

In response to the CBRC request for a Summary/Comparison of all benefits provided to **active** staff for both schools and county, including the employer and employee contributions for all benefits. The following information is provided:

1. Chapter 11 of the County's Personnel Policy detailing **Leave accruals** available to active employees.
2. Chapter 13 of the County's Personnel Policy detailing the **Sick Leave Bank**. There are currently 243 employees who participate in the Sick Leave Bank.
3. **Health Insurance** rates from Anthem for Active and Retirees for October 1, 2017 through September 30, 2018.
4. County Employees **Open Enrollment booklet detailing benefits available to County Staff** during the Plan year of October 1, 2017 through September 20, 2018

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# **CHAPTER 11**

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## **LEAVE**

### **11.1 INTRODUCTION**

- A. The purpose of this policy is to provide eligible employees with paid and/or unpaid time off from work and to establish guidelines for the accrual and use of the available types of leave.
- B. Accrual of leave is a privilege and any abuse of leave usage may result in disciplinary action, up to and including termination.

### **11.2 DEFINITIONS**

Administrative Leave – Paid leave granted by County Administration to an employee for absences due to reasons other than annual, sick, military, or bereavement.

Annual Leave – Paid leave provided for absences during regularly scheduled work hours that have been approved by the Department Director/Constitutional Officer or designee for vacation or absences in excess of hours available for other types of paid leave.

Bereavement Leave – Paid leave provided to an employee due to the death of an immediate family member.

Calendar Year – January 1st through December 31st of a given year.

Civil Leave – Any absence necessary for serving on a jury or attending court pursuant to a summons or subpoena.

Compensatory Time – Paid leave earned by a non-exempt employee in lieu of cash payment for overtime worked.

Effective Date - The first of the month following 30 consecutive days of eligible employment.

Essential Operations – Any department or position that may be scheduled to work irrespective of weather conditions and/or when general County offices are closed.

Full-Time Equivalency (FTE) – A work schedule based on the average number of work hours assigned to a position of an eligible employee.

Holiday Leave – A specified day(s) that an eligible full-time employee does not work in observance of a County designated holiday.

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Leave Anniversary Date – The date that an employee first becomes eligible to accrue leave.

Leave Without Pay (LWOP) – Unpaid time off from work.

Liberal Leave Policy - A policy that permits employees to take Annual Leave, Compensatory time, and/or Leave Without Pay (LWOP) without having requested it in advance when County offices are open during inclement weather.

Military Leave – Leave provided consistent with the Virginia Code and the Uniform Services Employment and Reemployment Act of 1994.

Protected Leave - Absences covered by Family Medical Leave Act; same or equivalent job guaranteed.

Sick Leave – Paid leave provided to an employee for his/her own illness or injury or to care for a family member’s illness or injury.

Unprotected Leave - Absences are not covered by Family Medical Leave Act; no job protection for same position or equivalent position.

Workday - The hours an employee is scheduled to be at work on a given day.

### **11.3 GENERAL**

- A. This policy applies to all County employees subject to the County’s Personnel Policies and Procedures Manual unless otherwise specified.
- B. Administrative Leave, Annual Leave, Compensatory Time and/or Sick Leave may not be transferred from one employee to another for any reason, with the exception of Sick Leave Bank contributions.
- C. For the purposes of this chapter, eligible employees who are regular full-time or regular part-time and work a minimum of twenty hours per workweek, and who are covered under the County’s Personnel Policies and Procedures Manual are eligible to accrue leave.
- D. Leave may be protected or unprotected based on FMLA and/or Workers’ Compensation laws and/or Administrative Leave.

### **11.4 TYPES OF LEAVE**

- A. Administrative Leave
  - 1. Circumstances that may give rise to Administrative Leave include, but are not limited to:

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- a. Severe weather conditions
  - b. Unsanitary or unsafe working conditions
  - c. Death of a County employee
  - d. Disciplinary investigation
  - e. Instances deemed appropriate by the County Administrator
2. Administrative Leave may only be substituted for prior approved Annual, Sick, and/or Compensatory time when County offices are closed due to inclement weather or when approved by the County Administrator.

B. Annual Leave

1. Accrual

- a. Annual Leave shall begin to accrue the first of the month following thirty consecutive days of eligible employment.
  - i. If eligibility is interrupted, the thirty consecutive day waiting period shall be applicable.
- b. Annual Leave shall accrue semi-monthly and shall not be advanced.
- c. Annual Leave shall not accrue when an employee is on unprotected Leave Without Pay for 30 consecutive calendar days.
- d. The amount of Annual Leave that an eligible employee accrues semi-monthly shall be based upon the employee's continuous length of service and on his/her leave anniversary date as shown in the following chart.

<b>FULL-TIME ANNUAL LEAVE TABLE SEMI-MONTHLY BASIS</b>		
<b>Years of Service</b>	<b>Annual Leave</b>	<b>Days Earned Each Year</b>
less than 5	4 hours	12
5 and over, but less than 10	5 hours	15
10 and over, but less than 15	6 hours	18
15 and over, but less than 20	7 hours	21
20 and over	8 hours	24

- Maximum accumulation – 36 days (288 hours)

<b>FULL-TIME 24/7 FREM Employees Only ANNUAL LEAVE TABLE SEMI-MONTHLY BASIS</b>		
<b>Years of Service</b>	<b>Annual Leave</b>	<b>Hours Earned Each Year</b>
less than 5	6 hours	144
5 and over, but less than 10	7 hours	168
10 and over, but less than 15	9 hours	216
15 and over, but less than 20	10 hours	240
20 and over	12 hours	288

- Maximum accumulation – 403 hours

**FREM Personnel Annual Leave Conversion**

The accrued annual leave for FREM employees who because of a change in positions which results in a change in work schedule is converted as follows:

1. If the change is from a 2912-hour per annum work schedule to a 2080-hour work schedule, the total accrued hours are divided by a factor of 1.4.
2. If the change is from a 2080-hour per annum work schedule to a 2912-hour work schedule, the total accrued hours are multiplied by a factor of 1.4.
  - a. An eligible part-time employee with an assigned full-time equivalency shall accrue pro-rated Annual Leave based upon the employee's continuous length of service and his/her leave anniversary date as shown in the following chart.
    - i. Full-time equivalency shall be evaluated periodically or when the employee's schedule changes by the Department Director/Constitutional Officer.

<b>PART-TIME ANNUAL LEAVE TABLE SEMI-MONTHLY BASIS</b>					
Full-time Equivalency	Less than 5 years	5 and over, but less than 10	10 and over, but less than 15	15 and over, but less than 20	20 and over
.50	2.00 hrs.	2.50 hrs.	3.00 hrs.	3.50 hrs.	4.00 hrs.
.63	2.50 hrs.	3.25 hrs.	3.75 hrs.	4.50 hrs.	5.00 hrs.
.75	3.00 hrs.	3.75 hrs.	4.50 hrs.	5.25 hrs.	6.00 hrs.
.88	3.50 hrs.	4.25 hrs.	5.00 hrs.	6.00 hrs.	7.00 hrs.

- Maximum accumulation – 148 hours

2. Forfeiture of Annual Leave
  - a. Annual Leave exceeding the maximum allowable accumulation shall be converted to sick leave. The conversion to sick leave shall occur during the pay period in which the employee became eligible for leave accrual.

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3. Requesting Use of Annual Leave
    - a. Generally, Annual Leave may not be used during the employee's initial 12 months of employment unless authorized by his/her Department Director/Constitutional Officer.
    - b. Employees shall request use of Annual Leave in advance on the department's appropriate form.
    - c. Annual Leave requests shall be given every consideration. All Annual Leave requests are subject to approval by the Department Director/Constitutional Officer or their designee who is responsible for staffing levels.
    - d. Annual Leave may be taken in quarter hour increments (.25).

4. Annual Leave Payout

- a. An employee who voluntarily separates from County employment or an employee who ceases to qualify for Annual Leave accrual, shall be compensated for his/her Annual Leave balance up to the maximum number of hours allowed based upon the employee's continuous length of service.
- b. In the event of an employee's death, his/her estate shall receive payment for any accumulated Annual Leave to which he/she is entitled.

- C. Bereavement Leave

1. An employee may be granted up to five workdays of bereavement leave for the death of any of the following, to include step and in-laws:
  - a. Spouse
  - b. Child/foster child; dependent living in same household
  - c. Parent/Guardian; Grandparent; or Grandchild
  - d. Sibling
2. Bereavement leave is to be used within two weeks of the loss of an immediate family member.
3. Leave due to the death of anyone not listed above shall be charged to Annual Leave, Compensatory time, Sick Leave and/or Leave Without Pay.

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D. Civil Leave

1. Leave with full pay may be granted for any absence necessary for performing jury duty service or attending court pursuant to a summons or subpoena.
2. If jury duty concludes prior to the end of the employee's regularly assigned work hours, the employee is required to report to work as soon as possible after jury duty has ended or take Annual Leave and/or Compensatory Time for the remainder of the employee's work day unless otherwise authorized by the Department Director/Constitutional Officer.
  - a. However, no employee who appears for jury duty for four or more hours in one day (including travel time) shall be required to start any work shift that begins on or after 5:00 p.m. the day of his/her appearance for jury duty, or begins before 3:00 a.m. on the day following the day of such appearance.
3. County employees that attend court as a result of their job duties will have their time at court compensated as work hours. The provisions for jury duty will apply.
4. For any period of time that an employee appears in court on personal business, to accompany a dependent child legally required to appear or as an expert witness for compensation, the employee shall be charged with Annual Leave, Compensatory Time or Leave Without Pay. The use of leave will not be required if the employee has a summons or subpoena to appear as a victim.

E. Compensatory Time

1. In compliance with FLSA regulations, only non-exempt employees are eligible to earn Compensatory Time.
2. Compensatory Time accrues at a rate of one and one-half hours for each hour worked beyond the maximum scheduled hours in a work period in accordance with FLSA regulations.
3. The Department Director/Constitutional Officer and the employee shall mutually agree prior to the employee working any overtime as to whether the overtime hours shall be recorded as Compensatory Time or shall be paid through direct deposit.
4. An employee may accrue a maximum of eighty hours of Compensatory Time. FREM employees that work a 54.5-hour or greater workweek may accrue a maximum of 112 hours of Compensatory Time.

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All overtime earned above the maximum allowed shall be paid through direct deposit.

5. Compensatory Time may be taken in quarter hour increments (.25).
6. An employee shall be permitted to use Compensatory Time within a reasonable period of his/her request, unless to do so would unduly disrupt the department's operations.
  - a. All Compensatory time requests are subject to approval by the Department Director/Constitutional Officer who is responsible for staffing levels.
  - b. The employee shall request permission to use Compensatory Time in advance following the same procedures as for use of Annual or Sick Leave.
  - c. FREM employees transitioning from a 40-hour workweek to a 54.5-hour or greater workweek or vice versa are required to use or receive pay in lieu for compensatory time prior to transitioning to a different work schedule cycle.
7. A non-exempt employee who is transferred to another department or promoted to an exempt position shall reach an agreement to use any accumulated Compensatory Time or to be paid for the unused balance prior to assuming the new position.
8. An employee separating from County employment shall receive payment for all Compensatory Time earned at his/her current regular hourly rate.
  - a. In the event of an employee's death, his/her estate shall receive payment for any accumulated Compensatory Time to which he/she is entitled.
9. Exempt employees are ineligible to earn overtime, including Compensatory Time.
  - a. The Department Director/Constitutional Officer may use his/her discretion to grant time off to exempt employees in recognition of time worked beyond their normal schedule.

F. Leave Without Pay (LWOP)

1. Leave Without Pay shall not be granted until all other applicable leave has been exhausted.

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2. Leave Without Pay shall not be counted as hours worked for the purpose of calculating overtime regardless of protection status.
  3. Leave Without Pay may be taken in quarter hour increments (.25).
  4. Unprotected Leave Without Pay
    - a. Department Directors/Constitutional Officers may approve up to three days in a month of unprotected Leave Without Pay for an employee.
    - b. Department Directors/Constitutional Officers shall notify the Department of Human Resources by submitting the required Leave Without Pay request form when an employee enters an unpaid unprotected status.
    - c. The County Administrator must approve any unprotected Leave Without Pay in excess of three days of work schedule in a month.
      - i. The County Administrator, under extenuating circumstances, may grant approval for unprotected Leave Without Pay not to exceed six months.
    - d. Annual Leave and Sick Leave shall not accrue when an employee is on unprotected Leave Without Pay for a complete pay period.
    - e. Unapproved unprotected Leave Without Pay may be grounds for disciplinary action, up to and including termination.
    - f. An employee on approved unprotected Leave Without Pay for 30 consecutive calendar days is responsible for making all necessary payments including the County's portion for any mandatory and/or automatic deductions taken through payroll (i.e., health insurance premiums, VRS retirement, VRS life insurance premiums, optional premiums and/or deferred compensation premiums).
    - g. An employee on approved unprotected Leave Without Pay will not receive holiday pay.

G. Liberal Leave Policy

1. When County Offices Are Open
  - a. When County offices are open during inclement weather, a Liberal Leave Policy may be in effect for those employees in non-essential positions. Under the Liberal Leave Policy, employees may use Annual Leave, Compensatory Time, and/or Leave Without Pay without having to request it in advance.

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- b. An employee shall notify his/her immediate supervisor as soon as possible whenever he/she will be late or absent during scheduled work hours.
  - c. The employee, upon returning to work, shall request leave on the department's appropriate form for any time that he/she was absent from work while County offices were open.

2. When County Offices Are Closed

- a. When County offices are declared closed by the County Administrator, non-essential employees shall be released from duty and shall be placed on Administrative Leave with pay for those hours that the employee would have normally worked.
  - i. If a re-opening time is not declared, it is presumed to be 12:01 a.m. of the next calendar day. Unless announced to the contrary, employees should report to work as scheduled.
- b. In the interest of employee safety and well-being, non-essential employees may not report to work unless they have received advance approval by their supervisor.
  - i. If a non-essential employee works without approval, the employee may be subject to disciplinary action.
- c. An employee who requested Annual Leave, Sick Leave or Compensatory Time prior to County offices closing shall not be charged for any time that his/her approved leave coincided with the period that County offices were closed.

H. Military Leave

- 1. Employees called to active Military Service shall be provided Military Leave that is consistent with the Virginia Code and the Uniform Services Employment and Reemployment Act of 1994.
- 2. An employee called to active Military Service on Military Leave Without Pay and who is earning less than his/her current County base salary shall be subject to a military supplement providing the employee has provided the proper County required documentation to the Department of Human Resources.

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- a. The Military supplement shall be computed on the difference between the employee's base salary and the employee's military salary, including any military allowances that may apply.
  3. For FREM employees who work a 54.5-hour or greater workweek, the definition of "one day" for military leave shall mean 1/260 of the total working hours using a 2912-hour per annum work schedule.
  4. Employees called to active military service shall be responsible for his/her share of any benefits he/she wishes to continue while on active duty. If payment is not made, benefits will be temporarily suspended and reinstated upon return to work at the County.
  5. Payments shall be deducted each pay period from the military supplement if the employee wishes to continue the County employment benefits. He/she shall pay in advance if the military supplement is not sufficient to cover the associated costs.

I. Sick Leave

Sick leave is paid leave provided to prevent financial hardship should illness necessitate an absence from work.

1. Accrual

- a. Regardless of length of service, regular full-time employees accrue 4 hours of Sick Leave semi-monthly. Sick Leave shall begin to accrue the first of the month following 30 consecutive days of eligible employment.
  - i. If eligibility is interrupted, the thirty consecutive day waiting period shall be applicable.
- b. Sick Leave shall accrue semi-monthly and shall not be advanced.
- c. Sick Leave shall not accrue when an employee is on unprotected Leave Without Pay for 30 consecutive calendar days.
- d. For FREM employees that work a 54.5-hour or greater workweek, one day of sick leave will be defined as 12 hours for accrual purposes.
  - i. FREM Personnel Sick Leave Conversion

The accrued sick leave for employee of FREM who incur a change in work schedule is converted as follows:

- a. If the change is from a 2912-hour per annum work schedule to a 2080-hour work schedule, the total accrued hours are divided by a factor of 1.4.
- b. If the change is from a 2080-hour per annum work schedule to a 2912-hour work schedule, the total accrued hours are multiplied by a factor of 1.4.
- e. An eligible employee with an assigned full-time equivalency to his/her position shall accrue Sick Leave proportionate to hours worked regardless of the employee's continuous length of service and his/her leave anniversary date as shown in the following chart.

SICK LEAVE ACCRUAL SEMI-MONTHLY REGULAR PART-TIME EMPLOYEES*	
Full Time Equivalency	Hours Earned
.50 (20 hours per week)	2 hours
.63 (25 hours per week)	2.5 hours
.75 (30 hours per week)	3 hours
.88 (35 hours per week)	3.5 hours
1.00 (40 hours per week)	4 hours

- i. Full-time equivalency shall be evaluated periodically or when the employee's schedule changes by the Department Director/Constitutional Officer.
- f. There is no limit on Sick Leave accrual.
- 2. Requesting Use of Sick Leave
  - a. An employee who is unable to work due to illness or injury is responsible for contacting his/her immediate supervisor prior to the scheduled work start time on the day of absence.
  - b. The employee shall complete the department's appropriate form immediately upon return to work to the Department Director/Constitutional Officer or their designee who is responsible to manage staffing levels.
  - c. Sick Leave may be taken in quarter hour increments (.25).

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3. Using Sick Leave

- a. An employee may use Sick Leave for his/her own illness, injury or to provide care for a family member.
- b. An employee may use Sick Leave if he/she has been exposed to a contagious illness and his/her presence on the job may jeopardize the health of others.
- c. Medical Appointment – an employee may use Sick Leave for a medical appointment or for the medical appointment of a family member.
  - i. Employees shall seek approval in advance by the Department Director/Constitutional Officer when such appointments cannot reasonably be scheduled during non-work hours.
  - ii. Sick Leave shall include travel time between the job site and the healthcare provider.
- d. Pregnancy – any request to use Sick Leave during an employee’s pregnancy shall be handled in the same manner as any other temporary disability.

4. Doctor’s Statement

- a. The Department Director/Constitutional Officer, at his/her discretion, may require an employee to present a healthcare provider’s statement for the use of Sick Leave.
- b. The Department Director/Constitutional Officer is required to notify the Department of Human Resources if an employee is on Sick Leave for five or more consecutive workdays.
  - i. The Department of Human Resources shall determine if the employee’s illness, injury or disability qualifies for leave under Family Medical Leave Act.
- c. If an employee is placed on Family Medical Leave, the Department Director/Constitutional Officer shall require a statement from the attending healthcare provider authorizing the employee to return to his/her normal work duties prior to his/her return to work. Sick Leave shall not be approved until the employee presents this statement for the period requested.

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5. Sick Leave Payout

- a. An employee who voluntarily separates from County employment or an employee who ceases to qualify for Sick leave accrual shall be compensated for 25% of accrued Sick Leave, up to the maximum dollar amount allowed based on the employee's length of service as shown in the following chart.

SICK LEAVE PAYOUT TABLE		
YEARS OF SERVICE	MAXIMUM SICK LEAVE PAYMENT	
	FULL-TIME	PART-TIME
Less than 5 years	\$500	\$250
5 years and over, but less than 10 years	\$1,000	\$500
10 years and over, but less than 15 years	\$1,500	\$750
15 years and over, but less than 20 years	\$2,000	\$1,000
20 years and over, but less than 25 years	\$2,500	\$1,250
25 years and over	\$3,000	\$1,500

- b. In the event of an employee's death, his/her estate shall receive payment for any accumulated Sick Leave to which he/she is entitled.

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## ***CHAPTER 13***

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### ***EMPLOYEES' SICK LEAVE BANK***

The Board of Supervisors adopted this policy on March 23, 1993.

#### **13.1 Employee Committee's Idea**

The original Employee Committee proposed the Sick Leave Bank and participated in the development of this policy.

#### **13.2 Purpose**

The purpose of the Employees' Sick Leave Bank (Bank) is to provide an additional source of paid leave for employees and/or family members with a serious health condition, as defined in accordance with the Family Medical Leave Act of 1993 (FMLA), with the exception of pregnancy. A complicated pregnancy will be considered.

#### **13.3 Membership**

- A. Membership is voluntary.
- B. All regular full-time classified County employees who have been employed for a minimum period of one year with the County, have physically worked a minimum of 1,250 hours during the prior 12-month period, and are covered by the County's Personnel Policies and Procedures Manual are eligible for membership.
- C. An employee may join after his first year of employment by submitting a completed Sick Leave Bank Application to his department director/supervisor. Eight hours shall be deducted as soon as possible from his accumulated Sick Leave. Thereafter, annual contributions of 8 hours of Sick Leave shall be automatic through payroll deduction.
- D. If an employee does not join when he is first eligible, then he must donate 8 hours of Sick Leave for every year that he has been a full time classified County employee since the Bank was established in May, 1993 or when first eligible.

#### **13.4 Members' Contributions**

Members' contributions shall be made automatically in 8-hour increments on an annual basis. A member whose Sick Leave balance at the annual contribution period is less than 8 hours shall be suspended from Bank membership until such time as the member can contribute the necessary hours, as determined by the Department of Human Resources.

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### **13.5 General Guidelines for Use of Sick Bank Leave**

- A. A member must apply to the Bank to receive a leave benefit.
- B. Bank Leave is intended for a serious health condition(s) as defined in Section 13.2 of this policy. Routine illness, injury, normal childbirth, elective surgery, and untreated chemical dependency are not considered serious health conditions for the purposes of this policy.
- C. An employee should submit a completed Sick Leave Bank Application to his department director/supervisor at the time when his leave is in jeopardy of exhaustion. An employee is required to notify his department director/supervisor of any change in his Sick Leave Bank Application.
- D. The Advisory Board shall consider requests for Bank Leave within 10 working days of receiving a completed application which can be obtained from the Department of Human Resources.
- E. Number of Days.

- 1. Member's Illness

At no time shall a member receive more than 120 calendar days or the equivalent of 960 hours of Bank Leave in any 12-month rolling period (backwards from first date of leave) for his own illness/injury. Generally, no more than 20 calendar days or 160 hours of leave may be approved at one time.

- 2. Family Illness

At no time shall a member receive more than 120 calendar days or the equivalent of 960 hours of Bank Leave in any 12-month rolling period (backwards from first date of leave) for a family member's illness/injury. A family member, for the purposes of this policy, is defined as the employee's spouse, parent, and the employee's child or any relative living in the employee's home. Generally, no more than 20 calendar days or 160 hours of leave may be approved at one time.

### **13.6 Requirements for Receiving Sick Bank Leave**

Only members are eligible to receive Bank Leave and only when they meet all of the following criteria:

- A. Serious Health Condition

The Bank member, or eligible family member, has a serious health condition as defined in Section 13.2 of this policy.

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B. Out of Work 30 Days

The member has exhausted the equivalent of 240 work hours for the condition sick leave bank is requested, using any combination of personally accumulated Compensatory Time, Sick and/or Annual Leave or Leave Without Pay.

C. Exhausted Paid Leave and not receiving Certain Payments

The member has exhausted all Compensatory Time, Sick Leave, and Annual Leave and is not receiving Workers' Compensation and/or VRS retirement benefits.

D. Employee's Status

An employee must have been employed with the County for 1 year and have successfully passed his original initial employment period.

