NNPS Benefits

# 2022
# Benefits Guide

# Inside the Guide


# Welcome!

At Newport News Public Schools, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

## GETTING STARTED

***New employees*** attend an orientation where an overview of benefits options is provided. Enrollment is completed online through Employee Self Service (ESS) as soon as possible after New Employee Orientation. Benefits must be selected within 30 days of the hire date or benefits eligibility date. After the 30 day period has lapsed, employees will be required to wait until the next open enrollment period.

New hires with a start date on the 1st-14th of a month will begin health, dental and vision benefits on the first day of the following month. New hires with a start date on the 15th-31st of a month will begin health, dental, and vision benefits on the first day of the 2nd month after the start date. *Example: Employees with a contract start date of September 1st-14th will start benefits October 1st. Employees with a contract start date of September 15th-30th will start benefits November 1st.* Premiums are typically deducted from the first paycheck, however, if you submit your online enrollment after the payroll deadline for that pay period, you will have a double premium deduction in the next paycheck.

***Current employees*** may enroll, add, or cancel coverage or change health care benefits and Flexible Spending Accounts participation during annual Open Enrollment in October. Changes made during Open Enrollment take effect in January the following year.

# Eligibility for Insurance

The following employees are eligible for health insurance in accordance with NNPS Procedure GAB-P: Definition of Employment Status Categories:

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## Full-Time:

***Employees hired or rehired on or after July 1, 2010:***

**"Full time employee" means a School Board employee who fills 100 percent of a budgeted full- time equivalent position (FTE).**

- Bus Drivers/Bus Assistants who are contracted for at least 32.5 hours or more per consecutive week will be considered Full-Time employees.

- Child Nutrition Services employees hired on or after July 1, 2010, who are contracted for at least 6 hours per day and 30 or more hours per week for a full school year will be considered Full-Time employees.

***Employees hired or rehired before July 1, 2010:***

**"Full time employee" means a School Board employee who fills 60 percent of a budgeted full- time equivalent position (FTE).**

- Bus Drivers/Bus Assistants who are contracted for 32.5 hours or more per consecutive week will be considered Full-Time employees.

- Child Nutrition Services employees hired prior to July 1, 2009, who are contracted for at least 5 hours per day and 25 or more hours per week for a full school year will be considered Full -Time employees.

- Child Nutrition Services employees hired on or after July 1, 2009, who are contracted for at least 6 hours per day and 30 or more hours per week for a full school year will be considered Full- Time employees.

## Part-Time:

**Employees hired or rehired before July 1, 2010, as a School Board employee who fills a minimum of 50 percent but less than 60 percent of a budgeted FTE will be considered Part-Time employees.**

- Child Nutrition Employees hired prior to July 1, 2009, who are contracted for at least 4 hours per day for a full school year will be considered Part-Time employees.

- Employees hired or rehired on or after July 1, 2010, as a School Board employee who fills a minimum of 80 percent but less than 100 percent of a budgeted FTE will be considered Part-Time employees.

## Spouse & Dependent Eligibility:

Your spouse and dependents are eligible to be covered on all health, dental and vision plans. Eligible dependents may be covered on all health, dental and vision plans until the last day of the calendar year (December 31st) in which they reach age 26 unless they have access to coverage through their own employer.

# Medical Insurance Options

Optima Health provides national program coverage for all plans offered by NNPS. This coverage allows you to use medical services or see in-network specialists within the PHCS network anywhere in the country without a referral from a primary care physician (PCP). Optima provides access to network benefits for dependent students away at school and retirees who leave the area after retirement.

**All Optima Health plans offer the following preventative benefits**

- Wellness exams are at no cost to participants
- No cost for Well Baby Care
- No cost for Well Women Care
- Provides one eye exam per year

| | Optima Health Equity 3000/0% | | Optima Health Vantage 35/50 | Optima Health POS 1000/40/30% | |
|---|---|---|---|---|---|
| Benefits Coverage | In-Network Benefits | Out-of-Network Benefits | In-Network Only | In-Network Benefits | Out-of-Network Benefits |
| **Annual Deductible** | | | | | |
| Individual | $3,000 | $3,000 | $0 | $1,000 | $3,000 |
| Family | $6,000 | $6,000 | $0 | $2,000 | $6,000 |
| Coinsurance | 0% | 30% | 10% (complex radiology) | 30% | 40% |
| **Maximum Out-of-Pocket*** | | | | | |
| Individual | $4,000 | $6,000 | $4,750 | $4,750 | $6,000 |
| Family | $8,000 | $12,000 | $9,000 | $9,000 | $12,000 |
| **Physician Office Visit** | | | | | |
| Primary Care | 0% after deductible | 30% after deductible | $35 copay | $40 copay | 40% after deductible |
| Specialty Care | 0% after deductible | 30% after deductible | $50 copay | $60 copay | 40% after deductible |
| **Preventive Care** | | | | | |
| Adult Periodic Exams | Covered at 100% | 30% after deductible | Covered at 100% | Covered at 100% | 40% after deductible |
| Well-Child Care | Covered at 100% | 30% after deductible | Covered at 100% | Covered at 100% | 40% after deductible |
| **Diagnostic Services** | | | | | |
| X-ray and Lab Tests | 0% after deductible | 30% after deductible | $50 copay | 30% after deductible | 40% after deductible |
| Complex Radiology | 0% after deductible | 30% after deductible | 10% after deductible | 30% after deductible | 40% after deductible |
| Urgent Care Facility | 0% after deductible | 30% after deductible | $50 copay | $60 copay | 40% after deductible |
| Emergency Room Facility Charges* | 0% after deductible | 0% after deductible | $500 copay | 30% after deductible | 30% after deductible |
| **Facility Charges** | | | | | |
| Inpatient Facility Charges | 0% after deductible | 30% after deductible | $350 copay per day | 30% after deductible | 40% after deductible |
| Outpatient Facility and Surgical Charges | 0% after deductible | 30% after deductible | $500 copay | 30% after deductible | 40% after deductible |

