for all stages of reconstruction of the breast on which the mastectomy was performed:

- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Protheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits are subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Benefits provided in connection with a mastectomy are subject to the plans' regular deductibles and copayments. For more information, refer to the summary plan documents for your appropriate medical plan, available on the LCPS website or contact your health plan vendor.

Mental Health Parity & Addiction Equity Act - www.sanhsa.gov

The Mental Health Parity and Addiction Equity Act of 2008 prohibits group health plans that offer mental health and substance use disorder benefits from creating more restrictive financial requirements or treatment limitations for mental health and substance use disorder services than those applied to medical and surgical benefits. Plan participants may not be required to pay more in deductibles, copayments, coinsurance, and out-of-pocket expenses for mental health and substance abuse benefits than those imposed by the plan's medical/surgical benefits.

The law also requires that health plans not impose any limits on the frequency of treatment, the number of visits, the days of coverage, or other similar limits for mental health/substance abuse benefits that are more restrictive than those imposed on medical/surgical benefits. If a health plan offers out-of-network medical/surgical benefits, it also must offer out-of-network mental health/substance abuse benefits

Genetic Information Nondiscrimination Act (GINA) - www.eeoc.gov

GINA prohibits employers from requiring or purchasing genetic information about you or your family members. The law also prohibits group and individual health insurers from using your genetic information in determining eligibility or premiums.

Newborns' & Mothers' Health Protection Act - www.dol.gov

The Newborn and Mother's Health Protection Act of 1996 provides protections on the length of time mothers and their newborn infants may stay in the hospital following childbirth. Generally, group health plans and health insurers may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (or 96 hours following a cesarean section). The law allows an attending provider, in consultation with the mother, to authorize an earlier discharge. To ensure that the exception does not result in early discharges that might harm the health of the mother or newborn, a group health plan or health insurer may not reduce the compensation of the attending providers because they provide care to a covered individual in accordance to the Act, nor provide incentives to induce the attending providers to provide care in a manner inconsistent with the Act.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more the 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit¹

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

How Can I Get More Information?

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

Employee Health, Wellness and Benefits

571-252-1810

Lcpshealthwellness@lcps.org

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

¹An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less the 60% of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

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

- As your employer, we offer a health plan to all benefits eligible employees.

A benefits eligible employee is defined as full time and eligible as detailed in School Board policy.

- As your employer, we offer coverage for eligible dependents.

Notes

An eligible dependent is defined as the employee's legal child, step child or child for whom they have legal custody who is under the age of 26 or is permanently disabled.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, www.HealthCare.gov will guide you through the process.

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

Employer Name: Loudoun County Public Schools		Employer Identification Number (EIN): 546001395	
Employer Address: 21000 Education Court		Employer Phone Number: 571-252-1810	
City: Ashburn	State: VA	Zip Code: 20148	
Who can we contact about employee health coverage at this job? Employee Health, Wellness and Benefits			
Phone Number (if different then above):		Email Address: Lcpshealthwellness@lcps.org	



Medicare Credible Coverage Disclosure Notice - www.cms.gov

Please read this notice carefully and keep it where you can find it.

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

Remember:

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

Contact:

Employee Health, Wellness and Benefits
Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148
Phone Number: 571-252-1810

Important Notice From Loudoun County Public Schools About Your Prescription Drug Coverage and Medicare

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Loudoun County Public Schools coverage will be affected. Although your medical, dental and vision coverage will remain the same, prescription drug coverage will no longer be available to you under the LCPS health plan. You may be entitled to a premium reduction if this occurs.

If you do not enroll in a Medicare prescription drug plan, your prescription drug coverage under the LCPS health plan will remain the same.

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

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

You should also know that if you drop or lose your current coverage with LCPS and don't join a Medicare drug plan within 63 continuous days after

your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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.

Universal Availability Notice - www.irs.gov

Notes

Horizontal lines for notes

Can I change or stop my elective deferral contributions?

You may change your elective deferral contributions once per pay period during the plan year.

When are my elective deferral contributions effective?

After completing the enrollment requirements, your elective deferral contributions will begin on the next pay period or as soon as administratively possible.