### **13.7 Receiving Sick Bank Leave**

On regular paydays, a member whose Bank Leave request has been approved by the Advisory Board shall receive his base pay rate for the approved number of hours. Mandatory and usual deductions shall be made. Holidays and days that County offices are closed due to extraordinary circumstance as described in Section 22.9 of this Manual that fall during the time period in which Sick Leave Bank Leave has been approved will be paid by the County.

### **13.8 Repayment of Bank Leave**

If for any reason, an employee receives compensation from Workers' Compensation and/or the Virginia Retirement System (VRS) that coincides with time received by the Sick Leave Bank benefit, then the employee must reimburse the Sick Leave Bank for that portion of leave within 60 days of first receiving compensation as noted above.

### **13.9 Benefits Earned While Receiving Sick Bank Leave**

The County will continue to provide health insurance for an employee who is earning Sick Bank Leave. The County will deduct from the employee's leave compensation the applicable costs for maintaining the employee's VRS Retirement and VRS Life Insurance benefits. The employee will not accrue any type of leave during the Sick Leave Bank benefit period unless leave is protected under the Family Medical Leave Act (FMLA).

### **13.10 Department Director and Supervisor Duties**

- A. Receive Sick Leave Bank Applications from employees.
- B. Review and complete the Sick Leave Bank Application Form, where appropriate. If applicable, the department director and the supervisor should mutually agree and sign the form where appropriate.

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- C. The department director/supervisor should forward the completed Sick Leave Bank Application to the Department of Human Resources within 3 working days of receiving the completed application.
  - D. The department director/supervisor should notify the Department of Human Resources immediately of any change in the employee's Sick Leave Bank Application.

### **13.11 Advisory Board's Duties**

- A. The Bank shall be administered by the Employees' Sick Leave Bank Advisory Board.
- B. The Advisory Board shall be composed of 4 Bank members.
- C. The Advisory Board's duties are to:
  - 1. Select one of its members to serve as Chairperson.
  - 2. Review all applications for Bank Leave, ensure that they meet this policy's guidelines, and recommend approval or denial.
  - 3. The Advisory Board shall discuss and decide on every request submitted on a case-by-case basis.
  - 4. Each Advisory Board member shall have an equal vote in determining a decision.
    - a. A quorum must be present for a vote to be taken.
    - b. Three votes shall be required to grant a Bank Leave request.
  - 5. Notify the Director of Human Resources in writing of all decisions.
  - 6. The Advisory Board shall respect the privacy of those who apply for Bank Leave.

### **13.12 Department of Human Resources' Duties**

- A. The Director of Human Resources is responsible for accepting Bank Leave applications and for determining their completeness.
- B. The Director of Human Resources shall appoint interested members to the Advisory Board for 2-year terms running from the date of the annual contribution.
- C. The Director of Human Resources shall vote on a leave request only in case of a tie.

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- D. The Director of Human Resources shall rule whether the Advisory Board's decisions are in conflict with this policy, other personnel policies, and/or any ordinances or statutes.
  - E. The Director of Human Resources shall notify applicants for Bank Leave of the Advisory Board's decisions.
  - F. The Director of Human Resources shall record all contributions and usage and maintain records of all contributions and withdrawals.
  - G. The Director of Human Resources shall prepare status reports at any time upon the request of the Advisory Board Chairperson, and/or provide the Chairperson information on a member's contributions or prior use.
  - H. The Director of Human Resources shall set the date of annual contributions.
  - I. The Director of Human Resources shall make all forms for membership, request for leave use, and resignation available within the Department of Human Resources.

### **13.13 The County Administrator's Responsibility**

The County Administrator, or his designee, shall review an appeal to the Advisory Board's decision and render a written decision within 5 working days of receiving a completed request for appeal. The County Administrator's decision shall be final and is not grievable.

### **13.14 Hours Contributed to Bank**

- A. Hours contributed to the Bank shall not be designated for the use of a particular member.
- B. If the number of days in the Bank is greater than twice the number of members, membership contributions may be suspended by the Advisory Board.
- C. If the number of days falls below 1/3 the number of members, a special assessment of 8 hours per member shall be made at the earliest possible date. Prior to the special assessment, the Director of Human Resources shall give notice to all members. Members may resign prior to the special assessment to avoid the automatic contribution. A special assessment shall not be required for drawing leave from the Bank.

### **13.15 Resignations from the Bank**

Members who wish to resign shall submit a completed Bank Resignation Form to the Department of Human Resources. Members who resign for any reason, including termination of employment, shall not withdraw any leave that they have contributed. Leave contributed by separating employees shall remain in the Bank.

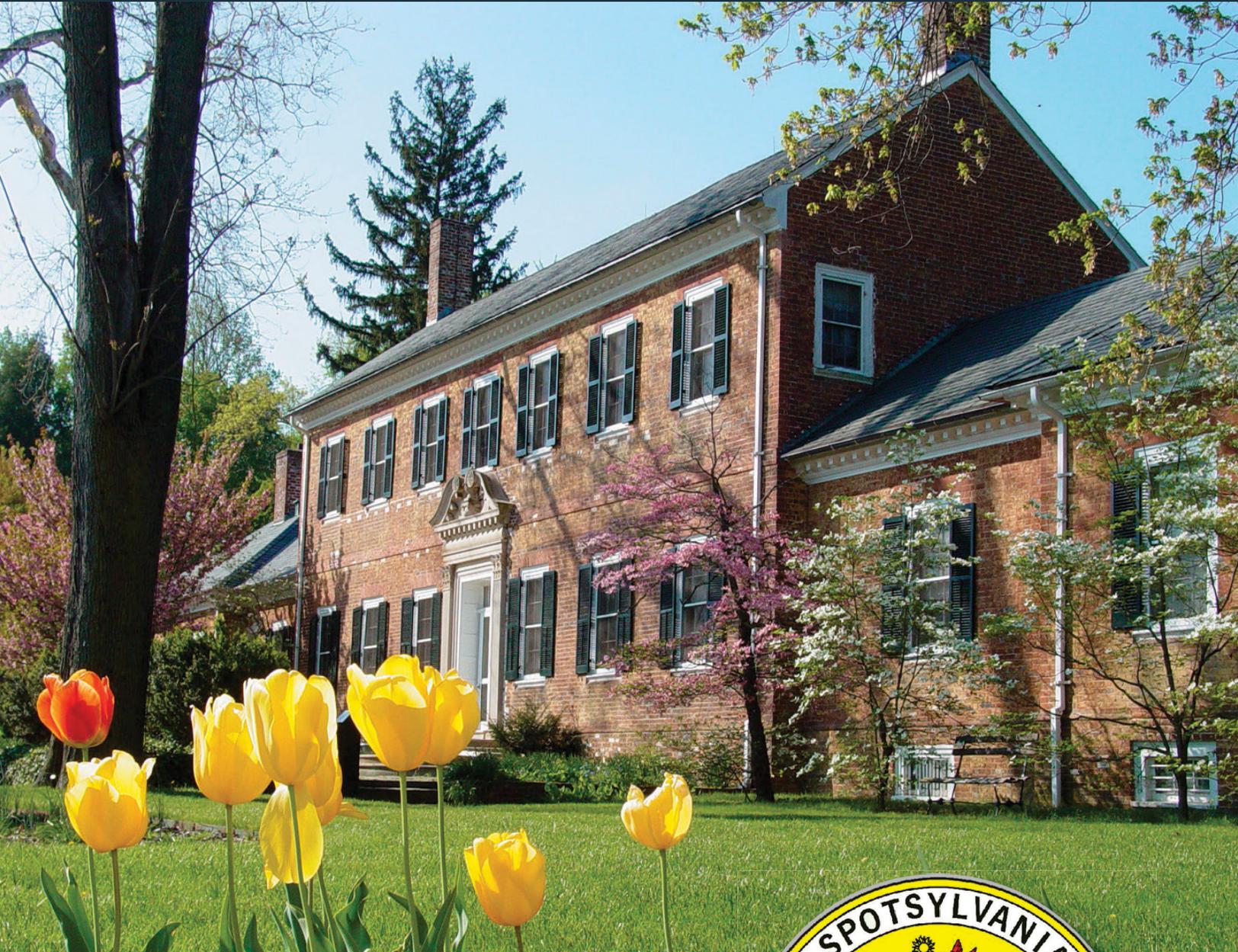
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### **13.16 Discontinuation of Bank**

Should it become necessary to modify or discontinue the Bank because of federal, state, or local statute changes, or due to the failure of 1/2 of the eligible employees to contribute to the Bank, or for any other reason, the County reserves the right to modify and/or discontinue the Bank. If the Bank should be discontinued, the leave balance shall be distributed to members proportionate to their contributions.

Anthem Rates Plan Year 10/1/17 to 9/30/18

Active Employees Coverage Level	Key Care 30					Key Care 20				
	Total Monthly Cost	County Monthly Cost	Empl Monthly Cost	Empl Per Pay Cost	# enroll	Total Monthly Cost	County Monthly Cost	Empl Monthly Cost	Empl Per Pay Cost	# enroll
Employee Only	605.00	551.00	54.00	27.00	177	649.00	551.00	98.00	49.00	114
Employee + 1 Child	875.00	743.00	132.00	66.00	48	935.00	743.00	192.00	96.00	19
Employee + Spouse	1,319.00	1,121.00	198.00	99.00	75	1,409.00	1,121.00	288.00	144.00	24
Employee + Family	1,604.00	1,364.00	240.00	120.00	259	1,714.00	1,364.00	350.00	175.00	91
					559					248
Retired Employees Coverage Level	Total Monthly Cost	County Monthly Cost	Retiree Monthly Cost		# enroll	Total Monthly Cost	County Monthly Cost	Retiree Monthly Cost		# enroll
Retiree not Medicare Eligible	605.00	605.00	0.00		16	648.00	605.00	43.00		18
Retiree Medicare Eligible	624.00	624.00	0.00		54	667.00	624.00	43.00		53
Retiree's Spouse not Medicare Eligible	605.00	0.00	605.00		3	648.00	0.00	648.00		1
Retiree's Spouse Medicare Eligible	624.00	0.00	624.00		1	667.00	0.00	667.00		5
Retiree not Medicare Eligible + Spouse	1,319.00	605.00	714.00		3	1,409.00	605.00	804.00		6
Retiree not Medicare Eligible + 1 Child	875.00	605.00	270.00		1	935.00	605.00	330.00		1
Retiree not Medicare Eligible + Family	1,604.00	605.00	999.00		1	1,714.00	605.00	1,109.00		84
					79					84



*Plan Year: October 1, 2017 - September 30, 2018*  
*Arranged and Enrolled by Mark III Brokerage, Inc.*

# Employee Benefits



# Table of Contents

## Pre-Tax Benefits

<i>Anthem Key Care 20 Summary of Benefits (SBC)</i> .....	2
<i>Anthem Key Care 30 Summary of Benefits (SBC)</i> .....	12
<i>Health Insurance Summary Options (side-by-side comparisons)</i> .....	22
<i>Health Insurance Rates</i> .....	23
<i>Anthem Prescription Drug</i> .....	24
<i>Anthem Blue View Vision</i> .....	28
<i>Anthem Dental Complete</i> .....	30
<i>Anthem EAP</i> .....	33
<i>FBA Flexible Spending Accounts</i> .....	34
<i>Aflac Group Accident</i> .....	41
<i>Allstate Benefits Group Cancer</i> .....	50
<i>Aflac Group Hospital Indemnity</i> .....	59

## After-Tax Benefits

<i>Aflac Group Critical Illness</i> .....	64
<i>AUL Short Term Disability</i> .....	73
<i>Texas Life Whole Life</i> .....	77

## For Your Reference

<i>Minnesota Life Basic Term Life</i> .....	80
<i>Minnesota Life Optional Term Life</i> .....	83
<i>Continuation of Benefits</i> .....	89
<i>Contact Information for Questions and Claims</i> .....	91

If you wish to add or make changes to your insurance coverage(s), please consult a Benefits Representative during your scheduled enrollment period. **You will not be able to make any changes once the enrollment period is over** unless you experience a qualified event outlined by the IRS (i.e., marriage, divorce, birth of a child, etc.) If you should experience a qualified event, you have 31 days from the date of the event to make any changes. All information in this booklet is a brief description of your coverage and is not a contract. Please refer to your policy or certificate for each product for the exact terms and conditions.

Plan arranged by:



 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (800) 451-1527 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	\$0/ individual or \$0/ family for In- <a href="#">Network Providers</a> . \$500/ individual or \$1,000/ family for Out-of- <a href="#">Network Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Preventive care and doctor visits for In- <a href="#">Network Providers</a> . Prescription drugs. Routine Vision exam.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain preventive services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	\$3,000/ individual or \$6,000/ family for In- <a href="#">Network Providers</a> . \$4,500/ individual or \$9,000/ family for Out-of- <a href="#">Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	<a href="#">Cost share</a> of routine vision care, <a href="#">Premiums</a> , <a href="#">Balance-Billing</a> charges, and Health Care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes, KeyCare PPO. See <a href="http://www.anthem.com">www.anthem.com</a> or call (800) 451-1527 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an out-of- <a href="#">network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an out-of- <a href="#">network provider</a>

		for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	\$20/visit	30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	\$40/visit	30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care/screening/immunization</a>	No charge	30% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a> National	Tier 1 - Typically Generic	\$10/prescription (retail) and \$10/prescription (home delivery)	\$10/prescription (retail) and \$10/prescription (home delivery)	*See <a href="#">Prescription Drug</a> section. Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day day supply.
	Tier 2 - Typically Preferred / Brand	\$20/prescription (retail) and \$40/prescription (home delivery)	\$20/prescription (retail) and \$40/prescription (home delivery)	If you visit an out-of-network pharmacy, you will pay the full cost of your prescription at the pharmacy then file a claim for reimbursement.
	Tier 3 - Typically Non-Preferred / <a href="#">Specialty Drugs</a>	\$35/prescription (retail) and \$105/prescription (home delivery)	\$35/prescription (retail) and \$105/prescription (home delivery)	Reimbursement will be based on what a participating pharmacy would receive had the prescription been filled at a participating pharmacy. <b>*You may also be subject to any costs above the allowed amount.</b>
If you have outpatient surgery	Facility fee (e.g, ambulatory surgery center)	\$100/visit then 20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	\$20 or \$40/visit	30% <a href="#">coinsurance</a>	-----none-----
If you need	<a href="#">Emergency room care</a>	\$100/visit then 20%	30% <a href="#">coinsurance</a>	-----none-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)		
immediate medical attention		<a href="#">coinsurance</a> for facility \$20 or \$40/visit for provider			
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----	
	<a href="#">Urgent care</a>	\$20 or \$40/visit	30% <a href="#">coinsurance</a>	-----none-----	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$400/admission then 20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----	
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$20/visit Other Outpatient 20% <a href="#">coinsurance</a>	Office Visit 30% <a href="#">coinsurance</a> Other Outpatient 30% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none-----	
	Inpatient services	\$400/admission then 20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----	
	Office visits	\$20 or \$40/visit first 1 visit then 20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>		
If you are pregnant	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)	
	Childbirth/delivery facility services	\$400/admission then 20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>		
	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>		90 visits/calendar year.
If you need help recovering or have other special health needs	<a href="#">Rehabilitation services</a>	\$20 or 40/visit in provider office \$40 + 20% <a href="#">coinsurance</a> in facility	30% <a href="#">coinsurance</a>	*See Therapy Services section	
	<a href="#">Habilitation services</a>	\$20 or 40/visit in provider office \$40 + 20% <a href="#">coinsurance</a> in facility	30% <a href="#">coinsurance</a>		
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>		100 days limit/ stay.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>		-----none-----
	<a href="#">Hospice services</a>	No charge	30% <a href="#">coinsurance</a>	-----none-----	

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

If your child needs dental or eye care	Children's eye exam	\$15/visit	\$30 allowance/visit <u>deductible</u> does not apply	*See Vision Services section
Children's glasses	Not covered	Not covered	Not covered	
Children's dental check-up	Not covered	Not covered	Not covered	-----none-----

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a>.)</b>	
<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Dental care (adult)</li> <li>• Long- term care</li> </ul>	<ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Hearing aids</li> <li>• Routine foot care unless you have been diagnosed with diabetes.</li> <li>• Cosmetic surgery</li> <li>• Infertility treatment</li> <li>• Weight loss programs</li> </ul>

<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)</b>	
<ul style="list-style-type: none"> <li>• Chiropractic care 30 visits/calendar year</li> <li>• Routine eye care (adult) one exam/calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• Most coverage provided outside the United States. See <a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a></li> <li>• Private-duty nursing</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: [Grievances and Appeals](#), P.O. Box 27401, Richmond, VA 23279

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$400
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,840

In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$40
<a href="#">Coinsurance</a>	\$2,480
<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is \$2,580

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$400
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$7,460

In this example, Joe would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$240
<a href="#">Coinsurance</a>	\$27
<i>What isn't covered</i>	
Limits or exclusions	\$21

The total Joe would pay is \$288

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$400
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,010

In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$283
<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Mia would pay is \$483

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

**Language Access Services:**

**(TTY/TDD: 711)**

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (800) 451-1527

**Amharic (አማርኛ):-** ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (800) 451-1527 ይደውሉ።

.(800) 451-1527 اتصل على مترجم، للتحدث إلى مترجم. للمعلومات والمساعدة وبلغتك دون مقابل. إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة وبلغتك دون مقابل. (العربية) Arabic

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և անդեկապակիություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (800) 451-1527:

**Bassa (Bässò Wùdù):** M̄ dyi dyi-dìè-dè b̄é b̄édé bá céé-dè nià ke dyí ní, ɔ mò ni dyí-b̄èd̄èin-d̄è b̄é m̄ ké gbo-kpá-kpá kè b̄ǎ kp̄ǎ d̄é m̄ b̄id̄j-wùd̄ùun b̄ó pídyi. B̄é m̄ ké wudu-ziiin-nyò d̄ò gbo wùdù ke, d̄á (800) 451-1527.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্য সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (800) 451-1527 -ও কল করুন।

**Burmese (ပြန်စာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ မေးဝရမလို့ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် စုန် (800) 451-1527 သို့ ခေါ်ဆိုပါ။

**Chinese (中文) :** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (800) 451-1527。

**Dinka (Dinka):** Na nɔŋ thiëc në ke de yā thorë, ke yin nɔŋ loŋ bē yi kuony ku wer alëu bē gɛɛr yic yin ne thoŋ du ke cin wëu tāäuë ke piny. Te kor yin ba jam wënë ran ye thok geryic, ke yin col (800) 451-1527.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (800) 451-1527.

**Farsi (فارسی) :** در صورتی که سؤالی بپیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادرتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (800) 451-1527 تماس بگیرید.

**French (Français) :** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 451-1527.

## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 451-1527.

**Greek (Ελληνικά)** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διεγμνήα, τηλεφωνήστε στο (800) 451-1527.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (800) 451-1527.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (800) 451-1527.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 451-1527 ।

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (800) 451-1527.

**Igbo (Igbo):** O bur u na i nwere ajuju o bula gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpoo (800) 451-1527.

**Ilokano (Ilokano):** Nu addaan ka iti aniaman a saludod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahehem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 451-1527.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 451-1527.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 451-1527

**Japanese (日本語):** この文書についてなにか不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 451-1527 にお電話ください。

**Language Access Services:**

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីដឹងក្នុងអំឡុងពេលអ្នកបកប្រែ សូមហៅ (800) 451-1527 ។

**Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishye umusemuze, akura (800) 451-1527.

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 451-1527 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ຮັບກັບລ່າມເປັນພາສາ, ໃຫ້ໃບຫາ (800) 451-1527.

**Navajo (Diné):** Dii naaltsoos bika'ígíí lahgo bina'ídiłkígdgo ná bohónéédzá d'óó bee ahóót'i' t'áá ni nizaad k'ehjí bee nií hodoonih t'áadoo báháh ílíníg'óó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiłłnih (800) 451-1527.

**Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 451-1527

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (800) 451-1527 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwver selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwversetze zu schwetze, ruff (800) 451-1527 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 451-1527.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 451-1527.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 451-1527 'ਤੇ ਕਾਲ ਕਰੋ।

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 451-1527.

**Russian (Русский):** Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (800) 451-1527.

**Samoa (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (800) 451-1527.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 451-1527.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 451-1527.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpalihawanag, tawagan ang (800) 451-1527.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (800) 451-1527 เพื่อพูดคุยกับล่าม

**Ukrainian (Українська):** якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (800) 451-1527.

**Urdu (اردو):** اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لیے، (800) 451-1527 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 451-1527.

**Yiddish (אידיש):** אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם דאקומענט אין אייער שפראך און פארן יא רעדן צו אירבערזעצער, רופט (800) 451-1527.

**Yoruba (Yorùbá):** Tí o bá ní èyíkẹyí ibèrè nípà àkọsílẹ̀ yù, o ní ètọ́ láti gbà iránwọ́ àtí ìwífún ní èdè rẹ́ ńfẹ́fẹ́. Bá wa ògbùfọ́ kan sọrọ̀, pe (800) 451-1527.