| | Optima Health Equity 3000/0% | | Optima Health Vantage 35/50 | Optima Health POS 1000/40/30% | |
|---|---|---|---|---|---|
| Benefits Coverage | In-Network Benefits | Out-of-Network Benefits | In-Network Only | In-Network Benefits | Out-of-Network Benefits |
| **Skilled Nursing** | 0% after deductible, limit 100 days | 30% after deductible | 20% coinsurance, limited to 100 days per year | 30% after deductible, limited to 100 days per yr. | 40% after deductible |
| Maternity Care | | | | | |
| **Pre/Post Natal Care** | 0% after deductible | 30% after deductible | $400 copay global | $500 copay global | 40% after deductible |
| **Inpatient Hospital Delivery Charges** | 0% after deductible | 30% after deductible | $350 copay per day | 30% after deductible | 50% after deductible |
| Mental Health & Substance Abuse | | | | | |
| **Inpatient** | 0% after deductible | 30% after deductible | $350 copay per day | 30% after deductible | 50% after deductible |
| **Outpatient** | 0% after deductible | 30% after deductible | $35 copay | $40 copay | 50% after deductible |
| Other Services | | | | | |
| **Ambulance** | 0% after deductible | 30% after deductible | $100 per transport | 30% after deductible | 40% after deductible |
| **Vision Benefits (exam only) every 12 months through EyeMed** | No charge | Reimbursed up to $30 | No charge | No charge | Reimbursed up to $30 |
| **Durable Medical Equipment** | 30% after deductible | 30% after deductible | No charge | 30% after deductible | 40% after deductible |
| **Chiropractic** | 0% after deductible; 30 visits per year | 30% after deductible; 30 visits per year | $35 copay | 30% after deductible; 30 visits per year | 40% after deductible; 30 visits per year |
| Retail Pharmacy (30 Day Supply) | | | | | |
| **Generic (Tier 1)** | $10 copay | $10 copay | $15 copay | $15 copay | $15 copay |
| **Preferred (Tier 2)** | $30 copay | $30 copay | $40 copay | $40 copay | $40 copay |
| **Non-Preferred (Tier 3)** | $50 copay | $50 copay | $75 copay | $75 copay | $75 copay |
| Mail Order Pharmacy (90 Day Supply) | | | | | |
| **Generic (Tier 1)** | $20 copay | Not covered | $30 copay | $30 copay | Not covered |
| **Preferred (Tier 2)** | $60 copay | Not covered | $80 copay | $80 copay | Not covered |
| **Non-Preferred (Tier 3)** | $100 copay | Not covered | $150 copay | $150 copay | Not covered |

**OPTIMA Health**

https://www.optimahealth.com/

**757-552-7110 or 1-800-229-1199**

## Optima Equity 3000 + HSA

Optima Equity 3000 is a Qualified High Deductible plan with a Health Savings Account (HSA). This plan accesses the POS network of medical providers along with the PHCS national network. The Optima Equity 3000 Qualified High Deductible plan is unique because its benefit provisions meet the requirements mandated by the Internal Revenue Service (IRS), which allow you to establish a Health Savings Account where you can save pre-tax dollars for the purpose of funding current and future medical expenses and premiums.

All other covered medical and pharmacy expenses are applied toward the calendar year deductible. If you have expenses that exceed the deductible during the year, the plan will then pay 100% for your covered medical expenses for the remainder of the year. Your pharmacy expenses will have copays based on the type of prescriptions. See Elixir Rx.

- All Preventive Services are covered at 100% before the deductible
- $3,000 annual deductible for employee only
- $6,000 annual deductible for employee and dependents
- Services covered at 100% after annual deductible is met
- Many preventive medications are covered at no cost

## Health Savings Account:

**Health Savings Administrators**
**www.healthsavings.com**
**888-354-0697**

When you enroll in the Equity 3000, you have the opportunity to open an HSA. The HSA is essentially a savings account that allows you to **save and pay for eligible health care expenses**. The HSA is a great way to build up dollars to pay for your health care expenses today — or in the future.

HSAs function very similar to a bank account but the funds are dedicated to health care expenses. If you do not use all the money within the benefit year, the funds in your HSA will **roll over from year to year**. You can choose to "spend" or "save" these funds to pay for your eligible medical, dental, prescription, or vision expenses. Similar to a 403(b), you can contribute to your HSA on a **pre-tax basis** up to IRS limits. For 2022, you may contribute up to $3,650 for individual coverage (or $4,650 if age 55 or older) and $7,300 for family coverage (or $8,300 if age 55 or older) into the HSA.

**You must enroll each year to participate and the amount you designate for the year is taken out of your paycheck in equal installments each pay period (over 10 months for the full year) and placed in your HSA.**

## How and When do I qualify for an HSA?

You are not eligible for the HSA if you are covered under another plan (e.g., a spouse's plan, including Tricare) unless that plan is a qualifying High Deductible Health Plan. This includes Health Care Flexible Spending Accounts too.