What is the maximum amount that I can contribute?

The Internal Revenue Code limits the annual contributions you can make to a 403(b) plan and the limits are adjusted each year. The 2014 limits are as follows:

- Elective deferral limit
\$17,500.00
- Age 50 catch-up
\$5,500.00
- 15 years of service catch-up
\$3,000.00*

*The 15 years of service catch-up contribution applies before the age 50 catch-up contribution and is based on a formula that takes into account all past contributions to the plan and the employee's total years of service to the employer. The maximum allowable for the 15 years of service catch-up is \$3,000 per year up to a \$15,000 lifetime benefit, but an employee's actual catch-up may be lower than this maximum.

Will my employer make additional contributions?

No.

Whom do I contact for additional information?

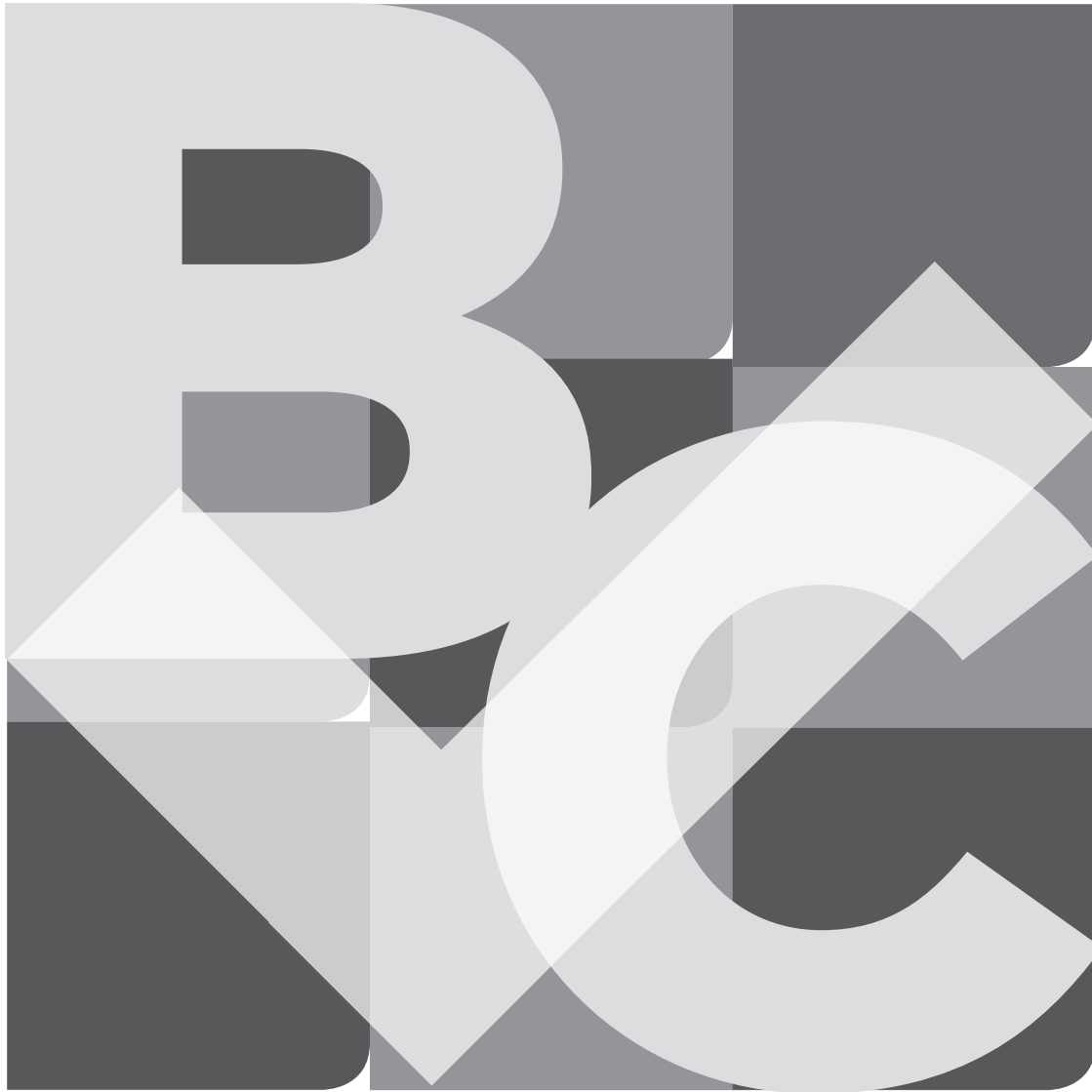
To learn more about 403(b) plans, please visit <http://www.irs.gov> and search for Publication 571. If you have any questions about how the plan works or your rights and obligations under the plan, please contact LCPS Employee Health, Wellness and Benefits at:

Loudoun County Public Schools
Employee Health, Wellness and Benefits
210000 Education Court
Ashburn, VA 20148
571-252-1810
lcpshealthwellness@lcps.org



Glossary and Acronyms





Benefits Checklist



Checklist

All the forms should be returned to either Employee Health, Wellness and Benefits or Retirement and Disability Programs:
Administrative Offices
21000 Education Court
Ashburn, VA 20148

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.

Medical, Dental, Prescription, and Vision Plan Enrollment Form
(Employee Health, Wellness and Benefits)



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 Employee Health, Wellness and Benefits 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.

Flexible Spending Accounts
(Employee Health, Wellness and Benefits)



- Dependent care and medical reimbursement accounts.
- Enrollment must be within thirty (30) days from benefits eligible date or during Open Enrollment, which is October 15th through November 15th, to be effective January 1st.
- Annual election to participate must be made.

403(b) Elective Deferral Program
(Employee Health, Wellness and Benefits)

- Can be set up for payroll deduction at any time (no open enrollment)

457 Tax Deferred Compensation Plan
(Employee Health, Wellness and Benefits)

- Can be set up for payroll deduction at any time (no open enrollment)

Optional Group Term Life Insurance
(Retirement and Disability Programs)



Employees and 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 31 days will require approval.

Donated Family Sick Leave Bank
(Retirement and Disability Programs)



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).
- This benefit is up to thirty (30) paid sick days, as certified by a physician.

Long Term Disability
(Retirement and Disability Programs)



- For VRS Plan 1 and Plan 2 Members Only
- 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.



Forms



How do I Get My Forms to you?

Notes

Once you have completed all the forms for the benefits that you wish to enroll in, you can submit them (and the required supporting documentation) to either Employee Health, Wellness and Benefits or Retirement and Disability Programs within 30 days of your new hire period in the following ways:

- US Mail
Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148
- Inter-office Pony
Administration Building
Employee Health, Wellness and Benefits
or
Retirement and Disability Programs
- Fax (Designation of Beneficiary and Optional Group Term Life Insurance forms may not be faxed)
Employee Health, Wellness and Benefits - 571-252-1401
Retirement and Disability Programs - 571-252-1699
- Brought in person
Administration Buiding, 3rd Floor
- Scan and emailed
Employee Health, Wellness and Benefits
lcpshealthwellness@lcps.org
Retirement and Disability Programs
lcpsretiredisability@lcps.org

Regardless of how you submit your forms, keep copies for your records.

LOUDOUN COUNTY PUBLIC SCHOOLS – GROUP #3320020

HEALTH INSURANCE ENROLLMENT/CHANGE FORM

(Medical, Prescription, Dental and Vision Coverage)

Return to Employee Health, Wellness and Benefits



SELECT YOUR PLAN

Point of Service (POS) Open Access Plus (OAP) Opt Out Credit

Effective Date Of This Action: _____

EMPLOYEE INFORMATION:

Employee Name: Last	First	Middle	PID	Check All That Apply: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Dependent Addition <input type="checkbox"/> Disenroll Dependent <input type="checkbox"/> Pre-Tax/Post-Tax Change
Employee Primary Care Physician (PCP)	Date Of Birth			
Circle One: <input type="checkbox"/> New Employee <input type="checkbox"/> Active Employee	Cancel Coverage Entirely _____ Address Change _____ Name Change _____ Plan Change _____			