## Language Access Services:

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (800) 451-1527 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall <a href="#">deductible</a>?</b>	\$500/individual or \$1,000/family for In- <a href="#">Network Providers</a> . \$1,500/individual or \$3,000/family for Out-of- <a href="#">Network Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
<b>Are there services covered before you meet your <a href="#">deductible</a>?</b>	Yes. Preventive care and doctor visits for In- <a href="#">Network Providers</a> . Prescription drugs. Routine Vision exam.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain preventive services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <a href="#">deductibles</a> for specific services?</b>	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
<b>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</b>	\$3,500/individual or \$7,000/family for In- <a href="#">Network Providers</a> . \$5,250/individual or \$10,500/family for Out-of- <a href="#">Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
<b>What is not included in the <a href="#">out-of-pocket limit</a>?</b>	Costs associated with routine vision care, <a href="#">Premiums</a> , <a href="#">Balance-Billing</a> charges, and Health Care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
<b>Will you pay less if you use a <a href="#">network provider</a>?</b>	Yes, KeyCare PPO. See <a href="http://www.anthem.com">www.anthem.com</a> or call (800) 451-1527 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a>

		for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
<b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b>	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's office</a> or clinic	Primary care visit to treat an injury or illness	\$30/visit	40% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	\$50/visit	40% <a href="#">coinsurance</a>	-----none-----
If you have a test	<a href="#">Preventive care/screening/immunization</a>	No charge	40% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a> National	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----
	Tier 1 - Typically Generic	\$10/prescription (retail) and \$10/prescription (home delivery)	\$10/prescription (retail) and \$10/prescription (home delivery)	*See <a href="#">Prescription Drug</a> section. Retail pharmacy drugs are limited to a 30-day supply. Mail order drugs are limited to a 90-day day supply.
	Tier 2 - Typically Preferred / Brand	\$30/prescription (retail) and \$60/prescription (home delivery)	\$30/prescription (retail) and \$60/prescription (home delivery)	If you visit an out-of-network pharmacy, you will pay the full cost of your prescription at the pharmacy then file a claim for reimbursement. Reimbursement will be based on what a participating pharmacy would receive had the prescription been filled at a participating pharmacy. <b>*You may also be subject to any costs above the allowed amount.</b>
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">coinsurance</a> /visit	40% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	20% <a href="#">coinsurance</a> /visit	40% <a href="#">coinsurance</a>	-----none-----
If you need immediate	<a href="#">Emergency room care</a>	20% <a href="#">coinsurance</a> /visit	40% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Emergency medical</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	-----none-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
medical attention	<a href="#">transportation</a>			
	<a href="#">Urgent care</a>	\$30 or \$50/visit	40% <a href="#">coinsurance</a>	-----none-----
	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a> / admission	40% <a href="#">coinsurance</a>	-----none-----
If you have a hospital stay	Physician/surgeon fees	20% <a href="#">coinsurance</a> / admission	40% <a href="#">coinsurance</a>	-----none-----
	Outpatient services	Office Visit \$30/visit Other Outpatient 20% <a href="#">coinsurance</a>	Office Visit 40% <a href="#">coinsurance</a> Other Outpatient 40% <a href="#">coinsurance</a>	Office Visit -----none----- Other Outpatient -----none-----
	Inpatient services	20% <a href="#">coinsurance</a> / admission	40% <a href="#">coinsurance</a>	-----none-----
If you are pregnant	Office visits	\$30 or \$50/visit first 1 visit then 20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a> / admission	40% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a> / admission	40% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	100 visits/calendar year.
	<a href="#">Rehabilitation services</a>	20% <a href="#">coinsurance</a> /visit	40% <a href="#">coinsurance</a>	*See Therapy Services section
	<a href="#">Habilitation services</a>	20% <a href="#">coinsurance</a> /visit	40% <a href="#">coinsurance</a>	100 days limit/stay. -----none----- -----none-----
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If your child needs dental or eye care	<a href="#">Hospice services</a>	No charge	40% <a href="#">coinsurance</a>	
	Children's eye exam	\$15/visit	\$30 allowance/visit <a href="#">deductible</a> does not apply	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	-----none-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- Acupuncture
- Dental care (adult)
- Long- term care
- Bariatric surgery
- Hearing aids
- Routine foot care unless you have been diagnosed with diabetes.
- Cosmetic surgery
- Infertility treatment
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Chiropractic care 30 visits/calendar year
- Routine eye care (adult) One exam/calendar year
- Most coverage provided outside the United States. See [www.bcbsglobalcare.com](http://www.bcbsglobalcare.com)
- Private-duty nursing

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: [Grievances](#) and [Appeals](#), P.O. Box 27401, Richmond, VA 23279

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section.

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,840

In this example, Peg would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$2,524
<i>What isn't covered</i>	
Limits or exclusions	\$60

The total Peg would pay is \$3,084

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$7,460

In this example, Joe would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$240
<i>What isn't covered</i>	
Limits or exclusions	\$21

The total Joe would pay is \$761

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$500
- [Specialist copayment](#) \$50
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services

like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,010

In this example, Mia would pay:

<a href="#">Cost Sharing</a>	
<a href="#">Deductibles</a>	\$500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$385
<i>What isn't covered</i>	
Limits or exclusions	\$0

The total Mia would pay is \$885

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

**Language Access Services:**

**(TTY/TDD: 711)**

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkatës, telefononi (800) 451-1527

**Amharic (አማርኛ):-** ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (800) 451-1527 ይደውሉ።

.(800) 451-1527 على مترجم، اتصل على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصّل على (800) 451-1527 (العربية) Arabic

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և անդեկապակցություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (800) 451-1527:

**Bassa (Bässò Wùdù):** M̄ dyi dyi-dìè-dè b̄é b̄édé bá céé-dè nià ke dyí ní, ɔ mò ni dyí-b̄èd̄èin-d̄è b̄é m̄ ké gbo-kpá-kpá kè b̄ḿ kpḿ d̄é m̄ b̄id̄j-wùd̄ùün b̄ó pídyi. B̄é m̄ ké wudu-ziiin-nyò d̄ò gbo wùdù ke, d̄á (800) 451-1527.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (800) 451-1527 -ও কল করুন।

**Burmese (ပြန်စာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ မေးဝရမလို့ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် စုန် (800) 451-1527 သို့ ခေါ်ဆိုပါ။

**Chinese (中文) :** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (800) 451-1527。

**Dinka (Dinka):** Na noṅ thiëc né ke de yā thorë, ke yin noṅ loṅ bē yi kuony ku wer alëu bē gëer yic yin ne thoṅ du ke cin wëu tāäuë ke piny. Te kor yin ba jam wënë ran ye thok geryic, ke yin col (800) 451-1527.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (800) 451-1527.

**Farsi (فارسی) :** در صورتی که سؤالی بپیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادرتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (800) 451-1527 تماس بگیرید.

**French (Français) :** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 451-1527.

## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 451-1527.

**Greek (Ελληνικά):** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διεγμνήα, τηλεφωνήστε στο (800) 451-1527.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (800) 451-1527.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (800) 451-1527.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 451-1527 ।

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (800) 451-1527.

**Igbo (Igbo):** O bur u na i nwere ajuju o bula gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpoo (800) 451-1527.

**Ilokano (Ilokano):** Nu addaan ka iti aniaman a saludod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lengguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 451-1527.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 451-1527.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. / parlare con un interprete, chiami il numero (800) 451-1527

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 451-1527 にお電話ください。

## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីដឹងក្នុងអំឡុងពេលអ្នកបកប្រែ សូមហៅ (800) 451-1527 ។

**Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishye umusemuze, akura (800) 451-1527.

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 451-1527 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄຳຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ຮັບກັບລ່າມເປັນພາສາ, ໃຫ້ໃບຫາ (800) 451-1527.

**Navajo (Diné):** Dii naaltsoos bika'ígíí lahgo bina'ídiłkígdgo ná bohónéédzá d'óó bee ahóót'i' t'áá ni nizaad k'ehjí bee nií hodoonih t'áadoo báháh ílíníg'óó. Ata' halne'ígíí la' bich'í' hadeesdzih nínízingo kojí' hodiłílnih (800) 451-1527.

**Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 451-1527

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (800) 451-1527 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwver selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwversetze zu schwetze, ruff (800) 451-1527 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 451-1527.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 451-1527.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 451-1527 'ਤੇ ਕਾਲ ਕਰੋ।

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 451-1527.

**Russian (Русский):** Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (800) 451-1527.

**Samoaan (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (800) 451-1527.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 451-1527.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 451-1527.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (800) 451-1527.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (800) 451-1527 เพื่อพูดคุยกับล่าม

**Ukrainian (Українська):** якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером: (800) 451-1527.

**Urdu (اردو):** اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لیے، (800) 451-1527 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 451-1527.

**Yiddish (אידיש):** אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין איינער שפראך און קיין פארז. צו רעדן צו אן איבערזעצער, רופט (800) 451-1527.

**Yoruba (Yorùbá):** Tí o bá ní èyíkẹyú ibèrè nípá àkọsílẹ̀ yú, o ní ètọ́ láti gba iránwọ́ àti ìwífún ní èdè rẹ́ ífẹ́fẹ́. Bá wa ògbùfọ́ kan sọrọ́, pe (800) 451-1527.

## Language Access Services:

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## County of Spotsylvania October 1, 2017 – September 30, 2018

	<b>OPTIONAL PLAN KEYCARE 20 (patient liability)</b>	<b>BASIC PLAN KEYCARE 30 (patient liability)</b>
<b>CALENDAR YEAR DEDUCTIBLE</b> (January 1 through December 31)	\$0 individual / \$0 family	\$500 individual / \$1,000 family
<b>OUTPATIENT OFFICE VISITS</b> <ul style="list-style-type: none"> <li>▾ Primary Care Physician (PCP)</li> <li>▾ Specialist</li> </ul>	\$20 copayment \$40 copayment	DEDUCTIBLE DOES NOT APPLY \$30 copayment \$50 copayment
<b>PREVENTIVE CARE and WELL BABY CARE</b>	\$0 copayment	DEDUCTIBLE DOES NOT APPLY \$0 copayment
<b>ANNUAL VISION EXAM</b>	\$15 co-payment (\$30 out of network allowance)	DEDUCTIBLE DOES NOT APPLY \$15 co-payment (\$30 out of network allowance)
<b>DIAGNOSTIC TESTS</b>	20% coinsurance	SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>THERAPIES: Physical, speech, occupational</b> Physical and occupational therapy have a combined 30 visit limit per calendar year. Speech therapy has a 30 visit limit per calendar year.	<b>FACILITY:</b> \$40 copayment + 20% coinsurance <b>PROFESSIONAL:</b> \$20/\$40 copayment	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>OUTPATIENT SURGERY</b>	<b>FACILITY:</b> \$100 copayment + 20% coinsurance <b>PROFESSIONAL:</b> \$20/\$40 copayment	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>MATERNITY CARE</b>	<b>FACILITY:</b> \$400 copayment + 20% coinsurance <b>PROFESSIONAL (global bill):</b> 20% coinsurance	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>MENTAL HEALTH and SUBSTANCE ABUSE OFFICE VISITS</b>	\$20 copayment	DEDUCTIBLE DOES NOT APPLY \$30 copayment
<b>INPATIENT HOSPITAL SERVICES</b>	<b>FACILITY:</b> \$400 copayment + 20% coinsurance <b>PROFESSIONAL:</b> 20% coinsurance	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance NO CO-PAY APPLIES
<b>SKILLED NURSING FACILITY</b> 100 day per stay limit	<b>FACILITY and PROFESSIONAL:</b> 20% coinsurance	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>DURABLE MEDICAL EQUIPMENT</b>	20% coinsurance	SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>AMBULANCE SERVICES</b>	20% coinsurance	SUBJECT TO DEDUCTIBLE 20% coinsurance
<b>EMERGENCY ROOM</b>	<b>FACILITY:</b> \$100 copayment + 20% coinsurance <b>PROFESSIONAL:</b> \$20/\$40 copayment	<b>FACILITY and PROFESSIONAL:</b> SUBJECT TO DEDUCTIBLE 20% coinsurance NO CO-PAY APPLIES
<b>COMBINED MEDICAL and PRESCRIPTION DRUG CALENDAR YEAR OUT-OF-POCKET (in-network)</b>	\$3,000 individual / \$6,000 family COPAYMENTS, and COINSURANCE ACCUMULATE TO ANNUAL OUT-OF-POCKET	\$3,500 individual / \$7,000 family DEDUCTIBLE, COPAYMENTS, and COINSURANCE ACCUMULATE TO ANNUAL OUT-OF-POCKET
<b>COMBINED MEDICAL and PRESCRIPTION DRUG CALENDAR YEAR OUT-OF-POCKET (out-of-network)</b> CALENDAR YEAR DEDUCTIBLE COINSURANCE OUT-OF-POCKET	\$500 individual / \$1,000 family 30% coinsurance \$4,500 individual / \$9,000 family	\$1,500 individual / \$3,000 family 40% coinsurance \$5,250 individual / \$10,500 family
<b>PRESCRIPTION DRUGS</b> Retail (30 day supply) Mail Order (90 day supply)	<b>Tier 1 \$10 / Tier 2 \$20 / Tier 3 \$35</b> <b>Tier 1 \$10 / Tier 2 \$40 / Tier 3 \$105</b>	<b>Tier 1 \$10 / Tier 2 \$30 / Tier 3 \$50</b> <b>Tier 1 \$10 / Tier 2 \$60 / Tier 3 \$150</b>

Anthem Rates Plan Year 10/1/17 to 9/30/18

Active Employees Coverage Level	Key Care 30				Key Care 20			
	Total Monthly Cost	County Monthly Cost	Empl Monthly Cost	Empl Per Pay Cost	Total	County Monthly Cost	Empl Monthly Cost	Empl Per Pay Cost
Employee Only	605.00	551.00	54.00	27.00	649.00	551.00	98.00	49.00
Employee + 1 Child	875.00	743.00	132.00	66.00	935.00	743.00	192.00	96.00
Employee + Spouse	1,319.00	1,121.00	198.00	99.00	1,409.00	1,121.00	288.00	144.00
Employee + Family	1,604.00	1,364.00	240.00	120.00	1,714.00	1,364.00	350.00	175.00

Retired Employees Coverage Level	Key Care 30				Key Care 20			
	Total Monthly Cost	County Monthly Cost	Retiree Monthly Cost		Total Monthly Cost	County Monthly Cost	Retiree Monthly Cost	
Retiree not Medicare Eligible	605.00	605.00	0.00		648.00	605.00	43.00	
Retiree Medicare Eligible	624.00	624.00	0.00		667.00	624.00	43.00	
Retiree's Spouse not Medicare Eligible	605.00	0.00	605.00		648.00	0.00	648.00	
Retiree's Spouse Medicare Eligible	624.00	0.00	624.00		667.00	0.00	667.00	
Retiree not Medicare Eligible + Spouse	1,319.00	605.00	714.00		1,409.00	605.00	804.00	
Retiree not Medicare Eligible + 1 Child	875.00	605.00	270.00		935.00	605.00	330.00	
Retiree not Medicare Eligible + Family	1,604.00	605.00	999.00		1,714.00	605.00	1,109.00	

COBRA	Key Care 30				Key Care 20			
	Total Monthly Cost	County Share	Cost Per Mth		Total Monthly Cost	County Share	Cost Per Mth	
Employee Only	617.00	0.00	617.00		662.00	0.00	662.00	
Employee + 1 Child	893.00	0.00	893.00		954.00	0.00	954.00	
Employee + Spouse	1,345.00	0.00	1,345.00		1,437.00	0.00	1,437.00	
Employee + Family	1,636.00	0.00	1,636.00		1,748.00	0.00	1,748.00	

COBRA rates include a 2% administrative fee

# Your prescription drug plan

Your Prescription Drug for Key care 20	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
Up to a 30-day medication supply at participating pharmacies	\$10	\$20	\$35
Up to a 90-day medication supply delivered to your home	\$10	\$40	\$105

Your Prescription Drug for Key Care 30	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
Up to a 30-day medication supply at participating pharmacies	\$10	\$30	\$50
Up to a 90-day medication supply delivered to your home	\$10	\$60	\$150

Under the Affordable Care Act, prescription, medical and behavioral costs all count toward one combined out of pocket maximum. Please refer to the benefit summary included with your enrollment brochure for the out-of-pocket maximum established for your medical and pharmacy benefit.

## Retail pharmacy network

Our network includes more than 56,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

To make sure your pharmacy's in our network, visit [anthem.com](http://anthem.com).

- Log in and click on "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left hand column.
- Click on "Find a Pharmacy."

Choosing a non-network pharmacy means you'll pay the full cost of your drug. Then, you may submit a claim form to be repaid. To access the form, visit [anthem.com](http://anthem.com).

- Log in and select the "Refill a Prescription" link. You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left-hand column, then click on "Coverage & Copayments." The claim form is on this page.

## Note about your pharmacy information on the web:

Express Scripts is the company that manages the operations of your drug plan. The first time you're directed to the Express Scripts website, you'll go through a brief registration. The purpose is to set your preferences for communication and privacy. You'll do this only once.

To access your pharmacy information, log on to [anthem.com](http://anthem.com).

## Home Delivery Pharmacy

# Your prescription drug plan (continued)

Home delivery is for people who take medications on an ongoing basis. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

## Getting started with home delivery

Switching is simple. You can order by mail or fax. Your order should arrive within 14 days from the date your order is received.

**By mail:** Visit [anthem.com](http://anthem.com) to get an order form.

- Log in and select "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "Fill a New Prescription."
- Choose the "Print a Prescription Order Form" link. You can print the form and complete it by hand. Or you can fill out a web-based form and print it.
- Mail your completed form, prescription from your doctor for a 90 day supply, and payments to:

Home Delivery Pharmacy  
PO Box 66558  
St. Louis MO 63166-6558

**By fax:** Have your doctor fax your prescription and plan ID card information to **800-600-8105**. It must be faxed directly from your doctor's office. If there is a question about your prescription, the pharmacy will contact your doctor.

## Ordering refills

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online:

**By phone:** Have your prescription label and credit card ready. Call **866-281-4279** and select "Automated Refill Order Line" option from the menu. Or press zero at any time to speak with a patient care advocate. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.

**By mail:** Fill out an order form you received with a previous order. Affix your label or write the prescription refill number in the space provided. Mail the order form with the proper payment to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis MO 63166-6785

**Online:** Visit [anthem.com](http://anthem.com).

- Log in and select "Refill a Prescription". You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click "Add Refills to Cart."
- Review the order, shipping method, payment, medical information and contact information, and make changes if needed.
- Click "Place My Order."

## Specialty Pharmacy

# Your prescription drug plan (continued)

Accredo, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions.

Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments.

Accredo CareLogic® programs help people with the conditions listed on this page. These programs teach you about treatment for your condition and help you understand and cope with medication and side effects. CareLogic nurses and pharmacists will schedule time with you to find out how you are doing. They will also help you manage the side effects of treatment.

Call 888-773-7376 to learn about how CareLogic can help you better manage your health condition.

## Ordering specialty drugs

You can place your first order by phone or fax:

**By phone:** Call **Accredo member services at 800-803-2523**, Monday through Friday, 8 a.m. to 11 p.m. and Saturday 8 a.m. to 5 p.m., Eastern time. A patient care advocate will help you get started.

**By fax:** Ask your doctor to fax your prescription and a copy of your ID card to Accredo at **800-391-9707**, or your doctor can call in your prescription by phone by calling Accredo at **866-759-1557**.

## Ordering refills

**Online:** Visit **anthem.com**.

- Log in and select 'Refill a Prescription.' You will be directed to the Express Scripts website.
- Chose the drugs you want to refill, and click "Add refills to Cart."
- Review the order, shipping method, payment, medical information and contact information and make changes if needed.
- Click "Place My Order."

Note: For some drugs, you must call to order a refill.

## Drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs.

We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit **anthem.com**. Click on "Customer Care" in the top-right corner. Select your state, then click "Download Forms." You'll find the Drug List on this page.

If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

## Generic drugs

If you're taking a brand name drug, you could save money by switching to an effective, lower cost generic drug. Your plan covers both brand and generic (or non-brand) drugs. When you choose a generic, you'll get the effectiveness of a brand drug – but usually at a lower cost.

# Your prescription drug plan (continued)

Brand and generic drugs have the same active ingredient, strength and dose. And generics must meet the same high standards for safety, quality and purity.

Prescription drugs will always be dispensed as ordered by your physician. If you or your doctor requests a brand name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

## Why generics cost less

Developing a new drug is expensive. When a company creates a new drug, it gets a patent for up to 20 years. That means only the company that created it can sell it during that time. Once the patent expires, other companies can make copies of the same drug. These companies avoid the high costs of developing the drug – and that helps lower the price for you.

Talk to your doctor to see if a generic is right for you. Don't switch or stop taking any drugs until you talk to your doctor.

## Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less
- Rules for use with very specific conditions

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

The Drug List also includes this information. To view it, visit [anthem.com](http://anthem.com). click on "Customer Care" in the top-right corner. Select your state, and then click on "Download Forms." You'll find the Drug List on this page.

*Anthem Blue Cross and its affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.*

*Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliates, HealthKeepers, Inc., are independent licensees of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.*

*This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.*

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

**WELCOME TO BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use.

This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



# Blue View Vision<sup>SM</sup>



**Your Blue View Vision network**

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target Optical®, JCPenney® Optical, Sears Optical<sup>SM</sup>, and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you receive the greatest benefits and money-saving discounts.

**Out-of-network services**

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (Network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

## YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

**VISION CARE SERVICES**

**Annual routine eye exam** (once every calendar year)

**Eyeglass frames**

Each calendar year you may select any eyeglass frame and receive the following allowance toward the purchase price:

Eyeglass lenses (Standard)

Factory scratch coating included

Polycarbonate lenses included for children under 19 years old.

**Transitions** lenses included for children under 19 years old.

You may receive any one of the following lens options:

(once every calendar year):

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

**Eyeglass lens upgrades**

When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost.

**Lens Options**

- UV Coating
- Tint (Solid and Gradient)
- Standard Polycarbonate
- **Transitions** lenses
- Progressive Lenses<sup>1</sup>
  - Standard
  - Premium Tier 1
  - Premium Tier 2
  - Premium Tier 3
- Standard Anti-Reflective Coating<sup>2</sup>
- Premium Tier 1 Anti-Reflective Coating<sup>2</sup>
- Premium Tier 2 Anti-Reflective Coating<sup>2</sup>
- Other Add-ons and Services

<sup>1</sup> Please ask your provider for his/her recommendation as well as the progressive brands by tier.

<sup>2</sup> Please ask your provider for his/her recommendation as well as the coating brands by tier.

**Contact lenses**

Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. (Once every calendar year)

- Elective Conventional Lenses
- Elective Disposable Lenses
- Non-Elective Contact Lenses

IN-NETWORK	OUT-OF-NETWORK
\$15 copayment	\$30 allowance
\$130 allowance then 20% off remaining balance	\$45 allowance
\$15 copay; then covered in full	\$25 allowance
\$15 copay; then covered in full	\$40 allowance
\$15 copay; then covered in full	\$55 allowance
Member cost for upgrades	
\$15	
\$15	
\$40	
\$75	
\$65	
\$91	
\$97	
\$103	
\$45	
\$57	
\$68	
20% off retail price	
\$130 allowance then 15% off the remaining balance	\$105 allowance
\$130 allowance (no additional discount)	\$105 allowance
Covered in full	\$210 allowance

Discounts on lens upgrades are not available out-of-network

Your contact lens allowance must be used at the time of initial service. No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.

**WELCOME TO BLUE VIEW VISION!**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what’s covered, your discounts, and much more!



**VISION CARE SERVICES**

**Contact lens fitting and follow-up**

A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.

- Standard contact fitting\*
- Premium contact lens fitting\*\*

\*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

\*\*A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

**IN-NETWORK**

Fitting and follow up visits covered in full

10% off retail price, then apply \$55 allowance

**OUT-OF NETWORK**

\$35 allowance

\$35 allowance

**DISCOUNTS**

**Savings on additional eyewear and accessories**

After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

**BLUE VIEW VISION ADDITIONAL SAVINGS**

**Additional Pair of Complete Eyeglasses**

**Contact Lenses**

*(Discount applied to materials only)*  
Conventional

**Eyewear Accessories**

Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.

\*Items purchased separately are discounted 20% off the retail price. Blue View Vision’s Additional Savings Program is subject to change without notice.

**MEMBER SAVINGS**

40% discount off retail\*

15% off retail price

20% off retail price

**Laser vision correction surgery**

Glasses or contacts may not be the answer for everyone. That’s why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at [anthem.com](http://anthem.com) and select vision care.

**USING YOUR BLUE VIEW VISION PLAN**

The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

Your out-of-pocket expenses related to the vision benefits do not count toward your annual out of pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. An independent licensee of the Blue Cross and Blue Shield Association. \*Registered marks Blue Cross and Blue Shield Association. Blue View Vision is a service mark of the Blue Cross and Blue Shield Association.