Remember, the Health Savings Account (HSA) is a savings account that belongs to you. You choose to spend the money or save the money year after year. Unlike a Flexible Spending Account, unused funds rollover year after year. If you choose to save the money, any interest or investment earnings grows tax free.

To help you get started, Newport News Public Schools will make a single contribution to your HSA based on your enrollment in the Equity 3000 plan:

- For the plan year the School Board will fund the following contributions into your Health Savings

Account:

- for Employee only coverage **$ 500**
- for Employee plus 1 dependent (child or spouse) coverage **$1,000**
- for Employee plus multiple dependents (children and/or spouse) **$1,000**
- Employees may elect to contribute additional funds on a pre-tax basis through payroll deduction

**What is the difference between an FSA and an HSA?**

The FSA is a **spending** account, while the HSA is a **savings** account. With an FSA, you are expected to spend the money you have set aside within the year that the contributions were made. With an HSA you may save the money until you need it — even if you do not need the funds until well into the future. Another key difference is that the FSA features a "maximum roll over" rule. Only $550 can be rolled over into the next plan year. Any unused funds above that amount will be forfeited. This rule **does not apply** to the HSA.

**Am I able to maintain an FSA and an HSA?**

U.S. federal law allows you to enroll in either an HSA or the Health Care FSA in one plan year. You may not enroll in the Health Care FSA if you choose to enroll in the Equity 3000 with HSA option.

**Optima Vantage 35 - HMO**

The Vantage 35 plan operates as a managed care health insurance plan. It is recommended that you establish a relationship with a PCP, but you do not need referrals to see a Specialist.

- No annual deductible on services received; benefits are provided with corresponding Copays
- Office visit Copays for Primary Care are $35 and $50 for Specialist

**Optima POS 1000**

The POS 1000 plan operates as a point of service health insurance plan. It is recommended that you establish a relationship with a PCP, but you do not need referrals to see a Specialist. You may use out of-network providers without a referral from a PCP. You pay more when you receive care from out-of-network providers.

- $1000 annual deductible per person/$2000 annual deductible per family
- 30% Co-insurance after deductible for office visits

## ELIXIR RX DRUG PLAN

elixirsolutions.com **or 800-361-4542**

**Optima's Equity 3000+HSA**

Plan covers many preventative medications at no cost. Please visit http://sbo.nn.k12.va.us/hr/benefits/insurance.html for a comprehensive list. After the deductible, non-preventative prescription copays are as follows:

**Local Retail Pharmacy**: Tier 1-$10, Tier 2-$30, Tier 3-$50
**Mail Order**: Tier 1-$20, Tier 2-$60, Tier 3-$100

**Optima's Vantage 35 & POS 1000**

Include the same prescription coverage. There is a $150 annual deductible on Tier 2 and Tier 3 drugs. If your physician requests a brand name drug when a generic is available, you will pay your usual brand-name co-pay as well as the difference between the brand name and generic price.

**Local Retail Pharmacy**: Tier 1-$15 minimum (or cost of drug, if less), Tier 2-$40 minimum, Tier 3-$75 minimum
**Mail Order**: Tier 1-$30 minimum, Tier 2-$80 minimum, Tier 3-$150 minimum

# Health Insurance Terminology

These are some of the terms used when discussing health care plans. Understanding the terminology is helpful in navigating the various plans and will assist in determining the plan that is best for you.

**Deductible –** Some health care plans require that you meet an annual deductible before the plan will pay toward the services. The deductible is a specified sum that you pay toward services.

**Co-Insurance –** Some health services are covered using a co-insurance method. With a co-insurance plan, both the insurance company and the patient pay a predetermined percentage of the service cost. These may be referred to as a 70/30 plan for example. In this case, the plan pays 70% of the allowable cost and the patient pays 30%.

**Out of Pocket Maximum –** The out-of-pocket calendar year maximum is a predetermined sum. When the co-insurances, deductibles and co-pay costs paid by the patient total the maximum for the year, all future services will be covered by the plan at 100%. This is an annual maximum and begins again each calendar year

**Calendar Year** – The calendar year for NNPS' plans are from January 1 through December 31. You will see calendar year used when referencing things like deductibles.

**Plan Year** – January 1 to December 31.

**Co-Pay** – Some services will require a co-pay. This is a predetermined sum for the service that the patient pays. Once the co-pay has been paid for that service, the plan pays the remainder of the charges for that service.

PCP – Primary Care Physician.

NNPS Wellness PROGRAM

move. eat. think. be well.

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, Newport News Public Schools Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

- NNPS has partnered with ***Optum*** a wellness and health management industry leader, to provide tools and resources to help employees develop and maintain a fit and healthy lifestyle.
- RALLY by ***Optum*** is an easy-to-use interactive wellness portal that allows employees to keep track of nutrition, physical activities, create peer to peer challenges, has the ability to sync with many health apps/fitness devices and earn virtual coins for taking healthy steps every day. The coins can be exchanged for rewards.
- RALLY will offer personalized recommendations to help you move more, eat better, and stress less.
- When all program components are completed, employees receive a $500 annual ($50 per month) Wellness Credit on health insurance premiums.
- New employees, hired after May 1st each year, will automatically receive the health insurance credit. However, he/she will need to complete the Wellness Plan year components to keep his/her credit in the next health insurance year.