ACTIVE DEPENDENT INFORMATION: (See reverse for documentation requirements)

Circle One:	Spouse's Name (Last-First-Middle)	Social Security Number	Date Of Birth
02 Add Cancel	Primary Care Physician	Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled	
03 Add Cancel	First Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth
	Primary Care Physician	Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled	
04 Add Cancel	Second Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth
	Primary Care Physician	Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled	
05 Add Cancel	Third Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth
	Primary Care Physician	Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled	
06 Add Cancel	Fourth Eligible Child's Name (Last-First-Middle)	Social Security Number	Date Of Birth
	Primary Care Physician	Circle One: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Disabled	

Spouse's Employment

Is your spouse an employee of Loudoun County Public Schools? YES NO

If YES, spouse's name: _____ Social Security Number or PID: _____

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.

I hereby authorize LCPS to deduct from my wages/compensation, as a pre-tax deduction, 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 Insurance Enrollment/Change form.

If you have any questions concerning the benefits and services provided by or excluded under this agreement, please contact the Employee Health, Wellness and Benefits office before signing this application.

Employee's Signature _____

Date _____

Instructions for Completing the Health Insurance Enrollment/Change form

Complete this form to enroll in the LCPS health insurance program or the Opt Out Credit. The LCPS program provides coverage for Medical, Prescription, Dental and Vision claims, in an all-inclusive package; subscribing to coverage for separate/individual areas of coverage is not an option. The Opt Out Credit provides employees who do not enroll in an LCPS health insurance plan with a credit of \$18 per month paid via payroll. Additionally, enrollment in the health insurance program or Opt Out Credit is NOT automatic. If interested, you must enroll during your appropriate eligibility period, as outlined below.

When you can enroll:

- Within 30 days of becoming eligible for benefits
- Within 30 days of a qualifying event (see below for definitions)
- During the annual Open Enrollment (Oct. 15-Nov. 15)

Effective date of coverage or credit will be the later of the 1st of the month following:

- The date of benefited hire; or
- The date the employee submits a completed and signed Health Insurance Enrollment/Change form with the appropriate documentation of spouse/dependent's relationship.
- 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.

Who you can enroll:

- A person of the opposite sex who is legally married to the employee.
- Any natural, adopted or stepchild under the age of 26.
- A child under a Qualified Medical Support order.
- A child of whom you have legal guardianship or custody.

How to enroll:

- Select your Medical coverage – Point of Service (POS) or Open Access (OAP) – OR – Opt Out Credit.
- Complete the Employee Information Section on this application.
- Complete the Active Dependent Information Section for any spouse or child(ren) you wish to cover.
- If you are electing the Opt Out credit you **do not** need to complete the Active Dependent Information Section. Simply sign the form.
- If you have elected the POS plan, you will need to select a primary care physician (PCP). Please list the doctor's name and the practice name. You may list a different PCP for each covered person. If you do not list one, one will automatically be assigned based on your home zip code.
- If you have elected the OAP plan, you do not need to list a PCP, as referrals are not required under this plan.
- Sign the Health Insurance Enrollment/Change form.
- Return the completed Health Insurance Enrollment/Change form to Employee Health, Wellness and Benefits, with the appropriate documentation outlined below, within the appropriate time frame.

Required Dependent Documentation

When enrolling a spouse or dependent, documentation verifying their relationship to you must be attached to the enrollment form. If this documentation is not received you and those dependents will not be enrolled. Below is a chart of what documentation is required.

Dependents	Definition of Eligibility	Documentation Required
<p>Spouse</p>	<p>A person of the opposite sex who is legally married to the employee or retiree.</p>	<ul style="list-style-type: none"> • Copy of Marriage Certificate OR • If married more than 1 year, a copy of Page 1 of the most current Federal Tax Return that shows the dependent listed as "Spouse"
<p>Child(ren)</p> <p>(Natural, adopted, child under Qualified Medical Support Order or child you have legal guardianship of)</p>	<p>Your child(ren) may be covered to the end of the month in which he or she turns age 26</p> <p>Unmarried 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 as a parent OR • In the case of adoption, copy of a legal adoption 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.
<p>Stepchild</p>	<p>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.</p>	<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; OR • If married more than one year, a copy of most current Federal Tax Return that shows the dependent's parent listed as spouse.
<p>Grandchild</p>	<p>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 same age requirements for natural and adoptive children.</p>	<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.