**Your Sample Summary of Benefits: SPOTSYLVANIA COUNTY**  
**Effective Date: 10/1/2017**  
**Anthem Dental Complete**



**WELCOME TO YOUR DENTAL PLAN!**

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

**Dental coverage you can count on**

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

**Savings beyond your dental plan benefits - you get more for your money.**

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

**YOUR DENTAL PLAN AT A GLANCE**

	In-Network	Out-of-Network
<b>Annual Benefit Maximum</b> * Per insured person Calendar Year	<b>\$1,000</b>	<b>\$1,000</b>
<b>Annual Maximum Carryover</b>	<b>No</b>	<b>No</b>
<b>Orthodontic Lifetime Benefit Maximum</b> * Per eligible insured person	<b>\$1,000</b>	<b>\$1,000</b>
<b>Annual Deductible</b> * Per insured person * Family maximum	<b>\$0</b> <b>No Limit</b>	<b>\$0</b> <b>No Limit</b>
<b>Deductible Waived for Diagnostic/Preventive Services</b>	<b>Yes</b>	<b>Yes</b>
<b>Out-of-Network Reimbursement Options:</b>	<b>80th percentile</b>	
<b>Dental Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
	<b>Anthem Pays:</b>	<b>Anthem Pays:</b>
<b>Diagnostic and Preventive Services, for example:</b> * Periodic oral exam * Teeth cleaning (prophylaxis) * Bitewing X-rays: 2X per 12 months * Intraoral X-rays	100% Coinsurance	100% Coinsurance
<b>Basic Services</b> <b>Fillings, for example:</b> * Amalgam (silver-colored) * Front composite (tooth-colored) * Back composite, Alternated to Amalgam Benefit	80% Coinsurance	80% Coinsurance
<b>Basic or Major Services</b> <b>Crowns</b>	80% Coinsurance	80% Coinsurance
<b>Prosthodontics, for example:</b> * Dentures * Bridges * Dental implants Not Covered	80% Coinsurance	80% Coinsurance
<b>Prosthetic Repairs/Adjustments</b>	80% Coinsurance	80% Coinsurance
<b>Endodontics, for example:</b> * Root Canal	80% Coinsurance	80% Coinsurance
<b>Periodontics, for example:</b> * Scaling and root planing	80% Coinsurance	80% Coinsurance
<b>Oral Surgery</b>	80% Coinsurance	80% Coinsurance
<b>Waiting Period for Basic Services:</b> <b>Waiting Period for Major Services:</b>	No Waiting Periods No Waiting Periods	
<b>Orthodontic Services</b> *Adults & Dependent Children	50% Coinsurance	50% Coinsurance
<b>Waiting Period:</b> No Waiting Periods		

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

\*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

VA\_PCLG\_ASO-Custom

**Emergency dental treatment for the international traveler**

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.\*\* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\*\* The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

**Finding a dentist is easy.**

To select a dentist by name or location, do one of the following:

- Go to [anthem.com/mydentalvision](http://anthem.com/mydentalvision)
- Call Customer Service at the toll-free number listed on the back of your ID card.

**TO CONTACT US:**

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

**Limitations & Exclusions**

<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p><b>Diagnostic and Preventive Services</b></p> <p><b>Oral evaluations</b> (exam) Limited to two per Calendar Year</p> <p><b>Teeth cleaning</b> (prophylaxis) Limited to two per Calendar Year</p> <p><b>Intraoral X-rays, single film</b> Limited to four films per 12-month period</p> <p><b>Complete series X-rays</b> (panoramic or full-mouth) Coverage Every 3 Years</p> <p><b>Topical fluoride application</b> Limited to once every 12 months for members through age 18</p> <p><b>Sealants</b> Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services. Please see your dental proposal page to determine your coverage.</p> <p><b>Basic and/or Major Services***</b></p> <p><b>Fillings</b> Limited to once per surface per tooth in any 24 months</p> <p><b>Space Maintainers</b> Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p><b>Crowns</b> Limited to once per tooth in a five-year period</p> <p><b>Fixed or removable prosthodontics – dentures, partials, bridges</b></p> <p>Covered once in any five-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is five years old or older and cannot be made serviceable.</p> <p><b>Root canal therapy</b> Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p><b>Periodontal surgery</b> Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p><b>Periodontal scaling and root planing</b> Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p><b>Brushed Biopsy</b> Not Covered</p> <p>***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.</p> <p>There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p> <p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES</b></p> <p><b>Orthodontia</b> Limited to one course of treatment per member per lifetime</p>	<p><b>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</b></p> <p><b>Services provided before or after the term of this coverage</b></p> <p>Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet</p> <p><b>Orthodontics (unless included as part of your dental plan benefits)</b> Orthodontic braces, appliances and all related services</p> <p><b>Cosmetic dentistry</b> Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p><b>Drugs and medications</b> Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p><b>Extractions</b> Surgical removal of asymptomatic, nonpathologic third molars</p>
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The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

**Choice of dentists**

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

**Here's why:**

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

**How Anthem dental decides on maximum allowed amounts**

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

**Here's an example of higher costs for out-of-network dental services**

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost:  $\$400$  coinsurance +  $\$400$  provider balance =  $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

**The Anthem Employee Assistance Program (EAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. Anthem EAP services include:**

**Face-to-Face Counseling.** You and your household members are eligible for up to four visits for each personal situation, as needed. You don't have to have Anthem insurance to qualify for this benefit. You can simply call the toll-free Anthem EAP number or access services online using the "Member Center."

**Legal Assistance.** You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms, seminars and a full library of articles.

**Financial Assistance.** Our financial professionals provide free telephonic consultation on the financial topics that are important to you. Counseling sessions have no time limitations, and are available without appointment during regular business. Online resources include an assortment of financial calculators and access to PocketSmith, a budgeting and management tool.

**ID Recovery.** Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft. All services are provided to you free of charge. This may include completing any necessary paperwork, reporting to the consumer credit agencies, and negotiating with creditors to repair debt history. Our specialists will work with you to restore your financial identity to its pre-theft status. Free credit monitoring services available via the website.

### **Tobacco Cessation (Online and Coaching)**

**Online Program:** LivingFree™ is a free 10 sessions, online training program which will help you learn how to break the tobacco habit. The program focuses on the root emotional and physical causes of using tobacco.

**Telephonic Coaching:** A free service provided via telephone or through instant messaging. The certified Coach will help you address the triggers of your tobacco use and how to overcome them as well as address issues related to weight management and fitness.

**Dependent Care and Daily Living Resources.** You and your household members can get information on child care, adoption, summer camps, college placement relocation, plus resources on elder care issues and assisted living by accessing the website at [www.anthemead.com](http://www.anthemead.com). Or call (800) 346-5484 to speak directly with a representative.

**Other Web Resources.** Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

**Crisis Consultation.** If you have an emergency, simply call the Anthem toll-free number. Consultants are available 24/7/365 to help or just listen, depending on your needs.

**To contact Anthem EAP, please call us toll-free at (800) 346-5484 or visit us at [www.anthemead.com](http://www.anthemead.com). Enter your company code: Spotsylvania County**

## Get reimbursed for out-of-pocket healthcare and expenses with tax free dollars!

### MAXIMIZE YOUR INCOME!

Flexible Spending Accounts (FSAs) allow you to pay certain healthcare and dependent care expenses with pre-tax money. (The key to the Flexible Benefit Plan is that your eligible expenses are paid for with Tax Free Dollars!) You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save, approximately, \$27.65 to \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

### ELIGIBILITY

Participation in the Plan Begins on October 1, 2017 and ends on September 30, 2018. Regular full-time employees and regular part-time employees who work an average of 20 hours or more per week are eligible to participate in the Flexible Spending program. Those employees having a qualifying event are eligible to enroll within 30 days of the qualifying event. Deductions begin on the first pay period following your plan start date. You must complete an enrollment to participate in the Flexible Spending Accounts each year during the enrollment period. If an enrollment is not completed during open enrollment, you will not be enrolled in the plan and you will not be able to join until the next Plan Year or if you have a qualifying event.

### ELECTION CHANGES

Election changes are only allowed if you experience one of the following qualifying events:

- Marriage or divorce
- Birth or adoption
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in Dependent Care Providers

### REIMBURSEMENT SCHEDULE

All manual or paper claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via check or direct deposit. You may also use your Benefits Card to pay for expenses. Please refer to the Benefits Card section for details.

### ONLINE ACCESS

Flexible Benefit Administrators, Inc. provides on-line account access for all FSA participants. Please visit their website at

[www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba) to view the following features:

- **FSA Login** – view balances, check status and view claims history-download participation forms
- **FSA Educational Tools** – FSA calculator: estimate how much you can save by utilizing an FSA.

### THE HEALTH CARE ACCOUNT IS A PRE-FUNDED ACCOUNT

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions are deposited into your account throughout the Plan Year.

**Contribution Limits: The maximum you may place in this account for the Plan Year is \$2,500. The minimum you may place in this account is \$240.**

### HEALTHCARE REIMBURSEMENT

With this account, you can pay for your out of pocket health care expenses for yourself, your spouse and all of your tax dependents for healthcare services that are incurred during your plan year and while an active participant. Eligible expenses are those incurred "for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This is a broad definition that lends itself to creativity.

### EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

#### Fees/Co-Pays/Deductibles For:

- |   |   |                              |
|---|---|------------------------------|
| • Acupuncture   | • Surgery   | • Mileage                    |
| • Prescription Eyeglasses/ Reading glasses/ Contact lens and supplies/ Eye Exams/ Laser Eye Surgery | • Dental/ Orthodontic Fees                        | • Take-home screening kits   |
| • Physician   | • Obstetrician                                    | • Diabetic supplies          |
| • Ambulance   | • X-Rays  | • Routine Physicals          |
| • Psychiatrist  | • Eye Exams                                       | • Oxygen                     |
| • Psychologist  | • Prescription Drugs                              | • Physical Therapy           |
| • Anesthetist   | • Artificial limbs & teeth                        | • Hearing aids and batteries |
| • Hospital  | • Birth control pills, patches                    | • Medical equipment          |
| • Chiropractor  | • Orthopedic shoes/ inserts                       |                              |
| • Laboratory/ Diagnostic  | • Therapeutic care for drug and alcohol addiction |                              |
| • Fertility Treatments  | • Vaccinations & Immunizations                    |                              |

### OVER-THE-COUNTER EXPENSES

Examples of medications and drugs that may be purchased in reasonable quantities with a prescription:

- |                                     |                            |
|-------------------------------------|----------------------------|
| • Antacids                          | • First aid creams         |
| • Pain relievers/aspirin            | • Cough & cold medications |
| • Ointments & creams for joint pain | • Laxatives                |
| • Allergy & sinus medication        | • Anti-diarrhea medicine   |

## DAY CARE/AGED ADULT CARE REIMBURSEMENT

The Day Care/Aged Adult Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars. Eligible Day Care/Aged Adult Care expenses are those you must pay

for the care of an eligible dependent so that you and your spouse can work. Eligible dependents, as revised under Section 152 of the Code by the Working Families Tax Act of 2005, are defined as either dependent children or dependent relatives that you claim as dependents on your taxes. Refer to the Employee Guide for more details. Eligible dependents are further defined as:

- Under age 13
- Physically or mentally unable to care for themselves such as:
  - Disabled spouse
  - Children who became disabled prior to age 19.
  - Elderly parents that live with you

**Contribution Limits:** The annual maximum contribution may not exceed the lesser of the following:

- **\$5,000 (\$2,500 if married filing separately)**
- Your wages for the year or your spouse's if less than above
- Maximum is reduced by spouse's contribution to a Day Care/Aged Adult Care FSA

## ELIGIBLE DAY CARE/AGED ADULT CARE EXPENSES

- Au Pair
- Nannies
- Before and After Care
- Day Camps
- Babysitters
- Daycare for an Elderly Dependent
- Daycare for a Disabled Dependent
- Nursery School
- Private Pre School
- Sick Child Center
- Licensed Day Care Centers

### Ineligible Expenses

- Overnight Camps
- Babysitting for Social Events
- Tuition Expenses Including Kindergarten
- Food Expenses (if separate from dependent care expenses)
- Care Provided By Children Under 19 (or by anyone you claim as a dependent)
- Days Your Spouse Doesn't Work (though you may still have to pay the provider)
- Kindergarten expenses are ineligible as an expense because it is primarily educational, regardless if it is half or full day, private, public, state mandated or voluntary.
- Transportation, books, clothing, food, entertainment and registration fees are ineligible if these expenses are shown separately on your bill.
- Expenses incurred while on a Leave of Absence or Vacation.

## HOW TO RECEIVE REIMBURSEMENT

To obtain a reimbursement from your Flexible Spending Account, you must complete a Claim Form. This form is available to you in your Employee Guide or on our website. You must attach a receipt or bill

from the service provider which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Canceled checks, bankcard receipts, credit card receipts and credit card statements are NOT acceptable forms of documentation. You are responsible for paying your healthcare or dependent care provider directly.

## HOW THE FLEXIBLE BENEFIT PLAN WORKS

	Without Flex Benefits	With Flex Benefits
Gross Monthly Income	\$ 2,500.00	\$ 2,500.00
Eligible Pre-Tax employer medical insurance	\$ 0.00	\$ 200.00
Eligible Pre-Tax Medical Expenses	\$ 0.00	\$ 60.00
Eligible Pre-Tax Dependent Child Care Expenses	\$ 0.00	\$ 300.00
<b>Taxable Income</b>	<b>\$ 2500.00</b>	<b>\$ 1940.00</b>
Federal Tax (15%)	\$ 375.00	\$ 291.00
State Tax (5.75%)	\$ 125.00	\$ 97.00
FICA Tax (7.65%)	\$ 191.25	\$ 148.41
After-Tax employer medical insurance	\$ 200.00	\$ 0.00
After-Tax medical expenses	\$ 60.00	\$ 0.00
After-Tax dependent child care expenses	\$ 300.00	\$ 0.00
<b>Monthly Spendable Income</b>	<b>\$ 1248.75</b>	<b>\$ 1403.59</b>

By taking advantage of the Flexible Benefit Plan this employee was able to increase his/her spendable income by \$154.84 every month! This means an annual tax savings of \$1,858.08. Remember, with the FLEXIBLE BENEFIT PLAN, the better you plan the more you save!

## FORFEITING FUNDS

Plan carefully! Unused funds will be forfeited back to your employer as governed by the IRS's "use-it-or-lose-it" rule. Please see the Employee Guide for more info.

## HOW TO ENROLL IN OUR FSA PLAN

### Step 1

Carefully estimate your eligible Health Care and Day Care/Aged Adult Care expenses for the upcoming Plan Year. Then use our online FSA Educational Tools located at [www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba) to help you determine your total expenses for the Plan Year.

### Step 2

Complete your enrollment during the open enrollment period, which instructs payroll to deduct a certain amount of money for your expenses. This amount will be contributed on a pre-tax basis from your paychecks to your FSA. Remember the amount you elect will be set aside before any federal, social security, and state taxes are calculated.

## BENEFITS CARD

The Benefit Card can be used as a direct payment method for eligible expenses incurred at approved service providers and merchants. Using your card allows you instant access to your funds with no out of pocket expense. Benefits Cards are available upon request of the account holder for dependents over the age of 18. Please keep all your itemized receipts. Flexible Benefit Administrators, Inc. may request documentation to substantiate Benefits Card transactions to determine eligibility of an expense. Please contact Flexible Benefit Administrators, Inc. to order additional cards.





# The FBA Benefits Card

## The easy way to access all of your benefits

*The benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.*

### Start Saving Money by Participating in Benefit Accounts

Are your out-of-pocket healthcare, dependent care and transportation costs rising? Tax-advantaged benefit accounts are a great way for you to save your hard-earned money. These accounts can include:

- Flexible spending accounts (FSAs)
- Health reimbursement arrangements (HRAs)
- Health savings accounts (HSAs)
- Dependent care flexible spending accounts (DCAs)
- Commuter accounts (transit/parking)

### Access to Funds

Your benefits debit card gives you easy access to the funds in your tax-advantaged benefit accounts by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard.

Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

### Multiple Benefit Accounts, One Card

In the event that you have multiple benefit accounts, you need only one benefits debit card. Our technology understands which purchases should be applied to any one of your accounts. If your card is swiped at your child's daycare, the funds will be deducted from your dependent care FSA. Buy a train token automatically with funds from your transit account. It's one smart card!

### Your benefits debit card is as easy as 1-2-3

#### 1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online, calling the phone number on the back of your card or via mobile application, if available.

#### 2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

#### 3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by your administrator or in case of an IRS audit.

### How long is my card valid?

As long as you do not have a break in participation, you can use your card for three years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.



For more information, please call 800-437-3539

P.O. Box 8188 • Virginia Beach, VA 23450 • [www.flex-admin.com](http://www.flex-admin.com)



## Get CONNECTED with your account... Wherever, whenever.

Introducing... our convenient participant web site!  
With the online WealthCare Portal you can view  
your account status, submit claims and report your  
benefits card lost/stolen right from your computer.

Once your account is established, you can use  
the same user name and password to access your  
account via our Mobile App!

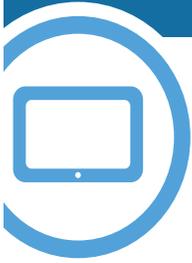


### Follow the simple steps below to establish your secure user account.

- Get started by visiting [www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba) and click the new user link.
- You will be directed to the registration page.
- Follow the prompts to create your account.
  - User Name
  - Password
  - Name
  - Email Address
  - Employee ID** (Your SSN, no spaces/dashes)
  - Registration ID
    - Employer ID** (FBASPT)
    - Your Benefits Card Number
- Once completed, please proceed to your account.

## Getting Started is Easy!

If you are having difficulty creating your user account or you have forgotten your password to an existing account, please contact us at 800-437-3539 or [flexdivision@flex-admin.com](mailto:flexdivision@flex-admin.com).



## Your healthcare finances are at your fingertips with the Flexible Benefit Administrators mobile app!

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



### Features

Download on  
iTunes



Download on  
Google Play



**Access accounts** – Check balances, view transaction history, and more.



**Manage claims** – Submit new claims, upload receipts and check claims status.



**Track and pay expenses** – Track medical claims and other expenses, plus pay bills electronically.



**Access cards** – Manage card details, access your PIN, and initiate card replacement for lost or stolen cards.



**Receive alerts** – View important account messages.



**Update your profile** – Update personal information, including your email and mobile phone.

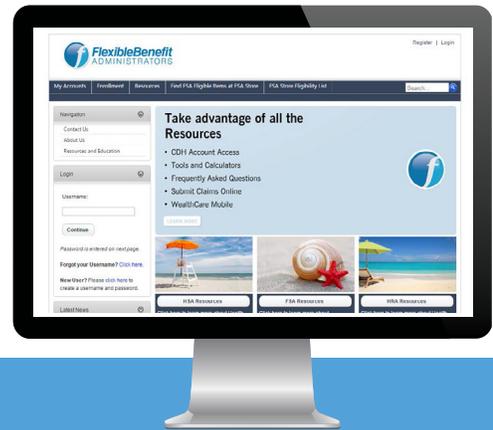
**Get Started  
Today!**

Simply search Flexible Benefit Administrators Mobile in iTunes or Google Play store, select “Install”, and log-in online if previously registered or register. Registration requires an employee ID (generally your SSN), employer ID/benefit debit card number, and valid email address to begin.



## Managing your healthcare finances is easy with the Flexible Benefit Administrators member portal!

The Flexible Benefit Administrators member portal provides you with powerful self-service account access, plus education and decision support tools that help put you in the driver's seat with your healthcare finances.



### Features



**Full account details at your fingertips** – intuitive online access to plan details, account balances and transaction history (including prior years)



**Self-service convenience** – check balances, submit claims and receipt documentation, pay bills, manage investments, and more



**Comprehensive decision support tools** – educational and interactive tools to help you make critical spending and saving decisions throughout the plan year



**Communication when you need it** – manage your preferences, with access to more than 25 alerts to keep you connected to your account



**Value-add services and offers** – to help you get the most value from your healthcare dollars

**Get Started Today!**

Take control of your healthcare finances this open enrollment season by registering for online access to your pre-tax account at [www.mywealthcareonline.com/fba](http://www.mywealthcareonline.com/fba).

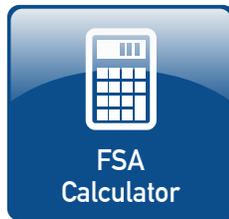
Access FSA Store at [bit.ly/FBAFSA](http://bit.ly/FBAFSA)

FSA Store is exclusively stocked with FSA/HSA eligible products so there are no guessing games about what is and is not reimbursable by an FSA. The site also offers tools and resources to help you better understand and manage your funds.



FSA Eligibility List

Eliminate eligibility guessing games.



FSA Calculator

Estimate your annual FSA spending.



FSA Deadline Tracker

Receive deadline reminders.



FSA Learning Center

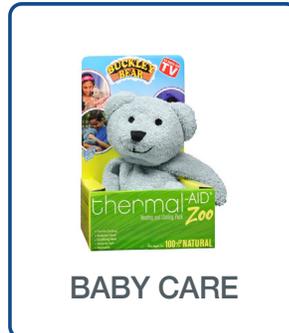
Get answers to all your FSA questions!



FIRST AID



SUN CARE



BABY CARE



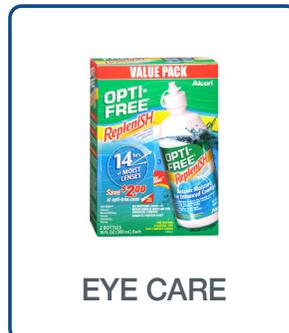
COLD & ALLERGY



SKIN CARE



PAIN RELIEF



EYE CARE



FOOT CARE

Get \$5 Off Orders \$35+

With Promo Code:

**FBAOE**

Cannot be combined with other offers. 1 use per customer.

# *Aflac Group Accident Plan*

## Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue, provided the applicant is eligible for coverage.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.
- Immediate effective date – Coverage will be effective the date the employee signs the application.
- 24-Hour Coverage.

## Eligibility

### **Issue Ages**

Employee at least age 18

Spouse at least age 18

Children under age 26

The employee may purchase Accident Plus coverage for his spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate.

## Guaranteed-Issue

Coverage is guaranteed-issue, provided the applicants are eligible for coverage. Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.

## Portability

When coverage would otherwise terminate because an employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- the date he fails to pay the required premium; or
- the date the class of coverage is terminated.

Coverage may not be continued:

- if the employee fails to pay any required premium; or
- if the Company receives notice of Class I plan termination.

## Accident Benefits – High Option

Complete Fractures		Closed Reduction Benefits
	EMPLOYEE	SPOUSE/CHILD(REN)
Hip/Thigh	\$4,500	\$4,000
Vertebrae	\$4,050	\$3,600
Pelvis	\$3,600	\$3,200
Skull (Depressed)	\$3,375	\$3,000
Leg	\$2,700	\$2,400
Forearm/Hand/Wrist	\$2,250	\$2,000
Foot/Ankle/Knee Cap	\$2,250	\$2,000
Shoulder Blade/Collar Bone	\$1,800	\$1,600
Lower Jaw (Mandible)	\$1,800	\$1,600
Skull (Simple)	\$1,575	\$1,400
Upper Arm/Upper Jaw	\$1,575	\$1,400
Facial Bones (Except teeth)	\$1,350	\$1,200
Vertebral Processes	\$900	\$800
Coccyx/Rib/Finger/Toe	\$360	\$320

If the fracture requires open reduction, we will pay 200% of the amount shown.

A *fracture* is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.

*Multiple fractures* refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture.

However, we will pay no more than 200% of the benefit amount for the fractured bone which has the highest dollar amount.

*Chip fracture* refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.

The maximum amount payable for the Fracture Benefit per covered accident is 200% the benefit amount for the fractured bone that has the higher dollar amount.