  Visit the NNPS Wellness Website for more information http://sbo.nn.k12.va.us/wellness/index.html

**The next Biometric Screening period will begin September 1, 2021.**
**If you have completed your Biometric Screening the physician lab form is available on the Rally website.**

## Insurance Premiums 2022

| Insurance Premiums for 2022 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Benefit Plan** | **School Board Contribution** | **Monthly Employee Contribution** | **Bi-Weekly Employee Contribution** | **Monthly Dual Spouse Employees** | **Part-time Employee Contribution** | **Wellness Credit Monthly** | **Wellness Credit Bi-Weekly** |
| **Equity 3000 + HSA** | | | | | | | |
| Employee Only | $ 846.00 | $ 50.00 | $ 25.00 | N/A | $ 167.10 | **$ 50.00** | **$ 25.00** |
| Employee + 1 Child | $ 905.00 | $ 192.80 | $ 96.40 | N/A | $ 325.60 | **$ 50.00** | **$ 25.00** |
| Employee + Children | $ 959.25 | $ 289.70 | $ 144.85 | N/A | $ 433.35 | **$ 50.00** | **$ 25.00** |
| Employee + Spouse | $ 1,002.50 | $ 376.40 | $ 188.20 | $ 100.00 | $ 528.70 | **$ 50.00** | **$ 25.00** |
| Employee + Family | $ 1,080.00 | $ 432.65 | $ 216.33 | $ 100.00 | $ 600.45 | **$ 50.00** | **$ 25.00** |
| **Vantage 35** | | | | | | | |
| Employee Only | $ 846.00 | $ 123.44 | $ 61.72 | N/A | $ 240.54 | **$ 50.00** | **$ 25.00** |
| Employee + 1 Child | $ 905.00 | $ 318.26 | $ 159.13 | N/A | $ 451.06 | **$ 50.00** | **$ 25.00** |
| Employee + Children | $ 959.25 | $ 451.88 | $ 225.94 | N/A | $ 595.53 | **$ 50.00** | **$ 25.00** |
| Employee + Spouse | $ 1,002.50 | $ 558.98 | $ 279.49 | $ 149.48 | $ 711.28 | **$ 50.00** | **$ 25.00** |
| Employee + Family | $ 1,080.00 | $ 637.26 | $ 318.63 | $ 172.51 | $ 805.06 | **$ 50.00** | **$ 25.00** |
| **POS 1000** | | | | | | | |
| Employee Only | $ 846.00 | $ 137.72 | $ 68.86 | N/A | $ 254.82 | **$ 50.00** | **$ 25.00** |
| Employee + 1 Child | $ 905.00 | $ 338.66 | $ 169.33 | N/A | $ 471.46 | **$ 50.00** | **$ 25.00** |
| Employee + Children | $ 959.25 | $ 476.36 | $ 238.18 | N/A | $ 620.01 | **$ 50.00** | **$ 25.00** |
| Employee + Spouse | $ 1,002.50 | $ 585.50 | $ 292.75 | $ 176.00 | $ 737.80 | **$ 50.00** | **$ 25.00** |
| Employee + Family | $ 1,080.00 | $ 665.00 | $ 332.50 | $ 200.25 | $ 832.80 | **$ 50.00** | **$ 25.00** |
| **DELTA DENTAL - PPO** | | | | | | ******The Wellness credit is reflected in your paycheck each month****** | |
| Employee Only | $ 5.00 | $ 38.81 | $ 19.41 | N/A | $ 39.81 | | |
| Employee + Child | $ 5.00 | $ 72.14 | $ 36.07 | N/A | $ 73.14 | | |
| Employee + Spouse | $ 5.00 | $ 72.14 | $ 36.07 | $ 67.14 | $ 73.14 | | |
| Employee + Family | $ 5.00 | $ 105.29 | $ 52.65 | $ 100.29 | $ 106.29 | | |
| **DELTA DENTAL - DeltaEPO** | | | | | | | |
| Employee Only | $ 5.00 | $ 31.89 | $ 15.95 | N/A | $ 32.89 | | |
| Employee + Child | $ 5.00 | $ 57.89 | $ 28.95 | N/A | $ 58.89 | | |
| Employee + Spouse | $ 5.00 | $ 57.89 | $ 28.95 | $ 52.89 | $ 58.89 | | |
| Employee + Family | $ 5.00 | $ 87.14 | $ 43.57 | $ 82.14 | $ 88.14 | | |
| **Vision Service Plan - Choice Basic** | | | | | | | |
| Employee Only | N/A | $ 4.70 | $ 2.35 | $ 4.70 | $ 4.70 | | |
| Employee + Child(ren) | N/A | $ 6.53 | $ 3.27 | $ 6.53 | $ 6.53 | | |
| Employee + Spouse | N/A | $ 8.73 | $ 4.37 | $ 8.73 | $ 8.73 | | |
| Employee + Family | N/A | $ 10.52 | $ 5.26 | $ 10.52 | $ 10.52 | | |
| **Vision Service Plan - Choice High** | | | | | | | |
| Employee Only | N/A | $ 7.47 | $ 3.74 | $ 7.47 | $ 7.47 | | |
| Employee + Child(ren) | N/A | $ 10.39 | $ 5.20 | $ 10.39 | $ 10.39 | | |
| Employee + Spouse | N/A | $ 13.91 | $ 6.96 | $ 13.91 | $ 13.91 | | |
| Employee + Family | N/A | $ 16.74 | $ 8.37 | $ 16.74 | $ 16.74 | | |

**Premium Information - Rates effective December 2021 - 10 deductions December to November**
**(No deductions in July and August)**

# Dental Insurance

Newport News Public Schools offers a dental program.