Qualifying Events

Outside of an employee's initial 30 day eligibility period and/or open enrollment an employee may only make changes to their health insurance elections with the occurrence of a qualifying event. Employees have 30 days from the date of their qualifying event to make the corresponding changes to their health insurance election. A new Health Insurance Enrollment/Change form must be completed and the appropriate dependent documentation and proof of qualifying event must be attached. LCPS follows the qualifying event rules as specified by the IRS Section 125 Pre-Tax Rules and Regulations. The following is a general list of qualifying events.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Marriage or Legal Separation • Death of Dependent • Loss of Coverage | <ul style="list-style-type: none"> • Divorce • Birth or Adoption of a child • Change of employment or work schedule of employee or spouse that effects their access to benefits |
|--|--|

I would like more information about the 403(b) Elective Deferral Plan

(Please place a check mark by your request)

I would like the:

403(b) representative to contact me

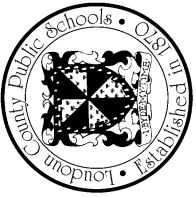
403(b) enrollment packet sent to me

Your Name (Please print) _____

School/Worksite _____

Work Phone _____ Home Phone _____

Email _____



LOUDOUN COUNTY PUBLIC SCHOOLS

Employee Health, Wellness & Benefits

Flexible Spending Account Enrollment/Change Form

Phone (571) 252-1810 Fax (571) 252-1401
 lcpshealthwellness@lcps.org

Employee Information	
Name:	Plan Year:
PID:	Plan Year : January -December
Reason for Enrollment (circle one)	
New Hire Open Enrollment	Mid Year Change (see page 2 for restrictions and instructions)

Election of Medical Expense Reimbursement Account

I elect to contribute a total of \$ \$2500 MAX * for the Plan Year. This amount will be divided evenly over my remaining pays in the Plan Year.

Maximum Annual Election: \$2500
 Minimum Annual Election : \$300

Grace Period: January 1st –March 15th

Any medical services provided during the Grace Period can be applied towards prior year balances if needed.

*If your election is due to a qualifying event, please list the new ANNUAL amount you wish to contribute for the Plan Year.

Election of Dependent Care Expense Reimbursement Account

I elect to contribute a total of \$ \$5000 MAX * for the Plan Year. This amount will be divided evenly over my remaining pays in the Plan Year.

Maximum Annual Election: \$5000
 Minimum Annual Election : \$300

Grace Period: Does not apply to Dependent Care Accounts

*If your election is due to a qualifying event, please list the new ANNUAL amount you wish to contribute for the Plan Year.

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 Employee Health, Wellness and Benefits within **30 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 the last day of Open Enrollment 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 this form 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: _____

If applicable, select the appropriate event and attach supporting documentation.

MEDICAL EXPENSE REIMBURSEMENT ACCOUNT	DEPENDENT CARE EXPENSE ACCOUNT
<input type="checkbox"/> Legal Marital status—marriage, death of a spouse, divorce, legal separation, or annulment	<input type="checkbox"/> Legal Marital status—marriage, death of a spouse, divorce, legal separation, or annulment
<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"/> 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"/> Work schedule—reduction/increase in hours, or switch between part-time and full-time which affects your health coverage election	<input type="checkbox"/> Work schedule—change in work schedule that effects a parent's availability for day care. Such as switching between part-time and full-time hours
<input type="checkbox"/> Employment status—termination or commencement of employment by the employee, spouse, or dependent	<input type="checkbox"/> Employment status—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	

**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"/> Married	Age	Date of birth (mo/day/yr)	Employment date (mo/day/yr)	Payroll frequency
	<input type="checkbox"/> Female	<input type="checkbox"/> Single				

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 _____ 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 _____ 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 _____ Title _____ Date signed _____



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

Donated 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 Donated 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 _____

school/work location _____

signature _____

Please contact the Retirement and Disability Programs 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.