Complete Dislocations		
	Employee Closed Reduction	Spouse/Child(ren) Closed Reduction
Hip	\$4,000	\$3,000
Knee (not kneecap)	\$2,600	\$1,950
Shoulder	\$2,000	\$1,500
Foot/Ankle	\$1,600	\$1,200
Hand	\$1,400	\$1,050
Lower Jaw	\$1,200	\$900
Wrist	\$1,000	\$750
Elbow	\$800	\$600
Finger/Toe	\$320	\$240

If the dislocation requires open reduction, we will pay 200% of the amount shown.

*Dislocation* refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.

We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.

*Multiple dislocations* refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than 200% of the benefit amount for the dislocated joint that has the higher dollar amount.

*Partial dislocation* is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.

The maximum amount payable for the Dislocation Benefit per covered accident is 200% of the benefit amount for the dislocated joint that has the higher dollar amount.

If you have **both** fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than 200% the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.

Paralysis	
Quadriplegia	\$10,000
Paraplegia	\$5,000

*Paralysis* means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:

- The insured is injured,
- The injury causes paralysis which lasts more than 90 days, **and**
- The paralysis is diagnosed by a doctor within 90 days after the accident.

The amount paid will be based on the number of limbs paralyzed.

If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Lacerations	
Up to 2" long	\$50
2"–6" long	\$200
More than 6" long	\$400
Lacerations not requiring stitches	\$25

The laceration must be repaired with stitches by a doctor within 14 days after the accident. The amount paid will be based on the length of the laceration.

If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 14 days after the accident, we will pay this benefit based on the largest single laceration which requires stitches.

Injuries Requiring Surgery	
<b>Eye Injuries</b> (treatment and surgery within 90 days)	\$250
<b>Removal of foreign body from eye</b> (requiring no surgery)	\$50
<b>Tendons/Ligaments*</b> (treatment within 60 days, surgical repair within 90 days) <i>Single</i> <i>Multiple</i>	\$400 \$600
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	
<b>Ruptured Disc</b> (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400
<b>Torn Knee Cartilage</b> (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400
Burns (treatment within 14 days, first degree burns not covered)	
	Benefit
<b>Second Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$100 \$200 \$500 \$1,000
<b>Third Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$1,000 \$5,000 \$10,000 \$20,000
<b>Concussion</b> (A <i>concussion</i> or <i>Mild Traumatic Brain Injury (MTBI)</i> is defined as a disruption of brain function resulting from a traumatic blow to the head. (Note: <i>Concussion</i> and <i>MTBI</i> are used interchangeably. The concussion must be diagnosed by a doctor.)	\$200
<b>Coma</b> (state of profound unconsciousness lasting 30 days or more)	\$10,000
<b>Internal Injuries</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>Exploratory Surgery</b> (without repair, i.e., arthroscopy)	\$250
<b>Emergency Dental Work</b> (injury to sound, natural teeth) <i>Repaired with crown</i> <i>Resulting in extraction</i>	\$150 \$50

Medical Fees (for each accident)	
<b>Employee or Spouse</b>	\$125
<b>Child(ren)</b>	\$75

We will pay the amount shown for X-rays or doctor services.

For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 14 days after the accident.

We will pay the Medical Fees Benefit:

- For treatment received due to injuries from a covered accident **and**
- For each covered accident up to one year after the accident date.

Emergency Room Treatment	
<b>Employee or Spouse</b>	\$125
<b>Child(ren)</b>	\$75

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room **and**
- Receives initial treatment within 14 days after the covered accident.

This benefit is payable only once per 24-hour period and only once per covered accident.

We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.

<b>Emergency Room Observation Benefit</b>	
<b>Employee or Spouse</b>	<b>\$75</b>
<b>Child(ren)</b>	<b>\$45</b>

We will pay the amount shown for injuries received in a covered accident if the insured:

- Receives treatment in a hospital emergency room, **and**
- Is held in a hospital for observation for at least 24 hours, **and**
- Receives initial treatment within 14 days after the accident.

This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.

<b>Accident Follow-Up Treatment</b>	<b>\$25</b>
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We will pay the amount shown for up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 14 days of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

<b>Physical Therapy</b>	<b>\$25</b>
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We will pay the amount shown for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 14 days of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.

<b>Air Ambulance</b>	<b>\$500</b>
<b>Ambulance</b>	<b>\$100</b>

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown.

<b>Transportation (within 90 days)</b>	
<b>Train or Plane</b>	<b>\$300</b>
<b>Bus</b>	<b>\$150</b>

If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.

<b>Blood/Plasma</b>	<b>\$100</b>
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If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown.

<b>Prosthesis</b>	<b>\$500</b>
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If a covered accident requires the use of a prosthetic device, we will pay the amount shown. Hearing aids, wigs, or dental aids—including false teeth—are not covered.

<b>Appliance</b>	<b>\$100</b>
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We will pay the amount shown for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.

<b>Family Lodging Benefit (per night)</b>	<b>\$100</b>
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If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.

**Wellness \$60**

This benefit is payable while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:

- Annual physical exams
- Blood screenings
- Eye examinations
- Immunizations
- Flexible sigmoidoscopies
- Ultrasounds
- Mammograms
- Pap smears
- PSA tests

**Hospital Admission \$1,000**

We will pay the amount shown, when because of a covered accident, the insured:

- Is injured,
- Requires hospital confinement, **and**
- Is confined to a hospital for at least 24 hours within 6 months after the accident date.

We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

**Hospital Confinement (per day) \$200**

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
  - Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.
- The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.

**Hospital Intensive Care (per day) \$400**

We will pay the amount shown when, because of a covered accident, the insured:

- Is injured, **and**
- Those injuries cause confinement to a hospital intensive care unit.

The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.

<b>Accidental Death &amp; Dismemberment (within 90 days)</b>			
	Employee	Spouse	Children
Accidental Death	\$50,000	\$10,000	\$5,000
Accidental Common Carrier Death	\$100,000	\$50,000	\$15,000
Single Dismemberment	\$12,500	\$5,000	\$2,500
Double Dismemberment	\$25,000	\$10,000	\$5,000
Loss of One or More Fingers or Toes	\$1,250	\$500	\$250
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$100	\$100	\$100

Dismemberment means:

- Loss of a hand – The hand is cut off at or above the wrist joint; **or**
- Loss of a foot – The foot is cut off at or above the ankle; **or**
- Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; **or**
- Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.

If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.

Accidental Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.

Accidental Common Carrier Death – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.

Common carrier means:

- An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; **or**
- A railroad train which is licensed and operated for passenger service only; **or**
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

## Spotsylvania County Government

HIGH OPTION - 24 HOUR PLAN	Semi-Monthly (24pp/yr)
Employee	\$8.10
Employee and Spouse	\$11.58
Employee and Dependent Children	\$15.45
Family	\$18.93

*Wellness Benefit included in Rates*

*Please Note: Premiums and benefits shown are accurate as of publication. They are subject to change.*



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## LIMITATIONS AND EXCLUSIONS

If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

### WE WILL NOT PAY BENEFITS FOR INJURY, TOTAL DISABILITY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- War – participating in war or any act of war, declared or not; participating in the armed forces of, or contracting with, any country or international authority. We will return the prorated premium for any period not covered by this certificate when you are in such service.
- Suicide – committing or attempting to commit suicide, while sane or insane.
- Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Self-Inflicted Injuries – injuring or attempting to injure yourself intentionally.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a doctor. Legally intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
- Sports – participating in any organized sport—professional or semiprofessional.
- Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.

### TERMINATION OF AN EMPLOYEE'S INSURANCE

An employee's insurance will terminate on the earliest of the following:

1. the date the Plan is terminated, for Class I insureds;
2. the 31<sup>st</sup> day after the premium due date if the required premium has not been paid;
3. the date he ceases to meet the definition of an employee as defined in the Plan, for Class I insureds; or
4. the date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. the date the plan is terminated, for dependents of Class I insureds;
2. the 31<sup>st</sup> day after the premium due date, if the required premium has not been paid;
3. the date the spouse or dependent child ceases to be a dependent; or
4. the premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent Children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

## DEFINITIONS

**Accidental injury or injuries** means bodily injury or injuries resulting from an unforeseen and unexpected traumatic event that meets the definition of covered accident.

**Common carrier** means an airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; a railroad train that is licensed and operated for passenger service only; or a boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

**Covered accident** means an unforeseen and unexpected traumatic event resulting in bodily injury. An event meets the qualifications of covered accident if it occurs on or after the plan's effective date, occurs while coverage is in force, and is not specifically excluded.

**Dismemberment** means loss of a hand – The hand is removed at or above the wrist joint; loss of a foot – The foot is removed at or above the ankle; or loss of sight – At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable); or loss of a finger/toe – The finger or toe is removed at or above the joint where it is attached to the hand or foot.

**Dependent children** are your or your spouse's natural children, step-children, legally adopted children, or children placed for adoption who are younger than age 26.

However, there is an exception to the age-26 limit listed above. This limit will not apply to any child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. You or your spouse must furnish proof of this incapacity and dependency to the company within 31 days following the child's 26th birthday.

**Doctor** is defined as a person who is a legally qualified to practice medicine, licensed as a physician by the state where treatment is received, and licensed to treat the type of condition for which a claim is made. A doctor does not include you or your family member.

**Employee** means a person, who is actively at work with the master policyholder, engaged in full-time work, and is included in the class of employees eligible for coverage.

**Family member** includes your spouse (who is defined as your legal wife or husband) as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. This includes step-family members and family-members-in-law.

**Hospital** refers to a place that is legally licensed and operated as a hospital; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; has on-site or prearranged use of X-ray equipment, laboratory, and surgical facilities; and maintains permanent medical history records. A hospital is not a nursing home; an extended-care facility; a convalescent home; a rest home or a home for the aged; a place for alcoholics or drug addicts; or a mental institution.

**Hospital Intensive Care Unit** refers to a specifically designed hospital facility that provides the highest level of medical care and is restricted to patients who are critically ill or injured. Hospital Intensive Care Units must be separate and apart from the surgical recovery room; separate and apart from rooms, beds, and wards customarily used for patient confinement; permanently equipped with special life-saving equipment to care for the critically ill or injured; and under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit on an exclusive, full-time basis.

**Spouse** means your legal wife or husband. Coverage may only be issued to your spouse if your spouse is over 18.

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands.

Continental American Insurance Company, Columbia, South Carolina.

AGCM378VA-200-25-BK IV (11/16)

# *Allstate Benefits Group Cancer Plan*

*In the United States, about 1,685,210 new cancer cases were expected to be diagnosed in 2016. <sup>1</sup>*

## **Group Voluntary Cancer**

If you suddenly become diagnosed with cancer, it can be difficult on your family's financial and emotional stability. Having the right coverage to help when you are sick and undergoing treatment or when you cannot work is important. Our cancer insurance can help provide security when you need it most.

### **Meeting Your Needs:**

Our cancer coverage can help offer you and your family members financial support during a period of unexpected illness.

- Benefits will be paid directly to you unless otherwise assigned
- Coverage can be purchased for you and your entire family
- No evidence of insurability required at initial enrollment <sup>†</sup>
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts\*
- Includes coverage for 29 other specified diseases\*\*
- Portable coverage

### **Benefit Coverage Highlights**

Group Voluntary Cancer Insurance offers you coverage should you be diagnosed with cancer or 29 specified diseases. It can help protect you and your family 24 hours a day, seven days a week.

Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse, domestic partner and children). Our valuable coverage can help supplement your traditional medical insurance which may only cover a small portion of the non-medical expenses that can be incurred with such a diagnosis as cancer.

You and each covered family member can be sure they will receive:

- Benefits that can be used to help pay for treatment, hospital stays, transportation, and more!
- Easy enrollment without required evidence of insurability <sup>†</sup>

A cancer diagnosis can mean unforeseen expenses that may be difficult to pay. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly. Our Group Voluntary Cancer Supplemental Insurance can help offset some of the expenses your health insurance may not cover, so you can focus on getting well.

*\*Primary insured only*

*\*\*List of covered diseases on the following page*

*<sup>1</sup> Cancer Facts & Figures, American Cancer Society, 2016*

*<sup>†</sup> Enrolling after your initial enrollment period requires evidence of insurability*

**In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer, for women, the risk is a little more than 1 in 3.<sup>2</sup>**

### ***Your Benefit Coverage***

Benefits are paid for cancer and specified diseases and can help cover the costs of specific treatments and expenses as they happen. Terms and conditions for each benefit will vary.

### ***Specified Diseases***

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis and Primary Biliary Cirrhosis.

### ***Continuous Hospital Confinement***

**A \$100 benefit will be paid** for each day of continuous hospital confinement for the treatment of cancer or specified diseases.

### ***Government or Charity Hospital***

**A \$100 benefit will be paid** for each day a covered person is confined to:

- (1) a hospital operated by or for the U.S. Government (including the Veteran's Administration);
- (2) a hospital that does not charge for the services it provides (charity).

This benefit is paid in lieu of all other benefits in the policy (except Waiver of Premium Benefit).

### ***Surgery***

**Up to a \$3,000\*\* benefit will be paid** when a covered surgery (\*\*amount per surgery depends on surgery) is performed on a covered person. This benefit pays the actual charges, up to the amount listed in the Schedule of Surgical Procedures for the specific procedure. Two or more procedures performed at the same time through one incision or entry point are considered one operation; We pay the amount for the procedure with the greatest benefit. We pay for a covered surgery performed on an outpatient basis at 150% of the scheduled benefit. This benefit does not pay for surgeries covered by other benefits in the Schedule of Benefits.

### ***Second Opinion***

**A \$400 benefit will be paid** for a second opinion, if physician recommends surgery or treatment for covered condition. This second opinion must be rendered prior to surgery or treatment being performed, and obtained from a physician not in practice with the physician rendering the original recommendation.

### ***Physical or Speech Therapy***

**A \$50 benefit will be paid** per day for physical or speech therapy for restoration of normal body function.

### ***Anesthesia***

**25% of the surgery benefit will be paid** for anesthesia.

### ***Ambulatory Surgical Center***

**A \$500 benefit will be paid** for a surgical procedure covered under the surgery benefit that is performed at an ambulatory surgical center.

### ***Radiation/Chemotherapy for Cancer***

**Up to a \$10,000 (Low) or \$20,000 (High) benefit will be paid** per 12-month period for radiation therapy and chemotherapy received by a covered person. This benefit pays the actual cost and is limited to the amount shown per 12-month period beginning with the first day of benefit under this provision. Administration of radiation therapy or chemotherapy other than by medical personnel in a physician's office or hospital, including medications dispensed by a pump, will be limited to the costs of the drugs only, subject to the maximum amount payable per 12-month period.

### ***Anti-Nausea Benefit***

**Up to a \$200 benefit will be paid** per calendar year for the actual cost of anti-nausea medication prescribed for a covered person by a physician in conjunction with cancer or specified-disease treatment. This benefit does not pay for medication administered while the covered person is an inpatient.

### ***Inpatient Drugs and Medicine***

**A \$25 benefit will be paid** per day for drugs and medicine while continuously hospital confined. This benefit does not pay for drugs and/or medicine covered under the Radiation/Chemotherapy Benefit or the Anti-Nausea Benefit.

### ***Hematological Drugs***

**Up to a \$200 (Low) or \$400 (High) benefit will be paid** per year for the actual cost of drugs intended to boost cell lines such as white blood cell counts, red blood cell counts and platelets. This benefit is paid only when the Radiation/Chemotherapy for Cancer benefit is paid.

### ***Medical Imaging***

**Actual cost up to a \$500 (Low) or \$1,000 (High) benefit will be paid** per calendar year if a covered person receives an initial diagnosis or follow-up evaluation based upon one of the following medical imaging exams: CT scan, Magnetic Resonance Imaging (MRI) scan, bone scan, thyroid scan, Multiple Gated Acquisition (MUGA) scan, Positron Emission Tomography (PET) scan, transrectal ultrasound, or abdominal ultrasound. This benefit is limited to 1 payment per calendar year per covered person.

### ***Private Duty Nursing Services***

**A \$100 benefit will be paid** per day while hospital confined, if a covered person requires the full-time services of a private nurse. Full-time means at least 8 hours of attendance during a 24-hour period. These services must be required and authorized by a physician and must be provided by a nurse.

### ***New or Experimental Treatment***

**Actual charges up to a \$5,000 benefit will be paid** per 12-month period, for new or experimental treatment. New or experimental treatment is covered for cancer and specified disease when: the treatment is judged necessary by the attending physician and no other generally accepted treatment produces superior results in the opinion of the attending physician. This benefit is limited to the maximum shown per 12-month period beginning with the first day of treatment under this provision. This benefit does not pay if benefits are payable for treatment covered under any other benefit in the Schedule of Benefits.

### ***Blood, Plasma, and Platelets***

**Up to a \$10,000 (Low) or \$20,000 (High) benefit will be paid** per 12-month period for the actual cost of blood, plasma and platelets (including transfusions and administration charges), processing and procurement costs and cross-matching. Does not pay for blood replaced by donors or immunoglobulins.

### ***Physician's Attendance***

**A \$50 benefit will be paid** for a visit by a physician during hospital confinement. Benefit is limited to one visit by one physician per day of hospital confinement. Admission to the hospital as an inpatient is required.

### ***At Home Nursing***

**A \$100 benefit will be paid** per day for private nursing care and attendance by a nurse at home. At-home nursing services must be required and authorized by the attending physician. Benefit is limited to the number of days of the previous continuous hospital confinement.

### ***Prosthesis***

**Up to a \$2,000 benefit will be paid** per amputation, per covered person for the actual charges for prosthetic devices which are prescribed as a direct result of surgery and which require surgical implantation.

### ***Hair Prosthesis***

**A \$25 benefit will be paid** every 2 years for a wig or hairpiece if the covered person experiences hair loss.

### ***Nonsurgical External Breast Prosthesis***

**Up to a \$50 benefit will be paid** for the actual cost of the initial, nonsurgical breast prosthesis following a covered mastectomy or partial mastectomy that is paid for under the policy.

### ***Ambulance***

**A \$100 benefit will be paid** per continuous hospital confinement for transportation by a licensed ambulance service or a hospital-owned ambulance to or from a hospital in which the covered person is confined.

### ***Hospice Care***

**A \$100 benefit will be paid** for one of the following when a covered person has been diagnosed by a physician as terminally ill as a result of cancer or specified disease, is expected to live 6 months or less and the attending physician has approved services:

1. Freestanding Hospice Care Center – A benefit will be paid per day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or
2. Hospice Care Team – A benefit will be paid per visit, limited to 1 visit per day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home. Benefit is payable only if: (a) the covered person has been diagnosed as terminally ill; and (b) the attending physician has approved such services. Does not pay for: food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers, or support for the family after the death of the covered person.

### ***Extended Care Facility***

**A \$100 benefit will be paid** for each day a covered person is confined in an extended care facility for the treatment of cancer or specified disease. Confinement must be at the direction of the attending physician and must begin within 14 days after a covered hospital confinement. Benefit is limited to the number of days of the previous continuous hospital confinement.

### ***Outpatient Lodging***

**A \$50 benefit will be paid** for lodging per day when a covered person receives radiation or chemotherapy treatment on an outpatient basis, provided the specific treatment is authorized by the attending physician and cannot be obtained locally. Benefit is the actual cost of a single room in a motel, hotel, or other

accommodations acceptable to Allstate Benefits during treatment, **up to the maximum \$2,000** per 12 months beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home.

### ***Non-Local Transportation***

**\$0.40 per mile or actual cost of round trip coach fare on a common carrier benefit will be paid** for treatment at a hospital (inpatient or outpatient), radiation therapy center, chemotherapy or oncology clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. Benefit pays up to 700 miles for round trip in personal vehicle. "Non-Local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Mileage is measured from the covered person's home to the nearest treatment facility as described above. Does not cover transportation for someone to accompany or visit the person receiving treatment, visits to a physician's office or clinic, or for services other than actual treatment.

### ***Family Member Lodging and Transportation***

**Up to a \$50 benefit per day will be paid for lodging and \$0.40 per mile or the actual cost of round trip coach fare on a common carrier will be paid** for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment.

1. Lodging - This benefit is for a single room in a motel, hotel, or other accommodations acceptable to Allstate Benefits. Benefit is limited to 60 days for each period of continuous hospital confinement.
2. Transportation - Benefit is limited to 700 miles per continuous hospital confinement if traveling in personal vehicle. Mileage is measured from the visiting family member's home to the hospital where the covered person is confined. Does not pay the Family Member Transportation Benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation Benefit, when the family member lives in the same city or town as the covered person.

### ***Waiver of Premium (primary insured only)***

If while coverage is in force the insured employee becomes disabled due to cancer first diagnosed after the effective date of coverage and remains disabled for 90 days, We pay premiums due after such 90 days for as long as the insured employee remains disabled.

### ***Bone Marrow or Stem Cell Transplant\****

**A 1. \$1,000\*, 2. \$2,500\*, 3. \$5,000\* benefit will be paid** for the following types of bone marrow or stem cell transplants performed on a covered person.

1. A transplant which is other than non-autologous.
2. A transplant which is non-autologous for the treatment of cancer or specified disease, other than Leukemia.
3. A transplant which is non-autologous for the treatment of Leukemia.

**\*This benefit is payable only once per covered person per calendar year.**

## **ADDITIONAL BENEFITS**

### ***Wellness***

**A \$100 benefit will be paid** per calendar year per covered person for one of the following wellness tests: Biopsy for skin cancer; Blood test for triglycerides; Bone Marrow Testing; CA15-3 (cancer antigen 15-3 - blood test for breast cancer); CA125 (cancer antigen 125 – blood test for ovarian cancer); CEA (carcinoembryonic antigen – blood test for colon cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Cervical

Cancer Screening; PSA Testing and Digital Rectal Exams - if over 50 or over 40 and at high risk for prostate cancer; (prostate specific antigen – blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms. This benefit is paid regardless of the result of the test.

### **OPTIONAL BENEFITS**

#### ***Cancer Initial Diagnosis (First Occurrence)***

**A one time benefit of \$3,000 (Low and High) benefit will be paid** when a covered person is diagnosed for the first time in their life as having cancer other than skin cancer. The first diagnosis must occur after the effective date of coverage for that covered person. Benefit is payable only once per covered person.

#### ***Intensive Care (Low and High Plans Only)\*\****

**A benefit will be paid** for each day for the following types of intensive care confinement:

1. **Hospital Intensive Care Unit Confinement \$600\*** - This benefit is for hospital intensive care unit confinement for any illness or accident.
2. **Step-Down Hospital Intensive Care Unit Confinement \$300\*** - This benefit is for step-down hospital intensive care unit confinement for any illness or accident.
3. **Ambulance - Allstate Benefits pay the actual charges** for transportation of a covered person by licensed air or surface ambulance service to a hospital for admission to an intensive care unit for a covered confinement. This benefit is not paid if an ambulance benefit is paid under the Ambulance benefit in the policy.

***\*This benefit is limited to 45 days for each period of such confinement. A day is a 24-hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid.***

***\*\*This benefit is not disease-specific and pays a benefit for covered confinement in a hospital intensive-care unit for any covered illness or accident from the first day of coverage.***

**Certificates** - Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form is required for late entrants into the group plan.

**Eligibility** - Family members eligible for coverage include: you, your legal spouse or domestic partner; and children.