**Delta Dental Premier Plan (DPPO) 1-800-237-6060**

Delta Dental Premier Plan is a PPO Plan that includes two dental networks: the Premier Network includes 90% of dentists in the area. The PPO Network is smaller and when used has a higher reimbursement rate.

- Coverage includes preventive care, basic care, and major services
- **Does not** cover orthodontics
- Has a $1500 plan year maximum benefit

**Delta Dental EPO (DEPO) 1-800-237-6060**

Delta Dental EPO Plan functions under the PPO provider network. You may only see a dentist within that network. There is no Out-Of-Network coverage.

- Most basic dental services are covered at 100% or a Copay per service is assessed
- Covers orthodontics with some exclusions, co-insurance, and a lifetime maximum.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

https://www.deltadentalva.com/

| | Delta Dental of Virginia Dental PPO - Plus Premier Plan | | Delta Dental of Virginia Dental EPO |
|---|---|---|---|
| Benefits Coverage | In-Network Benefits | Out-of-Network Benefits | Schedule of Benefits In-Network PPO |
| **Annual Deductible** | | | |
| Individual | $50 | $50 | $0 |
| Family | $150 | $150 | $0 |
| Waived for Preventive Care? | Yes | Yes | N/A |
| **Annual Maximum** | | | |
| Per Person / Family | $1,500 | $1,500 | None |
| Preventive (Oral exams, cleanings, fluoride, x-rays, space maintainers) | 100% Covered | 100% Covered | Various copays apply in-network only |
| Basic (fillings, oral surgery, periodontics, endodontics) | 90% PPO Network / 80% Premier Network | 80% | Various copays apply in-network only |
| Major (dentures, repairs, crowns) | 60% PPO Network / 50% Premier Network | 50% | Various copays apply in-network only |
| **Orthodontia** | | | |
| Benefit Percentage | Not covered | Not covered | 50% |
| Adults (and Covered Full-Time Students, if Eligible) | Not covered | Not covered | Adults (enrollee and spouse) are covered |
| Dependent Child(ren) | Not covered | Not covered | Covered to the end of the calendar year they turn age 26 |
| Lifetime Maximum | N/A | N/A | $2,500 |

# Vision Insurance

Newport News Public Schools offers a Vision Program through VSP. The chart below is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

| | Vision Service Plan Choice (High Plan) | Vision Service Plan Choice (Basic Plan) |
|---|---|---|
| Copay | | |
| Routine Exams (Annual) | $10 copay | $10 copay |
| Vision Materials | | |
| Materials Copay | $20 copay | $20 copay |
| Lenses | Benefit varies by type of lens. Covered every 12 months | Benefit varies by type of lens. Covered every 24 months |
| Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level | Elective contacts covered Covered up to $140 (the fitting and evaluation servcies are covered after a maximum $60 copay) every 12 months | Elective contacts covered Covered up to $140 (the fitting and evaluation services are covered after a maximum $60 copay) every 24 months |
| Frames | Covered at Covered up to $140 after $20 materials copay every 12 months | Covered at Covered up to $140 after $20 materials copay every 24 months |

## VSP Choice (Basic Plan)

- Eye exam every 12 months
- **Glasses or contacts every 24 months years for adults**
- **Glasses or contacts every 12 months for children**
- A $10 Copay is required at the time of service for an eye exam
- There is a $20 Copay for lenses and/or frames
- Frames and contacts are covered up to $140
- Laser correction discounts
- Out of Network coverage is included

## VSP Choice (High Plan)

- Eye exam 12 months
- **Glasses or contacts every 12 months**
- A $10 Copay is required at the time service for an eye exam
- There is a $20 Copay for lenses and/or frames
- Frames and contacts are covered up to $140
- Laser correction discounts
- Out of Network coverage is included

1-800-877-7195
www.vsp.com

Please note that if you are enrolled in the Optima Health medical plans, a vision exam only benefit is available through EyeMed providers.

# Life and AD&D

Life insurance is provided through **Securian Life Insurance** or **MetLife** to all eligible contracted employees. Coverage for Securian is the annual salary rounded to the next highest thousand and multiplied by two.

Coverage for **MetLife** is the annual salary multiplied by two and then rounded to the next highest thousand with a cap of $100,000.

Newport News Public Schools pays the full premium for group life, and accidental death, and dismemberment insurance for all contracted employees. Examples:

| | | |
|---|---|---|
| Securian | Salary | $29,999 per year |
| | Rounded Salary | $30,000 per year |
| | Rounded salary X 2 | $60,000 in life insurance |
| MetLife | Salary | $29,999 per year |
| | Salary multiplied X 2 | $59,998 per year |
| | Rounded to the next $1000 | $59,999 in life insurance |

Additional Group Life Insurance is also available to purchase for eligible employees and their families.

The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

## Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

**Securian (Minnesota Life) Insurance**
**https://web1.lifebenefits.com/content/lifebenefits/home/en.html or 1-800-441-2258**

**MetLife 1-800-638-6420**

# Short-Term Disability Insurance

Newport News Public Schools offers income protection in the event of injury or illness. Short term disability (STD) is a benefit that provides some income for those that are unable to work for an extended period due to personal illness or injury. Please see the summary plan description for complete plan details.

**MetLife – VRS Plan 1 & Plan 2 Members** **1-888-444-1433**
**NNERF Members (City Retirement)**

STD for Non-Hybrid members begins when the employee has used all accrued sick and vacation leave and has exhausted a 2-day waiting period. The benefit amount is determined by the amount of accrued sick leave the employee has when the application is submitted. Please check with Human Resources for more information.