**Enrollment Form
Voluntary Long Term Disability**

**Loudoun County
School Board**

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 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 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+
Tier 1	.056	.072	.082	.102	.150	.228	.347	.550	.804	.979
Tier 2	.085	.110	.124	.156	.230	.347	.533	.840	1.228	1.495

$\frac{\text{Annual Salary}}{\text{Max Salary} = \$150,000} / 12 = \frac{\text{Monthly Salary}}{\text{Monthly Rate}} \times \frac{\text{Monthly Rate}}{\text{Monthly Cost}^*}$

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 10/15/13- 11/15/13, 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 be come 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 CIGNA 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 _____

TreasuryDirect Payroll Authorization

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

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

Employee Name _____ TreasuryDirect Account Number _____

Contact Number _____ TreasuryDirect Routing Number 051736158

PID _____ Start Date _____

Work Location _____ End Date _____
(only if stopping deduction)

Deduction per pay period \$ _____

Deductions will begin the pay period after this form is received. Please be sure to review you e-stub and call Employee Health, Wellness and Benefits (571-252-1810) immediately if you have any questions or concerns.

Employee Signature _____

Date _____

For Office Use Only:
HED _____
Date Entered _____
Initials _____

Benefits Acknowledgement

I have received and understand the information presented in the Benefits Orientation, and make the following acknowledgments:

- I am aware that I have thirty (30) days from my Benefits Eligible Date to make my benefits election(s). Failure to return the appropriate applications AND any necessary supporting documentation within this period will prevent me from enrolling in such programs until the applicable open enrollment period. I understand that if I do not want to enroll in Health Insurance, to receive the Opt-Out Credit, I must complete and return the enrollment form, selecting the Opt-Out Credit.
- Summary of Benefit Coverage (SBC) can be found on the Employee Health, Wellness and Benefits website.
- I have received training regarding bloodborne pathogens.

Further, I acknowledge that I have received information on the following:

- Women's Health and Cancer Rights Act (WHCRA)- www.dol.gov
- Mental Health Parity and Addiction Equity Act - www.sanhsa.gov
- Genetic Information Nondiscrimination Act (GINA)- www.eeoc.gov
- Newborns' and Mothers' Health Protection Act - www.dol.gov
- Uniformed Services Employment and Reemployment Rights Act (USERRA) - www.dol.gov
- Mandatory Insurer Reporting Law - www.cms.gov
- Notice of COBRA Continuation Coverage Rights - www.dol.gov
- HIPAA Notice of Privacy Practices for Protected Health Information - www.hhs.gov
- Health Insurance Marketplace Notice (a.k.a. Exchange) - www.dol.gov
- Medicare Credible Coverage Disclosure Notice - www.cms.gov
- Children's Health Insurance Program (CHIP) - www.medicicaid.gov
- 403(b) Universal Availability Notice - www.irs.gov

Print Full Name _____

Employee Signature _____

PID Number _____ Date _____



Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Employee Health, Wellness and Benefits
Phone: 571-252-1810
Fax: 571-252-1401
Email: lcpshealthwellness@lcps.org

www.lcps.org
> Administration
>> Business and Financial Services
>>> Employee Health, Wellness and Benefits

Loudoun County Public Schools
21000 Education Court
Ashburn, VA 20148

Retirement and Disability Programs
Phone: 571-252-1690
Fax: 571-252-1699
Email: lcpsretiredisability@lcps.org

www.lcps.org
> Administration
>> Business and Financial Services
>>> Retirement and Disability Programs

This Handbook contains only a summary of plan highlights, they are not comprehensive plan documents. Complete details are set forth in the individual plan documents found on the LCPS website. If there are any discrepancies between this Handbook and the official plan documents, the plan documents will govern. Loudoun County Public Schools has the right to modify, amend, or terminate the plans at any time. These plans and your eligibility for coverage are not an employment contract. They do not guarantee you the right to continued employment with Loudoun County Public Schools