**Portability Privilege** - Allstate Benefits will provide portability coverage, subject to these provisions. Such coverage will not be available for you, unless: coverage under the policy terminates under the General Provision entitled "Termination of Coverage," we receive a written request and payment of the first premiums for the portability coverage not later than 63 days after such termination and the request is made for that purpose. No portability coverage will be provided to you, if your insurance under the policy terminated due to your failure to make required premium payments.

**Termination of Coverage** - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled, the last day of the period for which you made any required premium payments, the last day you are in active employment except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision, the date you are no longer in an eligible class, or the date your class is no longer eligible. We will provide coverage for a payable claim incurred while you are covered under the policy. If your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or your death. If your domestic partner is a covered person, the domestic partner's coverage ends upon termination of the domestic partnership or your death. If your child is a covered person, the child's coverage ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Coverage does not terminate on an incapacitated dependent child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under the coverage;  
and
3. is chiefly dependent upon you for support and maintenance.

Coverage for an incapacitated dependent child continues as long as the coverage remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished in writing when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility. If we accept a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, such premium will be refunded, coverage will be refunded, coverage will terminate and claims will not be paid.

**Limits, Exclusions, and Exceptions** - We do not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12-month period beginning on the date that person became a covered person. This exclusion will not apply to your newborn child, adopted child or foster child under the age of 18 if we are notified within 31 days of the child's birth or date of placement. A Pre-Existing Condition is a disease or physical condition for which medical advice or treatment was recommended or received from a member of the medical profession within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made. We do not pay for any loss except for losses due directly from cancer or specified disease. We do not pay for any other conditions or diseases caused or aggravated by cancer or a specified disease. Diagnosis must be submitted to support each claim. For the Surgery, New or Experimental Treatment and Prosthesis Benefits, if specific charges are not obtainable as proof of loss, We will pay 50% of the applicable maximum for the benefits payable. Treatment must be received in the United States or its territories.

**Intensive Care Exclusions and Limitations** - The Hospital Intensive Care Unit Confinement benefit does not pay for intensive care if a covered person is admitted because of an attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed or recommended by a physician, or alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. Progressive care units, sub-acute intensive care units, intermediate care units, and private rooms with monitoring, step-down units and any other lesser care treatment units do not qualify as hospital intensive care units. We do not pay for step-down hospital intensive care unit confinement if a covered person is admitted and confined in the following type of units: telemetry or surgical recovery rooms, post-anesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, beds, wards, or private or semi-private rooms with or without telemetry monitoring equipment, an emergency room, labor or delivery rooms, or other facilities that do not meet the standards for a step-down hospital intensive care unit. We do not pay this benefit for continuous hospital intensive care unit confinements or continuous step-down hospital intensive care unit confinements that occur during a hospitalization that begins before the effective date of coverage. We do not pay for ambulance benefit if paid under the cancer and specified disease benefit.

**Coverage Subject to the Policy** - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between us and the policyholder. Your consent is not required for this. We are not required to give you prior notice.

**The policy is Limited Benefit Cancer and Specified Disease Insurance.** This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. Subject to COBRA continuation of coverage.

**This coverage does not constitute comprehensive health insurance coverage (often referred to as major medical coverage) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.** This material is valid as long as information remains current, but in no event later than January 15, 2019. Group Cancer and Specified Disease benefits are provided by policy GVCP3, or state variations thereof. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy sets forth in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, call your Allstate Benefits Representative. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificate issued.

***Allstate Benefits is the marketing name used by  
American Heritage Life Insurance Company  
(Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.  
Allstate Benefits, The Workplace Marketer ©  
1776 American Heritage Life Drive, Jacksonville, Florida 32224  
Customer Care Center: 1.800.521.3535  
www.allstate.com or AllstateBenefits.com***

**Allstate Benefits Cancer Semi-Monthly Rates**

**Low Option without Optional Benefits**

Insureds	Semi-Monthly
<i>Employee</i>	<b>\$10.04</b>
<i>Employee + Child(ren)</i>	<b>\$13.86</b>
<i>Employee + Spouse</i>	<b>\$15.48</b>
<i>Family</i>	<b>\$19.29</b>

**Low Option with Optional Benefits**

Insureds	Semi-Monthly
<i>Employee</i>	<b>\$13.03</b>
<i>Employee + Child(ren)</i>	<b>\$18.41</b>
<i>Employee + Spouse</i>	<b>\$20.75</b>
<i>Family</i>	<b>\$26.12</b>

**High Option without Optional Benefits**

Insureds	Semi-Monthly
<i>Employee</i>	<b>\$15.55</b>
<i>Employee + Child(ren)</i>	<b>\$21.83</b>
<i>Employee + Spouse</i>	<b>\$23.76</b>
<i>Family</i>	<b>\$30.02</b>

**High Option with Optional Benefits**

Insureds	Semi-Monthly
<i>Employee</i>	<b>\$18.54</b>
<i>Employee + Child(ren)</i>	<b>\$26.38</b>
<i>Employee + Spouse</i>	<b>\$29.03</b>
<i>Family</i>	<b>\$36.85</b>



**Allstate**<sup>®</sup>  
Benefits

# Aflac Group Hospital Indemnity Plan

## Plan Description

The Group Supplemental Hospital Indemnity Plan provides benefits for inpatient and outpatient services as a result of covered accidents and sicknesses.

## Plan Features

- Benefits available for spouse and/or dependent children.
- Pays regardless of any other insurance programs.
- Premiums are paid by convenient payroll deduction.
- Covers both injuries and sicknesses.
- Admission and per day Hospital Confinement Benefits included. Additional benefits paid for confinement to intensive care.
- Surgery and Anesthesia Benefits included.
- The plan is portable with certain stipulations

## Individual Eligibility

Issue Ages

Employee 18-64

Spouse 18-64

Children under age 19, or under age 25 if a full time student

## Spouse and Dependent Children Coverage Available

The employee may purchase Group Supplemental Hospital Indemnity coverage for their spouse and/or dependent children. The spouse and dependent children cannot participate if the employee is not eligible for coverage or elects not to participate. If the employee is eligible then the employee's spouse and dependent children are eligible to participate.

If the employee is eligible then the employee's spouse and dependent children are eligible to participate. A spouse is the employee's legal spouse between the age of 18 and 64. A dependent child is an employee's natural born, step children, legally adopted children or children placed for adoption, who are:

- Unmarried.
- Chiefly dependent on you or your spouse for support.
- Younger than age 19, or age 25 when a full-time student.

Coverage for a child shall continue in force for up to 12 months from the date the child ceases to be a full-time student if the child is unable to continue as a full-time student due to a medical condition. The treating physician must certify when the full-time student withdraws from school that the absence is medically necessary. This only applies to covered full-time students under age 25.

Dependent children also includes, regardless of age, who:

- Are mentally or physically handicapped;
- Became or become handicapped prior to age 19 or younger than age 25 if a full-time student; and
- Cannot support themselves because of their handicap.

A child born after the effective date of this rider will also be covered from the moment of live birth. No notice or additional premium is required.

## Guaranteed-Issue

During the initial enrollment, coverage is guaranteed-issue, which means you may not have to answer health questions to be eligible for coverage. Subsequent to the initial enrollment, evidence of insurability may be required.

## Portability

When coverage would otherwise terminate because an employee ends his employment, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II.

The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- the date he fails to pay the required premium; or
- the date the class of coverage is terminated.

Coverage may not be continued:

- if the employee fails to pay any required premium; or
- if the Company receives notice of Class I plan termination.

## Benefits

Hospital Confinement (per day)	
Plan I	\$150

We will pay the amount shown when an insured is confined to a hospital as a resident bed patient as the result of an injury or because of a covered sickness. To receive this benefit for injuries received in an injury, the insured must be confined to a hospital within six months of the date of the covered accident.

The maximum period for which a covered person can collect benefits for hospital confinements resulting from covered sickness or from injuries received in the same covered accident is 180 days.

This benefit is payable for only one hospital confinement at a time—even if the confinement is a result of more than one covered accident, more than one covered sickness, or a covered accident and a covered sickness.

<b>Hospital Admission (per confinement)</b>	
<b>Plan I</b>	\$250

We will pay the amount shown when an insured is admitted to a hospital and confined as a resident bed patient because of an injury or because of a covered sickness. To receive this benefit for injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident.

We will not pay benefits for confinement to an observation unit, for emergency room treatment, or for outpatient treatment.

We will pay this benefit only once for each covered accident or covered sickness. If an insured is confined to the hospital because of the same or related injury or sickness, we will not pay this benefit again.

This benefit option will be based on the insured’s current major medical plan’s deductible to assist the insured in meeting the out-of-pocket liability.

<b>Hospital Intensive Care (per day)</b>	
<b>Plan I</b>	\$150

If an insured is confined in a Hospital Intensive Care Unit due to an Injury received from a Covered Accident or because of a Covered Sickness, we will pay the daily Hospital Intensive Care Benefit amount. In order to receive this benefit for a Covered Accident, the insured must be admitted to a Hospital Intensive Care Unit within 6 months of the date of the Covered Accident.

We will pay the daily Hospital Intensive Care Benefit amount for each day of confinement to a Hospital Intensive Care Unit, not to exceed the 30-day maximum during any one period of confinement.

We will pay the Hospital Intensive Care Benefits for only one confinement in a Hospital’s Intensive Care Unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness or a Covered Accident and a Covered Sickness.

If we pay benefits for confinement in a Hospital’s Intensive Care Unit and the insured become confined to a Hospital’s Intensive Care Unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

<b>Surgical Benefit (per procedure)</b>	
<b>Plan I</b>	Up to \$1,500

If an insured has surgery performed by a physician due to an injury or because of a covered sickness, we will pay the appropriate surgical benefit amount shown in the Schedule of Operations. The surgical benefit paid will never exceed the maximum surgical benefit designated in the plan. The surgery can be performed in a hospital (on an inpatient or outpatient basis), in an ambulatory surgical center, or in a physician’s office.

If an operation is not listed in the Schedule of Operations, we will pay an amount comparable to that which would be payable for the operation listed in the Schedule of Operations (the operation that is nearest in severity and complexity).

If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit—the largest—will be provided.

<b>Anesthesia Benefits</b>	
<b>Plan I</b>	Up to \$375

When an insured receives benefits for a surgical procedure covered under the Surgical Benefit, we will pay the appropriate benefit amount shown in the Schedule of Operations for anesthesia administered by a physician in connection with such procedure. However, the Anesthesia Benefit paid will not exceed 25 percent of the amount paid under Surgical Benefit.

<b>Hospital Emergency Room/Physician</b>	
<b>Plan I</b>	Up to \$50 per visit

If a covered person is injured in a covered accident or has treatment as the result of a covered sickness, we will pay the benefit as shown for a maximum benefit of \$50 based on the following:

\$50 – Physician (per visit) / X-ray (per visit)

\$25 – Laboratory fees (per visit) / Injections/medications (per visit)  
 Not to exceed a maximum of \$50 per visit.

Out-of-Hospital Prescription Drug Benefit	
Plan I	\$10 per visit (5 prescription maximum per covered person per year)

We will pay an indemnity benefit, based on the plan definitions, for each prescription filled for a covered person. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the patient. This benefit is subject to the Out-of-Hospital Prescription Drug Benefit maximum.

This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines, or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home, or similar institution; (d) immunization agents, biological sera, blood, or blood plasma; or (e) contraceptive materials, devices, or medications or infertility medication, except where required by law.

Well Baby Care Benefit	
Plan I	\$25 per visit

We will pay the Well Baby Care Benefit amount associated with each benefit plan option when an insured baby receives well baby care (four visits per calendar year, per insured baby). For this plan, a baby is a dependent child 12 months of age or younger. This benefit is payable only if coverage is issued with the Dependent Children Benefit Rider.



**Plan I-SEMI-MONTHLY**

Employee	\$17.51
Employee & Spouse	\$34.84
Employee & Dependent Children	\$27.04
Family	\$44.37



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Underwritten by:  
 Continental American Insurance Company  
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**Limitations and Exclusions**

**Pre-Existing Condition Limitation**

A **pre-existing condition** means, within the 12-month period prior to the insured's effective date, conditions for which medical advice or treatment was received or recommended.

We will not pay benefits for any loss or injury that is caused by, contributed to by, or resulting from a pre-existing condition for 12 months after the insured's effective date or for 12 months from the date medical care, treatment, or supplies were received for the pre-existing condition—whichever is less.

A claim for benefits for loss starting after 12 months from the effective date of the insured's certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

Pregnancy will not be covered if conception was before the Effective Date of the Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

If the certificate is issued as a replacement for a certificate previously issued under this plan, then the pre-existing condition limitation provision of the new certificate applies only to any increase in benefits over the prior certificate. Any remaining pre-existing condition limitation period of the prior certificate continues to apply to the prior level of benefits.

### **Exclusions**

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the Pre-Existing Condition Limitation provision above).

We will not pay benefits for loss contributed to by, caused by, or resulting from:

1. War – Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide – Committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries – Injuring or attempting to injure yourself intentionally.
4. Traveling – Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing – Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation – Operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those, which are not motor-driven.
7. Intoxication – Being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Acts – Participating or attempting to participate in an illegal activity, or working at an illegal job.
9. Sports – Participating in any organized sport: professional or semi-professional.
10. Routine physical exams and rest cures.
11. Custodial care. This is care meant simply to help people who cannot take care of themselves.
12. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Injury or sickness covered by Worker's Compensation.
19. Dental services or treatment.
20. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
21. Mental or emotional disorders without demonstrable organic disease.
22. Alcoholism, drug addiction, or chemical dependency.

### **Terminations**

An employee's insurance will terminate on the earliest of the following:

1. The date the plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds; or
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the spouse or dependent child ceases to be a dependent; or
4. The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

Termination of the insurance on any Insured will not prejudice his rights regarding any claim arising prior to termination.

### **Definitions**

**Injury or Injuries** – Accidental bodily injury or injuries caused solely by or as the result of a covered accident.

**Covered Accident** – An accident, which occurs on or after the insured's effective date, while the insured's certificate is in force, and which is not specifically excluded.

**Sickness** – An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

**Covered Person** - means the insured if the certificate is issued as Individual coverage.

If the certificate is issued as:

1. Employee/Spouse coverage Covered Person means the insured and the insured's legal spouse;
2. Single Parent Family coverage Covered Person means the insured and insured's covered dependent children as defined in the applicable rider that have been accepted for coverage;
3. Family coverage Covered Person means the insured, the insured's spouse, and the insured's covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

**Covered Sickness** – An illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which:

1. Occurs while the insured's coverage is in force; and
2. Was not treated or for which the insured did not receive advice within 12 months before the insured's effective date; and
3. Is not excluded by name or specific description in the plan.

**Doctor or Physician** – A person, other than the insured, or a member of the insured's immediate family, who:

- Is licensed by the state to practice a healing art;
- Performs services which are allowed by his or her license; and
- Performs services for which benefits are provided by the Plan.

A **hospital** is not:

- A nursing home;
- An extended-care facility;
- A convalescent home;
- A rest home or a home for the aged;
- A place for alcoholics or drug addicts; or
- A mental institution.

Hospital includes any duly licensed state tax supported institution, including those community health centers and other health clinics which are certified as Medicaid providers.

**Effective Date** – The date as shown in the certificate schedule if you are on that date actively at work for the policyholder. If not, the certificate will become effective on the next date you are actively at work as an eligible employee. The certificate will remain in effect for the period for which the premium has been paid. The certificate may be continued for further periods as stated in the plan. The certificate is issued in consideration of the payment in advance of the required premium and of your statements and representations in the application. A copy of your application will be attached and made a part of the certificate. The certificate, on its effective date, automatically replaces any certificate or certificates previously issued to you under the plan.

**Dependent Children** – Means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural children will be covered from the moment of live birth provided the birth was after the Effective Date of the Dependent Children Benefit Rider. No notice or additional premium is required if the Dependent Children Benefit Rider is already in force. Newborn children are not covered from the time of birth unless Dependent Children Benefit Rider coverage is already in force and effective prior to birth.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of 26 shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such 26th birthday.

**Spouse** – An employee's legal spouse who is between the ages of 18–64.

**Treatment** – Consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company, Columbia, South Carolina.

# Aflac Group Critical Illness Plan

## Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Guaranteed-issue coverage available to employee and spouse.
- Each dependent child is covered at 50% of the primary insured amount at no additional charge.
- Benefit amounts are available from \$5,000 up to \$50,000 for employees and up to \$25,000 for spouse.
- An annual Health Screening benefit is included.
- The plan is portable, which means you can take your coverage with you if you change jobs or retire (with certain stipulations).
- Includes an Additional Benefits Rider with benefits for the following:
  - Coma
  - Paralysis
  - Severe Burn
  - Loss of Sight
  - Loss of Hearing
  - Loss of Speech
- Includes a Heart Event Rider

## Underwriting Guidelines – Guaranteed-Issue

Guaranteed-issue coverage is offered during the initial enrollment and for new hires. The following options are available for guaranteed-issue for the first three years:

Up to **\$10,000** for employees and up to **\$5,000** for spouses with no participation requirement.

For employee amounts over **\$10,000** and spouse amounts over **\$5,000**:

All applicants are required to answer underwriting questions. Employees who would otherwise be declined will be issued the lesser of the amount applied for or the guaranteed-issue limit.

## Individual Eligibility

### Issue Ages

Employee 18-69

Spouse 18-69

Children under age 26

Benefit-eligible employees, working at least **20** hours or more weekly, with at least **0** days of continuous employment by the date of the enrollment are eligible. If an employee is eligible, his spouse is eligible and all children of the insured who are younger than 26 years of age are eligible for coverage. Seasonal and temporary workers are not eligible to participate.

### Class I

All full-time and part-time benefit-eligible employees are eligible for Class I coverage. That eligibility extends to their spouses and children under age 26.

### Class II

A Class I primary insured is eligible for Class II coverage if he:

- Was previously insured under Class I; and
- Is no longer employed by the policyholder.

The employee must elect Class II coverage under the Portability Privilege within 31 days after the date for which his Class I eligibility would otherwise terminate. Only dependents covered under Class I coverage are eligible for continued coverage under Class II. Class II insureds cannot continue coverage through the employer's payroll deduction process. They must remit premiums directly to the company.

## Spouse Coverage Available

The employee may elect to purchase spouse coverage. In order to apply for spouse coverage, the employee must also apply. Spouses are eligible for benefit amounts equaling **50%** of the employee amount, not to exceed the \$25,000 maximum benefit. If the employee does not meet the underwriting requirements necessary to participate in the plan, the spouse can still obtain coverage. The spouse would then become the primary insured and is limited to face amounts up to \$25,000.

## Dependent Children Coverage at No Additional Charge

Each eligible dependent child is covered at 50% of the primary insured amount at no additional charge. The payment of benefits for a dependent child does not reduce the face amount of the primary insured. Children-only coverage is not available. Please see the Definitions section for a complete definition of *dependent children*.

## Portability

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. He may exercise the Portability Privilege when there is a change to his coverage class. The employee — and any covered dependents — will continue the coverage that is in-force on the date employment ends. The continued coverage will be provided under Class II. The premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 31 days before any change is to take effect.

The employee may continue the coverage until the earlier of:

- The date he fails to pay the required premium; or
- The date the class of coverage is terminated.

Coverage may not be continued:

- If the employee fails to pay any required premium; or
- If the company receives notice of Class I plan termination.

## Terminations

An employee's insurance will terminate on the earliest of the following:

1. The date the plan is terminated, for Class I insureds;
2. The 31st day after the premium due date if the required premium has not been paid;
3. The date he ceases to meet the definition of an employee as defined in the plan, for Class I insureds;  
or
4. The date he is no longer a member of the Class eligible for coverage.

Insurance for dependents will terminate on the earliest of the following:

1. The date the Plan is terminated, for dependents of Class I insureds;
2. The 31st day after the premium due date, if the required premium has not been paid;
3. The date the spouse or dependent child ceases to be a dependent; or
4. The premium due date following the date we receive the employee's written request to terminate coverage for his spouse and/or all dependent children.

Termination of the insurance on any insured will not prejudice his rights regarding any claim arising prior to termination.

## Group Critical Illness Benefits

**First Occurrence Benefit** – After the waiting period, an insured may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness.

Critical Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Coronary Artery Bypass Surgery+	25%

If diagnosis occurs after age 70, benefits are reduced by 50%.

**Additional Occurrence Benefit** – We will pay benefits for each different Critical Illness in the order the events occur. We will pay benefits for any one Critical Illness once every six months. Therefore, no benefits are payable for each different Critical Illness after the first unless its date of diagnosis is separated from the prior Critical Illness by at least 6 months.

**Re-occurrence Benefit** - We will pay benefits for the re-occurrence any Critical Illness once every twelve months. Therefore, once benefits have been paid for Critical Illness, no additional benefits are payable for that same Critical Illness unless the dates of diagnosis are separated by at least 12 months.

+ Payment of the partial benefit for Coronary Artery Bypass Surgery will reduce by 25% the benefit for a Heart Attack.

### Health Screening Benefit- \$100

After the Waiting Period, an Insured may receive a maximum of **\$100** for any one covered screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the Insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. This benefit is payable for the covered employee and spouse. This benefit is not paid for Dependent Children. The covered health screening tests include but are not limited to:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Chest x-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate Cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermograph

## Additional Benefits Rider

Illnesses Covered Under Plan	Percentage of Face Amount
Coma	100%
Paralysis	100%
Severe Burns	100%
Loss of Speech	100%
Loss of Sight	100%
Loss of Hearing	100%

If diagnosis occurs after age 70, benefits are reduced by 50%.

## Heart Event Rider

Covered Surgeries and Procedures	Percentage of Face Amount
<b>Category 1</b>	
Coronary Artery Bypass Surgery	100%
Mitral valve replacement or repair	100%
Aortic valve replacement or repair	100%
Surgical Treatment of Abdominal aortic aneurysm	100%
<b>Category 2**</b>	
AngioJet Clot Busting	10%
Balloon Angioplasty (or Balloon valvuloplasty )	10%
Laser Angioplasty	10%
Atherectomy	10%
Stent implantation	10%
Cardiac catheterization	10%
Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)	10%
Pacemakers	10%

If diagnosis occurs after age 70, benefits are reduced by 50%.

Benefits from the Heart Event Rider and certificate will not exceed 100% of the maximum applicable benefit. When you purchase the Heart Event Rider, the 25% CABS partial benefit in your certificate is increased to 100%. That means the CABS benefit in the Heart Event Rider, combined with the benefit in your certificate, equal 100% of the maximum benefit—not 125%.