**The Standard – VRS Hybrid Members** **1-800-426-4332**

VRS Hybrid Members must be employed for one full year and have worked one day after their hire date before they qualify for short term disability through The Standard. There is a 7-day waiting period before STD Benefits will begin. During the 7-day waiting period the employee will use their accrued sick leave. If no sick leave is available, then the employee will have unpaid leave (for 12-month employees that do not have sick leave, but have vacation time, vacation time will be used before unpaid leave).

STD for VRS Hybrid members is paid as indicated in the following chart.

| Months of Continuous Service | Workdays of Income Replacement at 100% | Workdays of Income Replacement at 80% | Workdays of Income Replacement at 60% |
|---|---|---|---|
| Less than 12 | 0 | 0 | 0 |
| 13-59 | 0 | 0 | 125 |
| 60-119 | 25 | 25 | 75 |
| 120-179 | 25 | 50 | 50 |
| 180 or more | 25 | 75 | 25 |

***Sick Leave will be used to offset Short Term Disability when it is less than 100%***

# Other Benefits

## RETIREMENT

All **full-time contracted** employees are eligible for membership in either the Virginia Retirement System (VRS) or the Newport News Employees Retirement Fund (NNERF).

- The NNEF Plan closed to new members effective 7/1/2009.
- All employees who are members of either VRS or NNERF will be required to make a 5%-member contribution.
- VRS Hybrid Retirement Plan contributions will be as follows: 4% of the contribution will go to the VRS Defined Benefit Plan and 1% will go to the Defined Contribution Plan managed by ICMA-RC (employees may make an additional optional contribution to this plan through ICMA-RC).
- For more information on the Virginia Retirement System please visit:

**VRS - www.varetire.org or 1-888-827-3847 (VA-RETIR).**

## NEWPORT NEWS PRE-TAX OPTIONAL RETIREMENT PLAN

**Empower**

**www.empower-retirement.com**

**Daryl Wells**

**daryl.wells@empower-retirement.com or**

**(203) 535 – 2793**

403(B) and 457(B) investment plans are supplemental retirement plans. The employee makes the full contribution to the optional plans through payroll deduction on a pretax or after-tax basis. This option reduces the employee's taxable income. Employees may enroll in either plan at any time.

## FLEXIBLE SPENDING ACCOUNTS – Chard Snyder

**Pre-Paid Medical Care**
**Pre-Paid Dependent Care**
**www.chard-snyder.com or 1-800-982-7715**

**What is a flexible spending account?**

A Flexible Spending Account (also called FSA) is a NNPS-sponsored benefit that allows you to pay for eligible medical and/or dependent day-care expenses on a pre-tax basis. With flexible spending accounts, you direct a part of your pay, tax-free, into one or both of these special accounts that you can use throughout the year to reimburse yourself for eligible out-of-pocket expenses.

**How does a flexible spending account benefit me?**

A Flexible Spending Account saves you money by reducing your taxable income. The contributions you make to an FSA are deducted from your pay **before** your Federal, State, or Social Security taxes are calculated. The end result is that you lower the amount of taxes you pay and increase your spendable income.

**When will you become eligible?**

Your medical flexible spending account is effective on January 1 or the first of the month following your hire date if you were hired late in the school year. You may be reimbursed up to the amount of your planned annual contribution for medical expenses anytime within the year. However, for dependent care expenses, the dollar amount needed must be in the flexible spending account before it can be used.

**How do flexible spending accounts work?**
You have only one opportunity a year to enroll, unless you have a qualifying life event change, such as marriage, birth, divorce, or loss of a spouse's insurance coverage. Each year, you determine how much money you want to contribute for the year into the healthcare spending account and/or the dependent day-care spending account. You may contribute up to $2,750 into the healthcare spending account and $5,000 into the dependent day-care spending account. **It is important to remember**—money set aside for the healthcare spending account can only be used to claim healthcare expenses and not dependent day-care expenses. Likewise, a dependent care spending account can only reimburse expenses related to day-care for eligible dependents. **The amount that you elect to contribute into an FSA does not carry over from year to year. *Only $550 will be eligible to roll into the next plan year.***

**You must enroll each year to participate and the amount you designate for the year is taken out of your paycheck in equal installments each pay period (over 10 months for the full year) and placed in your FSA.**

**What happens if you do not use all of the funds in the FSA for the current plan year?**
You will be able to rollover up to $550 of your funds after the plan year ends.

**Am I able to maintain an FSA and an HSA?**
U.S. federal law allows you to enroll in either an HSA or the Health Care FSA in one plan year. You may not enroll in the Health Care FSA if you choose to enroll in the Equity 3000 with HSA option.

## EMPLOYEE ASSISTANCE (EAP) – Optima

**Visit www.OptimaEAP.com or call 757-363-6777 or 1-800-899-8174**

An Employee Assistance Program benefit is available to employees through Optima Health to assist **you and your family** with job-related, personal and family issues. The EAP can help deal with many situations including stress, legal and financial problems, marital and family problems, emotional problems, addictive behaviors, drug and alcohol abuse, and job-related problems. Assessments are confidential and short-term consulting is available at no cost to the employee. If the problem cannot be resolved with short-term consulting and inpatient or outpatient treatment is needed, the EAP will help find the most cost-effective, affordable services available.

## LONG TERM CARE – Genworth

**http://www.genworth.com or 1-888-GENWORTH (1-888-436-9678)**

Long term care is offered to all employees that work at least 20 hours per week and certain family members through Genworth. This is available during the first 60 days of employment without the need for medical underwriting for the employee. Family members still have to complete the medical underwriting requirement. Employees must contact Genworth directly for enrollment and payment options. This is not paid through payroll deduction.

## OPTIONAL LEGAL SERVICES – Legal Resources

**www.legalresources.com or 757-498-1220**

The Legal Service Plan is an optional employee paid, prepaid legal plan that can assist with minor legal issues of employees and family members. Discounts are available for more serious issues and are established through a Legal Service Plan. Employees may enroll within the first 30 days of employment and must remain in the program for a term of one year. To enroll in the Legal Services plan employees must contact them directly for enrollment and payment options. This is not paid through payroll deduction.

## SICK LEAVE

The School Board provides a sick leave plan for contracted employees. The plan provides income protection for personal illness, pregnancy, religious holidays, and death or sickness in the employee's immediate family. Supervisors may require an employee to provide written documentation from a physician. One day will be allowed each year for attending funerals of persons not included in the definition of immediate family.

### Members of VRS Plan 1 & 2:

| | |
|---|---|
| 10-month employees | Up to 12 sick days – 3 days can be used as personal leave |
| 11-month employees | Up to 13 sick days – 4 days can be used as personal leave |
| 12-month employees | Up to 15 sick days – 5 days can be used as personal leave |

Accumulation of sick leave is limited to a maximum of 240 days.

### Members of VRS Hybrid Retirement Plan:

| | |
|---|---|
| 10-month employees | Up to 10 sick days – 3 days can be used as personal leave |
| 11-month employees | Up to 10 sick days – 4 days can be used as personal leave |
| 12-month employees | Up to 10 sick days – 5 days can be used as personal leave |

Accumulation of sick leave is limited to a maximum of 90 days.

Up to 90 days of sick leave is transferable under the Virginia Retirement System plan to Newport News Public Schools. It is the employee's responsibility to accomplish this transfer from eligible state/government employers. If the employee resigns or is terminated, there is no payment for accumulated sick leave.

## PERSONAL LEAVE

An employee's personal leave days are drawn from the employee's sick leave balance. **All personal leave must be approved in advance by the appropriate supervisor.** Ten-month employees may carry over up to 2 unused personal days and eleven-month employees may carry over 1 unused personal day up to a maximum of 5 days per contract year. Twelve-month employees are not eligible to carry over unused personal days.

## VACATION FOR 12- MONTH FULL-TIME EMPLOYEES

All full-time, 12-month employees are eligible for paid vacation each year. Vacation is earned on the following schedule:

0-5 years employment – 1 day per month

6-10 years employment – 1 ¼ days per month

11+ years employment – 1 ½ days per month

- A person must be employed for 6 consecutive months before being eligible to take earned vacation
- Eligibility for accumulating vacation will start on the date the employee begins employment on a 12-month basis.
- Employees will be allowed to carry over from one fiscal year to another no more than 60 days of vacation.
- No more than 36 days of vacation may be used in any one fiscal year.

## WHEN NO LEAVE IS AVAILABLE

Employees may request a leave of absence without pay (when no sick, personal or vacation is available) not to exceed 7 days in a one-year period. Such requests must be made in writing to Human Resources as soon as the circumstance is known.

## FAMILY AND MEDICAL LEAVE (FMLA)

In compliance with the Family and Medical Leave Act, Family and Medical Leave of Absence will be granted for qualified employees for up to twelve (12) weeks (paid leave must be used before unpaid leave) in a rolling twelve (12) month period for the following reasons:

- A serious health condition that makes an employee unable to perform the essential functions of the job
- The birth of a child, or the placement of a child for adoption or foster care
- A serious health condition affecting spouse, child, parent, for which an employee is needed to provide care
- Service Member FMLA may be used when a family member is called to active military duty or when a family member recovering from a serious illness or injury sustained in the line of duty on active duty.

To be eligible for a Family and Medical Leave of Absence an employee must have at least twelve (12) months of service with NNPS and have worked at least 1250 hours in the twelve (12) months preceding the commencement of leave. FMLA forms are available on the NNPS website at http://sbo.nn.k12.va.us/hr/forms.html and must be submitted to the Human Resources Department for approval. The Human Resources Department must be notified when an employee is absent from work for more than three (3) consecutive days due to illness.

During an approved Family and Medical Leave of Absence, the School Board will continue to provide the employee with the same insurance coverage as before the leave. However, the employee must continue to pay the portion of the premium that he/she usually pays as an active employee. It is the employee's responsibility to make arrangements to pay the premium contributions to the Payroll Office, during any period of unpaid absence. If you do not return to work after an approved Family and Medical Leave of Absence, the School Board may require you to reimburse the full cost of premiums that were paid by the school division to maintain the health insurance coverage during the leave of absence. Other benefits, such as vacation, sick leave, and credit for retirement do not accrue during the unpaid portion of the leave of absence

## WORKERS' COMPENSATION

The Virginia Workers' Compensation Act is the law that sets rights and benefits for employees who are injured on the job. The Virginia Workers' Compensation Commission administers the Workers'' Compensation Act. Workers compensation insurance was established to provide specific benefits to workers injured out of and in the course of their work and to provide employers with a protection from civil suit for work related injuries.

If an occupational illness or injury occurs, you must report the incident to your supervisor immediately and complete a report of occupational injuries and occupational illnesses. Once the report is completed and medical treatment is determined to be necessary, an injured employee must select a treating physician from the panel of physicians printed on the Report. Failure to choose one of the physicians from this panel can result in a suspension of medical and lost wage benefits.
http://sbo.nn.k12.va.us/hr/benefits/doc/workers_compensation_complete.pdf

## COBRA

Consolidated Omnibus Reconciliation Act provides certain former employees, retirees, spouses and dependents the right to temporary continuation of health coverage at approved group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Group health insurance for COBRA participants is usually more expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves plus an administrative fee.