*Guaranteed-Issue Amounts - \$10,000 for Employee and \$5,000 for Spouse*

**GROUP CRITICAL ILLNESS**



**Spotsylvania County Government - Semi-Monthly (24pp/yr)**

**NON- TOBACCO for Employee**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.68	\$3.60	\$4.53	\$5.45	\$6.38	\$7.30	\$8.23	\$9.15	\$10.08	\$11.00
30-39	\$3.28	\$4.80	\$6.33	\$7.85	\$9.38	\$10.90	\$12.43	\$13.95	\$15.48	\$17.00
40-49	\$4.85	\$7.95	\$11.05	\$14.15	\$17.25	\$20.35	\$23.45	\$26.55	\$29.65	\$32.75
50-59	\$6.73	\$11.70	\$16.68	\$21.65	\$26.63	\$31.60	\$36.58	\$41.55	\$46.53	\$51.50
60-69	\$9.75	\$17.75	\$25.75	\$33.75	\$41.75	\$49.75	\$57.75	\$65.75	\$73.75	\$81.75

**NON-TOBACCO for Spouse**

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$2.68	\$3.14	\$3.60	\$4.06	\$4.53	\$4.99	\$5.45	\$5.91	\$6.38
30-39	\$3.28	\$4.04	\$4.80	\$5.56	\$6.33	\$7.09	\$7.85	\$8.61	\$9.38
40-49	\$4.85	\$6.40	\$7.95	\$9.50	\$11.05	\$12.60	\$14.15	\$15.70	\$17.25
50-59	\$6.73	\$9.21	\$11.70	\$14.19	\$16.68	\$19.16	\$21.65	\$24.14	\$26.63
60-69	\$9.75	\$13.75	\$17.75	\$21.75	\$25.75	\$29.75	\$33.75	\$37.75	\$41.75

**TOBACCO for Employee**

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.15	\$4.55	\$5.95	\$7.35	\$8.75	\$10.15	\$11.55	\$12.95	\$14.35	\$15.75
30-39	\$4.18	\$6.60	\$9.03	\$11.45	\$13.88	\$16.30	\$18.73	\$21.15	\$23.58	\$26.00
40-49	\$7.90	\$14.05	\$20.20	\$26.35	\$32.50	\$38.65	\$44.80	\$50.95	\$57.10	\$63.25
50-59	\$11.58	\$21.40	\$31.23	\$41.05	\$50.88	\$60.70	\$70.53	\$80.35	\$90.18	\$100.00
60-69	\$17.05	\$32.35	\$47.65	\$62.95	\$78.25	\$93.55	\$108.85	\$124.15	\$139.45	\$154.75

**TOBACCO for Spouse**

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$3.15	\$3.85	\$4.55	\$5.25	\$5.95	\$6.65	\$7.35	\$8.05	\$8.75
30-39	\$4.18	\$5.39	\$6.60	\$7.81	\$9.03	\$10.24	\$11.45	\$12.66	\$13.88
40-49	\$7.90	\$10.98	\$14.05	\$17.13	\$20.20	\$23.28	\$26.35	\$29.43	\$32.50
50-59	\$11.58	\$16.49	\$21.40	\$26.31	\$31.23	\$36.14	\$41.05	\$45.96	\$50.88
60-69	\$17.05	\$24.70	\$32.35	\$40.00	\$47.65	\$55.30	\$62.95	\$70.60	\$78.25

Rates include \$100 Health Screening Benefit  
Rates do not include cancer benefit.



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Continental American Insurance Company  
2801 Devins Street | Columbia, South Carolina 29205

## LIMITATIONS, EXCLUSIONS AND TERMS YOU NEED TO KNOW

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If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

If diagnosis occurs after age 70, benefits are reduced by 50%.

The plan contains a 30-day waiting period. This means that no benefits are payable for anyone who has been diagnosed before your coverage has been in force 30 days from the effective date. If you are first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from the effective date or the employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane;
- Illegal activities or participation in an illegal occupation;
- War, participating in way or any act of war, declared or not, or participating in the armed forces of or contracting with country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service;
- Substance abuse; or
- Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

### Pre-Existing Condition Limitation

Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to the Effective Date resulted in the insured receiving medical advice or treatment. We will not pay benefits for any critical illness starting within 12 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 12 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date.

### Terms You Need to Know

The **Effective Date** of your insurance will be the date shown on the certificate schedule.

**Employee** means the insured as shown on the certificate schedule.

**Spouse** means your legal wife or husband.

**Dependent Children** means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26. Your natural children born after the effective date of the rider will be covered from the moment of live birth. No notice or additional premium is required. Coverage on dependent children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental or physical handicap and is dependent on his parent(s) for support, the above age 26 shall not apply. Proof of such incapacity and dependency must be furnished to us within 31 days following such 26th birthday.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

**Major Organ Transplant** means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

**Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack. The diagnosis must include all of the following criteria: 1. New and serial electrocardiographic (EKG) findings consistent with myocardial infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Stroke** means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which begins on or after the coverage effective date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable waiting period. We must receive evidence of the permanent

neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**End-Stage Renal Failure** means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The kidney failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

**Coronary Artery Bypass Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

**Doctor or Physician** means any licensed practitioner of the healing arts acting within the scope of his license in treating a critical illness. It doesn't include an insured or their family member.

## Additional Benefit Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%.

All limitations and exclusions that apply to the Critical Illness plan also apply to the rider. The Waiting Period and Pre-existing condition limitation apply from the date the rider is effective.

No benefits will be paid for loss which occurred prior to the effective date of the rider.

Benefits are not payable for loss if these conditions result from another Critical Illness.

The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

### Additional Benefit Rider Definitions

**Coma** means a state of unconsciousness for 30 consecutive days with:

- No reaction to external stimuli;
- No reaction to internal needs; and
- The use of life support systems.

**Paralysis/Paralyzed** means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.

**Severe Burn/Severely Burned** means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity, or radiation that is a full-thickness or third-degree burn, as determined by a physician.

**A full-thickness or third-degree burn** is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity, or radiation.

**Loss of Speech** means the total and permanent loss of the ability to speak as the result of physical injury.

**Loss of Hearing** means the total and irreversible loss of hearing in both ears. Loss of hearing that can be corrected by the use of any hearing aid or device shall not be considered an irrevocable loss.

**Loss of Sight** means the total and irreversible loss of all sight in both eyes.

## Heart Event Rider Limitations and Exclusions

If diagnosis occurs after age 70, benefits are reduced by 50%.

We will pay the indicated percentages of your maximum benefit if you are treated with one of the specified surgical procedures (Category I) or interventional procedures (Category II) shown if the date of treatment is after the waiting period; treatment is incurred while coverage is in force; treatment is recommended by a physician; and is not excluded by name or specific description. This benefit is paid based on your selected benefit amount.

The rider contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss commencing after 12 months from the effective date; or, at your option, you may elect to void the coverage from the beginning and receive a full refund of premium. Benefits are not payable under this coverage for loss if these conditions result from another specified critical illness.

Unless amended by the Heart Event Rider, certificate definitions, other provisions and terms apply. Benefits provided by the Heart Event Rider amend any benefits shown in the base plan for the same conditions. Benefits for Category II will reduce the benefit amounts payable for Category I benefits. Benefits will be paid only at the highest benefit level. If Category I and Category II procedures are performed at the same time, benefits are only eligible at the 100% (higher)

event and will not exceed the initial face amount shown. The insured is only eligible to receive one payment for each benefit category listed. The dates of loss for covered procedures must be separated by at least 12 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of the base certificate.

## PRE-EXISTING CONDITIONS LIMITATION

**Pre-Existing Condition** means a sickness or physical condition which, within the 12-month period prior to an insured's effective date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any surgical procedure occurring within 12 months of an insured's effective date which is caused by, contributed to, or resulting from a pre-existing condition.

A claim for benefits for loss starting after 12 months from an insured's effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after an insured's effective date.

Any benefits for coronary artery bypass surgery denied under the coverage due to pre-existing conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

## EXCLUSIONS

No benefits will be paid if the specified critical illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) An injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician. No benefits will be paid for loss which occurred prior to the effective date of coverage.

Diagnosis must be made and treatment received in the United States.

## Heart Rider Definitions

### Category I – Specified Surgeries of the Heart

**Open Heart Surgery** means undergoing open chest surgery, where the heart is exposed and/or manipulated for open cardiothoracic situations.

Benefits are paid for the following open heart surgery procedures only:

**Coronary Artery Bypass Surgery** (also coronary artery bypass graft surgery, or bypass surgery) is a surgical procedure performed to relieve angina and to reduce the risk of death from coronary artery disease.

**Off-Pump Coronary Artery Bypass (OPCAB)** is a form of bypass surgery that does not stop the heart or use the heart-lung machine.

**Coronary Artery Bypass Grafting (CABG)** is used to treat a narrowing of the coronary arteries when the blockages are hard to reach or are too long or hard for angioplasty. A blood vessel, usually taken from the leg or chest, is grafted onto the blocked artery, creating a bypass around the blockage. If more than one artery is blocked, a bypass can be done on each, but only one benefit is payable under the rider.

**Mitral Valve Replacement or Repair** is a cardiac surgery procedure in which a patient's mitral valve is repaired or replaced by a different valve.

**Aortic Valve Replacement or Repair** is a cardiac surgery procedure in which a patient's aortic valve is repaired or replaced by a different valve.

**Surgical Treatment of Abdominal Aortic Aneurysm** is a procedure performed to prevent aneurysm rupture. The operation consists of opening the abdomen, finding the aorta, and removing (excising) the aneurysm. Abdominal aortic aneurysm is a ballooning or widening of the main artery (the aorta) as it courses down through the abdomen. At the point of the aneurysm, the aneurysm generally measures 3 cm or more in diameter.

**Category I Benefits exclude all procedures not specifically listed above, including procedures such as, but not limited to, angioplasty, laser relief, stent implantation, or other surgical and nonsurgical procedures.**

**Category II Benefits (Invasive, Procedures and Techniques of the Heart) are paid for the following procedures only:**

**AngioJet Clot Busting** is used to clear blood clots from coronary arteries before angioplasty and stenting. The device delivers a high-pressure saline solution through the artery to the clot, breaking it up, and simultaneously drawing it out.

**Balloon Angioplasty (or Balloon Valvuloplasty)** is used to open a clogged blood vessel. A thin tube is threaded through an artery to the narrowed heart vessel, where a small balloon at its tip is inflated. A balloon opens the narrowing by compressing atherosclerotic plaque against the vessel wall. The balloon is then deflated and removed.

**Laser Angioplasty** is similar to Balloon Angioplasty. A laser tip is used to burn/break down plaque in the clogged blood vessel.

**Atherectomy** is used to open blocked coronary arteries or clear bypass grafts by using a device on the end of a catheter to cut or shave away atherosclerotic plaque.

**Stent Implantation** is where a stainless steel mesh coil is implanted in a narrowed part of an artery to keep it propped open.

**Cardiac Catheterization** (also Heart Catheterization) is a diagnostic and occasionally therapeutic procedure that allows a comprehensive examination of the heart and surrounding blood vessels.

**Automatic Implantable (or Internal) Cardioverter Defibrillator (AICD)** refers to the initial placement of the AICD. AICDs are used for treating irregular heartbeats. The defibrillator is surgically placed inside the patient's chest, where it monitors the heart's rhythm. When it identifies a serious arrhythmia, it produces an electrical shock to disrupt the arrhythmia.

**Pacemakers** refers to the initial placement of a pacemaker. Pacemakers are implanted to send electrical signals to make the heart beat when a heart's natural pacemaker is not working properly. This electrical device is placed under the skin. A lead extends from the device to the right side of the heart. Most pacemakers are used to correct a slow heart rate.

Subject to the Reoccurrence Benefit in the base plan, only one Category II benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II benefit.

Category II benefits exclude all procedures not specifically listed above.

## Notices

This booklet is a brief description of coverage, not a contract. Read your certificate carefully for exact plan language, terms, and conditions.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

**Notice to Consumer:** The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company, Columbia, South Carolina.

AGCM328-VA-BK      IV (1/17)

# ***AUL Short Term Disability***

***Why do you need Disability Insurance? Consider this . . .***

**Statistics show you are much more likely to be injured in an accident than to die from one.**

- A fatal injury occurs every 5 minutes, and a disabling injury occurs every 1.5 seconds.<sup>1</sup>
- There is a death caused by a motor vehicle crash every 12 minutes; there is a disabling injury every 14 seconds.<sup>1</sup>
- In the home, there is a fatal injury every 16 minutes and a disabling injury every 4 seconds.<sup>1</sup>

**While many people survive accidental injuries, many others live with serious illnesses.**

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3. The five-year relative survival rate for all cancers combined is 63%.<sup>2</sup>
- One in five males and females has some form of cardiovascular disease. High blood pressure is the most common form of cardiovascular disease.<sup>3</sup>
- More than 35 million Americans are now living with chronic lung diseases, such as asthma, emphysema, and chronic bronchitis.<sup>4</sup>

**Advances in medicine are allowing us to live longer. However, recovery from a serious illness or injury often requires time away from work.**

- In the last 20 years, deaths due to the big three (cancer, heart attack, and stroke) have gone down significantly. But disabilities due to those same three are up dramatically! Things that use to kill now disable.<sup>5</sup>

***You have life insurance, home insurance, and automobile insurance.***

***But is your income insured?***

1 National Safety Council, Injury Facts, 2003 Edition

2 American Cancer Society, Cancer Facts & Figures 2004

3 American Heart Association, Heart Disease and Stroke Statistics – 2004 Update

4 American Lung Association, Lung Disease Data 2003

5 National Underwriter, May 2002

## **Class Description**

All Full-Time Eligible Employees working a minimum of 20 hours per week, electing to participate in the Voluntary Short Term Disability Insurance

## **Disability**

You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation. You are not working in any occupation and are under the regular attendance of a Physician for that injury or sickness.

## **Monthly Benefit**

You can choose a benefit in \$100 increments up to 70% of an Employee's covered basic monthly earnings to a maximum monthly benefit of \$2,000. The minimum monthly benefit is \$500.

## **Elimination Period**

This means a period of time a disabled Employee must be out of work and totally disabled before weekly benefits begin; seven (7) consecutive days for a sickness and zero (0) days for injury.

## **Benefit Duration**

This is the period of time that benefits will be payable for disability. You can choose a maximum STD benefit duration, if continually disabled, of thirteen (13) weeks, twenty-six (26) weeks or fifty-two (52) weeks.

## **Basis of Coverage**

24 Hour Coverage, on or off the job

## **Maternity Coverage**

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

## **STD Pre-Existing Condition Exclusion**

3/12, If a person receives medical treatment, or service or incurs expenses as a result of an Injury or Sickness within 3 months prior to the Individual Effective Date, then the Group Policy will not cover any Disability which is caused by, contributed to by, or resulting from that Injury or Sickness; and begins during the first 12 months after the Person's Individual Effective Date. This Pre-Existing Condition limitation will be waived for all Persons who were included as part of the final premium billing statement received by AUL/ OneAmerica from the prior carrier and will be Actively at work on the effective date.

## **Annual Enrollment**

Employees who did not elect coverage during their initial enrollment period are eligible to sign up for \$500 to \$1000 monthly benefit without medical questions, subject to pre-existing exclusion. Employees may increase their coverage up to \$500 monthly benefit without medical questions. The maximum benefit cannot exceed 70% of basic monthly earnings and must be in \$100 increments.

Employees that elect to increase their Benefit Duration may do so only during the annual enrollment period subject to the pre-existing exclusion. The pre-existing exclusion will apply to the increased benefit duration.

## **Portability**

Once an employee is on the AUL disability plan for 3 consecutive months, you may be eligible to port your coverage for one year at the same rate without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling 800-553-5318.

## **Recurrent Disability**

If you resume Active Work for 30 consecutive workdays following a period of Disability for which the Weekly Benefit was paid, any recurrent Disability will be considered a new period of Disability. A new Elimination Period must be completed before the Weekly Benefit is payable.

## **Exclusions and Limitations**

This plan will not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony; or a pre-existing condition for a specified time period.

*This information is provided as a summary of the product. It is not a part of the insurance contract and does not change or extend AUL's liability under the group policy. If there are any discrepancies between this information and the group policy, the group policy will prevail.*

### **Customer Service**

1-800-553-5318

### **Disability Claims**

American United Life Insurance Company

c/o Custom Disability Solutions

600 Sable Oaks Drive, Suite 200

South Portland, ME 04106

Fax: 1-844-287-9499

OneAmerica.claims@customdisability.com

Toll Free Phone 1-855-517-6365

***For a copy of your policy certificate or to download a claim form, please visit  
[www.markiibrokerage.com/scgva](http://www.markiibrokerage.com/scgva)***



AMERICAN UNITED LIFE  
INSURANCE COMPANY®  
*a ONEAMERICA® company*

## AUL Short Term Disability Semi-Monthly Rates

<b>Benefit Duration: 13 weeks</b>		<b>Benefit Duration: 26 weeks</b>		<b>Benefit Duration: 52 weeks</b>	
<b>Monthly Benefit</b>	<b>Semi- Monthly Premium</b>	<b>Monthly Benefit</b>	<b>Semi- Monthly Premium</b>	<b>Monthly Benefit</b>	<b>Semi- Monthly Premium</b>
\$500	\$5.18	\$500	\$7.50	\$500	\$9.86
\$600	\$6.21	\$600	\$9.00	\$600	\$11.83
\$700	\$7.25	\$700	\$10.50	\$700	\$13.80
\$800	\$8.28	\$800	\$12.00	\$800	\$15.77
\$900	\$9.32	\$900	\$13.50	\$900	\$17.74
\$1,000	\$10.36	\$1,000	\$15.00	\$1,000	\$19.72
\$1,100	\$11.39	\$1,100	\$16.50	\$1,100	\$21.69
\$1,200	\$12.43	\$1,200	\$18.00	\$1,200	\$23.66
\$1,300	\$13.46	\$1,300	\$19.50	\$1,300	\$25.63
\$1,400	\$14.50	\$1,400	\$21.00	\$1,400	\$27.60
\$1,500	\$15.53	\$1,500	\$22.50	\$1,500	\$29.57
\$1,600	\$16.57	\$1,600	\$24.00	\$1,600	\$31.54
\$1,700	\$17.60	\$1,700	\$25.50	\$1,700	\$33.52
\$1,800	\$18.64	\$1,800	\$27.00	\$1,800	\$35.49
\$1,900	\$19.67	\$1,900	\$28.50	\$1,900	\$37.46
\$2,000	\$20.71	\$2,000	\$30.00	\$2,000	\$39.43

# *Texas Life Whole Life Insurance - SOLUTIONS 121*

*Common Issue Date: December 1, 2017*

An ideal complement to any group term and optional term life insurance your employer might provide, Texas Life's SOLUTIONS 121 is the life insurance you keep, even when you change jobs or retire as long as you pay the premiums. It will help protect your family, both today and, more importantly, tomorrow. Even better, you won't even have to pay for it after age 65 (or 20 years if you're 46 years of age or older), because it's guaranteed to be paid up.<sup>1</sup>

**SOLUTIONS** is an individual permanent life insurance product specifically designed for employees and their families. These policies provide a guaranteed level premium and death benefit for the life of the policy, and all you have to do to qualify for basic amounts of coverage is be actively at work the day you enroll. You also may apply for coverage on your spouse, children and grandchildren with limited underwriting requirements.<sup>2</sup>

As an employee, you are eligible to apply once you have satisfied your employer's eligibility period.

## **Why Voluntary Coverage?**

- Most employees typically depend on group term life insurance.
- Adults covered by both group and individual life insurance replace more of their income upon death than adults having group term alone.<sup>3</sup>
- Term policies are created to last for a finite period of time that will likely end before you die.<sup>4</sup>
- When do you want a life insurance policy in force? --Answer: When you die.
- Term is for IF you die, permanent is for WHEN you die.

## **The SOLUTIONS Advantage**

**Individual Protection** SOLUTIONS 121 is a permanent life insurance policy that you own; it can never be canceled, as long as you pay the guaranteed level premiums due, even if your health changes. Because you own it, you can take SOLUTIONS 121 with you when you change jobs or retire, with no change in the premium.

**Coverage for Your Family** You may also apply for an individual SOLUTIONS 121 policy for your spouse/domestic partner, dependent children ages 15 days-26 years and grandchildren ages 15 days-18 years, even if you do not apply for coverage.<sup>2</sup>

**Paid Up Insurance** SOLUTIONS 121 has premiums that are guaranteed to remain level until your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes **fully paid up; no further premiums are due**, and the death benefit does not reduce. This gives you the peace of mind that comes with life insurance that's paid for as your income changes in retirement.

## ***Texas Life Whole Life Insurance – SOLUTIONS 121***

**Convenience of payroll deduction** Thanks to your employer, SOLUTIONS 121 premiums are paid through convenient payroll deductions and sent to Texas Life by your employer.

**Portable, Permanent** You may continue the peace of mind SOLUTIONS 121 provides, even when you change jobs or retire. Once your policy is issued, the coverage is yours to keep. If you should change jobs or retire before the policy becomes paid up, you simply pay the monthly premium directly to Texas Life by automatic bank draft or monthly bill (for monthly bill we may add a billing fee not to exceed \$2.00). Premiums are guaranteed to remain level to your age 65, or for 20 years if you purchase the policy after age 45. At that time, the policy becomes fully paid up; no further premiums are due.

**Accelerated Death Benefit due to Terminal Illness** For no additional premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider. Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92.6% (92% in CA, CT, DC, DE, FL, ND & SD) of the death benefit, minus a \$150 (\$100 in Florida) administrative fee in lieu of the insurance proceeds otherwise payable at death. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. (Conditions apply)

(Policy Form ICC-ULABR-11 or Form Series ULABR-11)

**Accelerated Death Benefit due to Chronic Illness** Included in the policy at the option of the employer, the Accelerated Death Benefit for Chronic Illness rider covers all applicants. If an insured becomes permanently chronically ill, meaning that he/she is unable to perform two of six Activities of Daily Living (such as bathing, continence, or dressing), or is severely cognitively impaired (such as Alzheimer's), he/she may elect to claim an accelerated death benefit in lieu of the Face Amount payable at death. The single sum payment is 92% of the death benefit less an administrative fee of \$150 (\$100 in FL). The Accelerated Death Benefit for Chronic Illness Rider premiums are 8% of the base policy premium. Conditions and limitations apply. See the SOLUTIONS 121 Pamphlet for details. (Policy form ULABR-CI-14 or ICC14-ULABR-CI-14.)

**Waiver of Premium Rider** This benefit to age 65 (issue ages 17-59) waives the premium after six months of the insured's total disability and will even refund the prior six months' premium. Benefits continue payable until the earlier of the end of the insured's total disability or age 65. Cost is an additional 10% of the basic monthly premium. Self-inflicted or war-related disability is excluded. Notice, proof and waiting period provisions apply. (Policy Form ICC07-ULCL-WP-07 or Form Series ULCL-WP-07).

**Coverage begins immediately** Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply (one year in ND).

## *Texas Life Whole Life Insurance – SOLUTIONS 121*

### Sample Rates

The chart below displays examples of SOLUTIONS 121 rates at varying ages for a \$50,000 policy. Rates shown below for both non-tobacco and tobacco users, and include the cost for Waiver of Premium and the Accelerated Death Benefit due to Chronic Illness rider.

Age	SOLUTIONS 121			Paid-up Age
	Face Amount	Monthly Premium Non-Tobacco Chronic Illness, Waiver	Monthly Premium Tobacco Chronic Illness, Waiver	
20	\$50,000	\$38.11	\$46.96	65
25	\$50,000	\$43.42	\$54.63	65
30	\$50,000	\$53.45	\$67.02	65
35	\$50,000	\$68.20	\$86.49	65
40	\$50,000	\$91.80	\$115.40	65
45	\$50,000	\$125.43	\$162.01	65

### SOLUTIONS Review

- Permanent and yours to keep when you change jobs or retire, as long as you pay premiums due
- Non-participating Whole Life (no dividends)
- Guaranteed death benefit <sup>1</sup>
- Guaranteed level premium
- Guaranteed paid-up insurance at age 65, or for 20 years if the policy is purchased after age 45
- If you're actively at work the day you enroll, you can qualify for basic amounts with no more underwriting.
- Includes Accelerated Death Benefit for Chronic Illness on all policies
- Waiver of Premium included for ages 17-59
- If desired, you may apply for higher amounts of coverage by answering additional underwriting questions
- Coverage available for spouse, children and grandchildren<sup>2</sup>

<sup>1</sup> Guarantees are subject to product terms, exclusions and limitations and the insurers claims-paying ability and financial strength.