# Plan Changes

## Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

## Family Status Change:

When you experience certain life changing events, you may be able to change your benefits. You must notify the Benefits Department to request changes within **30 days** of your life event. The following are examples of qualifying events:

- Birth/Adoption of child, marriage, divorce, or death of a dependent
- Loss of other health coverage
- A significant cost change or a change in coverage under your, your spouse's, or your dependent's plan
- Entitlement to or loss of Medicare or Medicaid
- Significant change in employment status

The appropriate documentation, including the effective date of the change, must be provided to the Benefits Office within **30 days** for the change to be authorized. Please contact the benefits office for appropriate documentation to verify your specific life event. Life events due to Birth, Adoption or Placement of Adoption will be effective the first of the month in which the child was born or adopted. All other life events will begin the 1st of the month following the date of the event unless the date of the event falls on the 1st of the month. In this case benefits are effective that day.

# Contact Information

## Have Questions? Need Help?

Newport News Public Schools is excited to offer access to the **USI Benefit Resource Center (BRC)**, which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

**The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at BRCEast@usi.com.** If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

## For additional benefit questions contact one of the persons listed below

| | CONTACT | PHONE NUMBER | EMAIL |
|---|---|---|---|
| Active Benefits, COBRA, Short-term Disability and FMLA | Rachel Stover, Benefits Technician | 757-881-5061, option 9, extension 11139 | Rachel.Stover@nn.k12.va.us |
| Active Benefits, FMLA and Short-term Disability | Jennifer Cook, Benefits Technician | 757-881-5061, option 9, extension 11226 | Jennifer.Cook@nn.k12.va.us |
| Wellness, Retirement, and Retiree Benefits | Stephanie Bland, Benefits Coordinator | 757-881-5061, option 9, extension 11102 | Stephanie.Bland@nn.k12.va.us |
| Retirement and Active Benefits | Sharon Nickens, Benefits Coordinator | 757-881-5061, option 9, extension 11114 | Sharon.Nickens@nn.k12.va.us |
| Compensation and Retirement | Catrice Rothe, Benefits Coordinator | 757-881-5061, option 9, extension 11116 | Catrice.Rothe@nn.k12.va.us |
| Compensation, Benefits and Wellness | JoAnn Armstrong, Supervisor | 757-881-5061, option 9, extension 11112 | JoAnn.Armstrong@nn.k12.va.us |

***http://benefits.nn.k12.va.us***

This brochure summarizes the benefit plans that are available to Newport News Public Schools eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

### NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not more than 48 hours (or 96 hours).

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within "30 days" after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within "30 days" after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.
To request special enrollment or obtain more information, contact the person listed at the end of this summary.

# NOTICE REGARDING WELLNESS PROGRAMS

Optum is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of $500 annual ($50 per month) Wellness Credit on health insurance premiums. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a $500 annual ($50 per month) Wellness Credit.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as $500 annual ($50 per month) Wellness Credit. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Newport News Public Schools may use aggregate information it collects to design a program based on identified health risks in the workplace, Optum will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) "a registered nurse," "a doctor," or "a health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Benefits Office at 757-881-5061.

## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at Optum and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Benefits Office
12507 Warwick Boulevard
Newport News, Virginia United States 23606-3041
757-881-5061
ask.benefits@nn.k12.va.us

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

# Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes
Sale of your information

## Our Uses and Disclosures

**How do we typically use or share your health information?**
We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**
We can use your health information and share it with professionals who are treating you.
*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Pay for your health services**
We can use and disclose your health information as we pay for your health services.
*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**
We may disclose your health information to your health plan sponsor for plan administration.
*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**How else can we use or share your health information?**
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Help with public health and safety issues**
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**
We can use or share your information for health research.

**Comply with the law**
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## Other Instructions for Notice

- October 15, 2021
- Benefits Office. Email: ask.benefits@nn.k12.va.us

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

# Important Notice from Newport News Public Schools About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Newport News Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Newport News Public Schools has determined that the prescription drug coverage offered by the Elixir 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 15thto 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 Newport News Public Schools coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Newport News Public Schools coverage, be aware that you and your dependents will 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 [Insert Name of Entity] and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

## For More Information About 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 Newport News Public Schools changes. You also may request a copy of this notice at any time.

**CMS Form 10182-CC** **Updated April 1, 2011**

## For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

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|---|---|
| Date: | October 15, 2021 |
| Name of Entity/Sender: | Newport News Public Schools |
| Contact--Position/Office: | Benefits Office |
| Address: | 12507 Warwick Boulevard, Newport News, Virginia 2306 |
| Phone Number: | 757-881-5061 |

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility –**

| **ALABAMA – Medicaid** | **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |

## CALIFORNIA – Medicaid

Website:
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov

## INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website:
https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

## MONTANA – Medicaid

Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

## KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

## NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website:
https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov

## NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

## LOUISIANA – Medicaid

Website: www.medicaid.la.gov or
www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

## MAINE – Medicaid

Enrollment Website:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: -800-977-6740.
TTY: Maine relay 711

## NEW JERSEY – Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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|---|---|
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa<br><br>Phone: 1-800-862-4840 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT– Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |

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|---|---|
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)
Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
**Error! Hyperlink reference not valid.**1-877-267-2323,

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)