<sup>2</sup> Coverage and spouse/domestic partner eligibility may vary by state. Coverage not available for children and grandchildren in Washington. Texas Life complies with all state laws regarding marriages, domestic and civil union partnerships and legally recognized familial relationships.

<sup>3</sup> LIMRA; Life Insurance Ownership Focus – 2016

<sup>4</sup> Maurer, Tim. "Term vs Perm (Life Insurance) In 90 Seconds." *Forbes*. Forbes Magazine, 3 May 2013. Web. 08 Nov. 2016.

***If you have any questions regarding your Texas Life policy, please call  
800-283-9233, prompt #2***

**TEXASLIFE INSURANCE  
COMPANY**

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830



# MINNESOTA LIFE

## A Securian Company

### Basic Group Natural and Accidental Death, Dismemberment and Other Life Insurance Benefits

If your employer participates in the VRS Group Life Insurance Program, you are covered under the Basic Group Life Insurance Program from the first day of employment. Your employer may pay your portion of the premiums. Basic group life insurance coverage includes the following benefits:

**Natural death benefit.** The natural death benefit is equal to your creditable compensation rounded to the next highest thousand and then doubled.

*Example:* If your creditable compensation is \$41,400, that amount will be rounded to \$42,000 and then doubled for a natural death benefit of \$84,000.

**Accidental death benefit.** The accidental death benefit is double the natural death benefit. *Example:* If your natural death benefit is \$84,000, that amount will be doubled for an accidental death benefit of \$168,000.

**Accidental dismemberment benefit.** For the accidental loss of one limb or the sight of one eye, the dismemberment benefit is equal to your creditable compensation rounded to the next highest thousand. For the accidental loss of two or more limbs, total loss of eyesight or the loss of one limb and the sight of one eye, the benefit is equal to your creditable compensation rounded to the next highest thousand and then doubled.

**Safety belt benefit.** If you are killed or dismembered in an accident while driving or riding in a private passenger vehicle, your life insurance will pay an amount equal to 10 percent of your accidental death or dismemberment benefit or \$50,000, whichever is less. You must have been using a safety restraint. No benefit is payable if you or another person was driving without a license, under the influence of alcohol or drugs or otherwise impaired.

**Repatriation benefit.** If you die in an accident 75 miles or more from your home, your life insurance will pay for the cost of transportation to return your remains, up to \$5,000.

#### What is Creditable Compensation?

Creditable compensation is your annual salary not including overtime pay, payment of a temporary nature or payments for extra duties such as pay for teachers who provide coaching or act as an advisor for special activities.

**Felonious assault benefit.** Your basic group life insurance coverage provides additional benefits if you die or are dismembered as a result of a felonious assault while performing your job duties. The incident must have occurred at your employer's normal place of business or while you were on work-related travel. The assaulter must have used force with intent to cause harm and be charged with a misdemeanor or felony. No benefit is payable if the assaulter is an immediate family member. Felonious assault benefits include:

- \$50,000 or 25 percent of your accidental death or dismemberment benefit, whichever is less
- Virginia Education Savings Trust account for each dependent child if you die as a result of the assault. The amount is approximately equal to tuition and mandatory fees to attend a public college or university in Virginia. Your child may attend any accredited college or university in the United States that participates in federal student financial aid programs.

**Accelerated death benefit option.** If you are diagnosed with a terminal condition and have fewer than 12 months to live, you can withdraw some or all of your life insurance proceeds to use for any purpose. Your beneficiary or survivor will receive any remaining amount upon your death.

## Designating a Beneficiary

You can designate or change your beneficiary for life insurance benefits as well as member contributions and interest while you are an active or deferred member or after you retire. Submit a Designation of Beneficiary (VRS-2) to VRS. The form is available at [www.varetire.org](http://www.varetire.org). Be sure to keep a copy for your records. You will not receive a copy or confirmation of receipt.

### Who Can Be a Beneficiary?

You can name any living person or an entity, such as an eligible trust or charity, as your beneficiary.

#### **Beneficiary Designation for the Deferred Compensation Plan**

The Designation of Beneficiary (VRS-2) applies only to beneficiary payments of life insurance benefits and member contributions and interest.

#### **Look Up Your Life Insurance Coverage in myVRS**

You can view the amount of your current life insurance coverage through myVRS. To log in or create a secure online account, select myVRS Access from [www.varetire.org](http://www.varetire.org).



## Primary and Contingent Beneficiaries

- You can name more than one primary beneficiary to share in life insurance benefits and any funds remaining in your member contribution account upon your death, or a different primary beneficiary for each benefit.
- You can name a contingent beneficiary or beneficiaries. If your primary beneficiary or beneficiaries are deceased at the time of your death, your contingent beneficiary or beneficiaries will receive benefit payments according to your designation.

## Changing Your Beneficiary

VRS is required by law to pay benefits according to the latest beneficiary designation in your VRS record. Review your beneficiary designation after a personal milestone such as a change in marital status, the birth or adoption of a child or as you near retirement. To change your beneficiary, submit a new Designation of Beneficiary (VRS-2) to VRS as soon as possible. If you cannot remember your designation, submit a new VRS-2 or write to Minnesota Life, P.O. Box 1193, Richmond, VA 23218-1193. Neither Minnesota Life nor VRS can provide your designation over the phone.

## If There is No Beneficiary Designation

If there is no valid beneficiary designation on file, or your primary beneficiary or beneficiaries are deceased at the time of your death and there is no contingent beneficiary or beneficiaries, VRS will pay benefits according to the following order of precedence, as required by law:

### Order of Precedence

- First, to your spouse
- If no spouse, to your natural or legally adopted children and descendants of your deceased natural or legally adopted children
- If none of the above, to your parents equally or to the surviving parent
- If none of the above, to the duly appointed executor or administrator of your estate
- If none of the above, to your next of kin under the laws of the state where you resided at the time of your death

*Note:* The Designation of Beneficiary (VRS-2) allows you to elect the order of precedence instead of designating a beneficiary.



## Guaranteed coverage if applied for within 31 days from date of employment

The following options are available to newly eligible employees without providing Evidence of Insurability (EOI):

- **Optional Life:** Elect any available option up to \$375,000
- **Spouse Term Life:** If you elect Option 1, your spouse will be eligible to receive up to one-half your salary (all other options will require EOI)
- **Child Term Life:** All coverage guaranteed (amount based upon your Optional Life election)

EOI will be required for any amounts exceeding the guaranteed limits or if any coverage is applied for outside of your initial 31-day eligibility period. EOI is also required if you want to increase coverage after transferring from one State agency to another State agency.

Look inside for  
details and rates



# ENROLL IN YOUR GROUP LIFE INSURANCE TODAY

As a member of the Virginia Retirement System (VRS), you have the opportunity to protect your family's financial security with optional group life insurance. This term insurance program is designed to provide an immediate death benefit at an affordable cost.

30% 

OF U.S. HOUSEHOLDS  
HAVE NO LIFE INSURANCE AT ALL

50% 

SAY THEY NEED MORE  
LIFE INSURANCE

Source: Life Insurance and Market Research Association (LIMRA), 2013



## Additional features

- **A double indemnity benefit.** An additional benefit equal to the amount of optional coverage in force is paid, if death is a result of a covered accident.
- **A dismemberment benefit.** A benefit that pays you an amount equivalent to either one-half or the full amount of the insurance, if you lose sight or suffer a severed limb as a result of a covered accident.
- **A living benefit.** The accelerated benefit allows the insured person to receive all or a portion of the death benefit, if diagnosed with a terminal illness with a life expectancy of 12 months or less.



## QUESTIONS?

Call **1-800-441-2258** or contact  
Minnesota Life at P.O. Box 1193,  
Richmond, VA 23218-1193.

# Protect your family from the unexpected loss of your life and income during your working years.

Coverage options			
Option 1	Option 2	Option 3	Option 4
<b>Employee</b> <b>1x salary</b>	<b>Employee</b> <b>2x salary</b>	<b>Employee</b> <b>3x salary</b>	<b>Employee</b> <b>4x salary</b>
<b>Spouse</b> <b>0.5x salary</b>	<b>Spouse</b> <b>1x salary</b>	<b>Spouse</b> <b>1.5x salary</b>	<b>Spouse</b> <b>2x salary</b>
<b>Child(ren)</b> <b>\$10,000</b>	<b>Child(ren)</b> <b>\$10,000</b>	<b>Child(ren)</b> <b>\$20,000</b>	<b>Child(ren)</b> <b>\$30,000</b>
Children are eligible 15 days to maximum age	Children are eligible 15 days to maximum age	Children are eligible 15 days to maximum age	Children are eligible 15 days to maximum age
<b>ELECT</b>	<b>ELECT</b>	<b>ELECT</b>	<b>ELECT</b>

If both you and your spouse are eligible for Optional Life as employees, you may not elect spouse coverage. Likewise, either you or your spouse, not both, may elect coverage for your children.

Please note: Spouse and child coverage elections are based on the option the employee selects. The amount of child coverage covers each eligible child.

## Monthly cost for coverage

The VRS Optional Group Life insurance program provides additional life insurance protection at attractive group rates. Premiums for the employee and the spouse are based on the age of the insured person.

### Optional Life

#### Employee, Retiree and Spouse

Please note, rates increase with age.

Age	Rates/\$1,000
34 and under	\$0.05
35-39	0.06
40-44	0.09
45-49	0.14
50-54	0.20
55-59	0.33
60-64	0.65
65-69	1.15
70 and over	2.06

All rates are subject to change.

#### Child(ren) rates

One premium covers all children; there is no per-child rate.

Option	Coverage amount	Rate
1	\$10,000	\$0.80
2	\$10,000	\$0.80
3	\$20,000	\$1.60
4	\$30,000	\$2.40

## HOW MUCH LIFE INSURANCE DO I NEED?

Check out our life insurance calculator at [LifeBenefits.com/plandesign/virginia](https://LifeBenefits.com/plandesign/virginia).



# Will I be able to continue my Optional Life insurance **when I retire?**

You may continue your Optional Life insurance if you are:

- Retiring
- Terminating service, but deferring retirement

You must have 60 months of coverage with Optional Life before leaving service. You'll pay the same premiums to continue your coverage as active employees do.

As a retiree, you may continue at either Option 1 or Option 2, but not more than the amount of insurance you had when you left service, and not more than \$275,000. You must elect to continue coverage within 31 days of leaving service. Optional coverage above these amounts may be converted to an Individual policy. Insurance amounts and the corresponding maximums begin to reduce at age 65 and all insurance terminates at age 80.

Spouse coverage may also continue at the corresponding Option 1 and Option 2 levels of insurance selected by the retiree. Insurance on the spouse continues to be one-half of the amount of the retiree's coverage. Premium is based on the same rates under the VRS group plan. Dependent children may continue to be insured by the retiree at the same levels previously insured prior to retirement.

## What happens if I **terminate employment?**

If you terminate employment and are not eligible to continue Optional Life coverage as a retiree, your Optional Life insurance terminates. However, you may convert to an Individual policy. The conversion privilege may be exercised without proof of insurability if election to convert is made within 31 days of the termination. Premiums may be higher than those paid by active employees.

Spouse and dependent children coverage also ends when your coverage terminates, but you may also convert this insurance to an Individual policy.

Q & A

# Have you **designated a beneficiary?**

Protecting your family's financial security through life insurance is a loving gift. **Ensure benefits are paid as you intend by keeping your beneficiary designations up-to-date.**

## Choosing a beneficiary

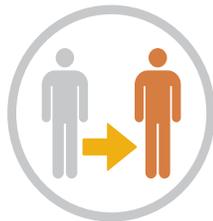
Your beneficiary can be a person, a charity, a trust, or your estate. You can split the benefit among multiple beneficiaries as long as the total percentage of the proceeds equal 100 percent.

Please note that the **employee** is the beneficiary of the **spouse and the children's Optional Life coverage.**



### Primary beneficiary

The person(s) named will receive the benefit. If any named beneficiary is not living at the time of claim, the benefit will be split among any remaining **primary beneficiaries** before it is paid to a **contingent beneficiary**.



### Contingent beneficiary

If the primary beneficiaries are no longer living, the benefit is paid to this person or persons.



### Default beneficiary

The order as established by law is:

- Spouse

#### **If none, children and descendants of children**

- If none, parents
- If none, the estate
- If none, the next of kin according to the state of residence

# How do I apply for Optional Life?

Complete the enclosed Enrollment Application (VRS 39) contained in this pamphlet and send it – if applicable – with the completed Evidence of Insurability form (VRS-32) to P.O. Box 1193, Richmond, VA 23218-1193.

## If you apply for Optional Life within 31 days from the date of employment:

You may select any option, up to a maximum death benefit of \$375,000, without providing Evidence of Insurability.

## If you select an option that provides more than \$375,000 of coverage:

You will be required to submit an Evidence of Insurability form (VRS-32). Until coverage is approved, your coverage will be limited to the amount of the next-lowest option, not exceeding \$375,000.

## If you want to increase coverage after transferring from one State agency to another State agency:

Evidence of Insurability will be required for any increases in coverage.

## Spouse coverage amount determined by employee coverage option:

Your spouse is guaranteed for Option 1 (one-half of your salary) if he or she applies within 31 days after you first become eligible for Optional Life coverage. If you select Option 2, 3 or 4, your spouse will be asked to furnish Evidence of Insurability for Minnesota Life's approval before he or she will be covered. If the Evidence of Insurability is not approved, your spouse will continue to be insured for the amount provided under Option 1 (one-half of your salary).

If both you and your spouse are eligible for Optional Life as employees, you may not elect spouse coverage. Likewise, either you or your spouse, not both, may elect coverage for your children.

## Child(ren) coverage amount determined by employee coverage option:

Child(ren) will receive coverage at the level corresponding to the option you select. Children's coverage also does not require proof of insurability, if coverage is applied for within 31 days of them becoming eligible to be insured.

## If applying for coverage beyond 31 days after either the employment date or eligibility date:

Application for Optional Life may also be made at any time beyond 31 days after either the employment date or eligibility date. Additional enrollment forms are also available through your benefits administrator or from Minnesota Life. Minnesota Life's address is P.O. Box 1193, Richmond, VA 23218-1193. Or call 1-800-441-2258.

# ***Continuation of Benefits***

## ***Health, Dental and Vision Plans***

*Under the Anthem Health, Dental and Vision Plans, you and your covered dependents are eligible to continue coverage through COBRA according to the “qualifying events”.*

*If you and your dependents are enrolled in the dental or health plans, you will be eligible to continue coverage through COBRA after you leave your employment for a specified period. In addition, while covered under the plan, if you should die, become divorced or legally separated, or become eligible for Medicare, your covered dependents may be eligible to continue dental coverage through COBRA. Also, while you are covered under the plan, your covered children who no longer qualify as an eligible dependent may continue coverage through COBRA.*

*Example of an ineligible dependent would be when your child reaches the age of not being eligible for dependent coverage. You will receive notification with premium and continuation options shortly following your termination of employment. Should you have any questions **you may contact your Human Resources Department at***

***540-507-7290***

## ***FBA Flexible Spending Accounts***

*If you have a positive balance (payroll deductions are greater than the amount you have received in reimbursement) in your Health Care Spending Account at the time of your termination, you may continue participation in the Plan for the remainder of the Plan year. If you want to remain in the Plan, you can do so by selecting one of the COBRA options.*

*If you prefer to terminate your participation and contribution to the Plan, any balance in your account on the date of termination will be forfeited if expenses were not incurred prior to the date of termination. For more detailed information, please call your **Human Resources Department at 540-507-7290 or Flexible Benefit Administrators at 1-800-437-3539.***

## ***AUL Short Term Disability***

*Once an employee is on the AUL disability plan for 3 months, you can port the coverage for one year without evidence of insurability. You have 31 days from your date of termination to apply for portability by calling **1-800-553-5318.***

## ***Minnesota Term Life***

*To get information on converting the term life coverage, please contact **Minnesota Life at 1-800-441-2258 or Human Resources Department at 540-507-7290.***

### ***Texas Life Whole Life***

*When you leave employment, you may continue your Texas Life Whole Life coverage by having the premiums that are currently deducted from your paycheck drafted from your bank account.*

***You may do that by contacting Texas Life at 1-800-283-9233 prompt #2.***

### ***To Continue Other Plans***

*You may continue your Aflac Accident, Aflac Hospital Indemnity, Aflac Critical Illness, and Allstate Benefits Cancer plans by having the premiums currently deducted from your paycheck drafted from your bank account or billed to your home.*

***For more information contact:***

***Allstate Benefits at 1-800-521-3535***

***Aflac Group at 1-800-433-3036***

# ***Contact Information for Questions and Claims***

## ***Anthem Member Services***

*1-800-445-7490*

*www.anthem.com*

## ***Virginia Retirement System***

*1-888-827-3847*

*ICMA-Hybrid Plan 1-877-327-5261 Option 1*

*www.varetire.org*

## ***Flexible Benefit Administrators***

*509 Viking Drive, Suite F*

*PO Box 8188*

*Virginia Beach, VA 23450*

*1-800-437-FLEX (1-800-437-3539)*

*Fax: (757) 431-1155*

*FlexDivision@flex-admin.com*

*www.flex-admin.com*

## ***Aflac***

*(CAIC a proud member of the Aflac family of insurers)*

*Columbia, South Carolina*

*Customer Service: 1-800-433-3036*

*Aflacgroupinsurance.com*

## ***Allstate Benefits***

*1776 American Heritage Life Drive • Jacksonville, Florida 32224*

*For questions concerning your policy please call: 1-800-521-3535*

*For questions concerning claims please call: 1-800-348-4489*

***American United Life (AUL)***  
*Claims Toll-Free Number: 1-855-517-6365*  
*Customer Service: 1-800-553-5318*

***Texas Life Insurance Company***  
*PO Box 830 Waco, TX 76703-0830*  
*1-800-283-9233*

***Minnesota Life***  
*P.O. Box 1193*  
*Richmond, VA 23218-1193*  
*1-800-441-2258*

***Mark III Employee Benefits***  
***Ginger Durbin-Account Manager***  
*114 E. Unaka Ave.*  
*Johnson City, TN 37601*  
*1-800-532-1044 x207*  
*fax: 423-928-1565*  
*ginger@markiiieb.com*  
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**County of Spotsylvania**  
**HUMAN RESOURCES POLICIES AND PROCEDURES MANUAL**

**8.2 Holidays**

**A. Official Holidays**

Administrative offices shall be closed on officially designated County holidays. Employees who provide public safety or other essential services may be required to work on holidays.

The County shall observe the following holidays:

New Year's Day - January 1

Lee-Jackson Day - Friday preceding the 3rd Monday in January

Martin Luther King, Jr. Day - 3rd Monday in January

Presidents' Day - 3rd Monday in February

Memorial Day - Last Monday in May

Independence Day - July 4

Labor Day - 1st Monday in September

Columbus Day - 2nd Monday in October

Veterans Day - November 11

Day before Thanksgiving Day - Close at Noon

Thanksgiving Day - 4th Thursday in November

Day after Thanksgiving - 4th Friday in November

Christmas Eve (1/2 day) - December 24

Christmas Day - December 25

**B. Additional Holidays**

In addition to those holidays listed above, any other day or part of a day declared as a holiday by the Governor of the Commonwealth of Virginia or by the Board of Supervisors shall be designated an official holiday.

**C. Holidays on Weekends**

If a holiday falls on a Saturday, the preceding Friday may be observed as the designated holiday; if the holiday falls on a Sunday, the following Monday may be observed as the designated holiday, if so determined by the Board of Supervisors.

Holidays for shift workers are observed on the days in which the holiday actually falls

The following document is a response to the CBRC's requests for a summary of all benefits provided to active employees of SCPS. Below are school board policies and the employer and employee contributions for all benefits. In addition, SCPS employee benefits may be reviewed on the link below:

<https://www.spotsylvania.k12.va.us/Page/492>

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Employee Retirement

Number

GCPC

Status

Active

Legal

Age Discrimination in Employment Act, PL 95-256 (1987)

Individuals retiring from School Board employment must submit a letter to the School Board for approval regarding their desire to retire. To be eligible for sick leave and health insurance retiree benefits, the employee must meet the following criteria:

1. The employee shall have been employed by the School Board for a minimum of five (5) consecutive years at the time of retirement. Beginning July 1, 2007, the individual shall have been employed by the School Board for a minimum of fifteen (15) consecutive years at the time of retirement.
2. The employee must be of retirement age and eligible for retirement benefits under the Virginia Retirement System (VRS), Social Security, or similar retirement system.

**ADOPTED:** January 23, 1995, effective July 1, 1995

**REVISED:** October 13, 2003

June 11, 2007, effective July 1, 2007

**REVIEWED:** June 24, 2013

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Health Insurance Benefits - Retirees

Number

GCBCA\*

Status

Active

Legal

Section 51.1-100, et. seq

Code of Virginia, 1950, as amended, Section 22.1-85

Individuals retiring from School Board employment who meet the following criteria are eligible for continued health insurance coverage as outlined below:

1. Individuals hired prior to July 1, 2007 must be at least 55 years of age, have at least five (5) consecutive years of service with Spotsylvania County Public Schools, and be eligible for and receive an immediate retirement annuity; or, be at least 50 years of age, have at least ten (10) consecutive years of service with Spotsylvania County Public Schools, and be eligible for and receive an immediate retirement annuity. Beginning July 1, 2007, the individual shall have been employed by the School Board for a minimum of fifteen (15) consecutive years at the time of retirement.
2. The individual must be of retirement age and eligible for retirement benefits under the Virginia Retirement System (VRS), Social Security, or similar retirement system.
3. Employees who defer retirement are not eligible for continued health insurance coverage. A deferred retirement is one where the employee terminates service and does not elect or is ineligible for an immediate retirement annuity.
4. If ineligible for any other comparable health insurance plan, the spouse identified as the "survivor annuitant" of a deceased retiree could continue subscription to the group health insurance policy if the provider allows such participation. The spouse would be responsible for the total cost of the premium.
5. The individual and his/her dependents must have been eligible to enroll in the School Board's health insurance program for a period of one (1) year prior to seeking the benefits outlined.

Individuals hired on or after July 1, 2009, who meet all of the above requirements including fifteen (15) consecutive years of service, can participate in the School Board's health insurance program after retirement; however, the employer will contribute a set dollar amount (\$214) towards the total premium with the retiree responsible for paying the balance of the total premium if the retiree is not Medicare

eligible. In addition, eligible individuals hired on or after July 1, 2009, can continue to participate in the School Board's retirement insurance program after they become eligible for Medicare coverage; however, the retiree will be required to enroll in Medicare Part A and B. The employer will contribute a set dollar amount (\$60.50) towards the Medicare Supplement Plan (Medicare Part A and B) and \$38.75 towards the Medicare Part D Prescription Drug Plan.

**ADOPTED:** April 9, 1990

**REVISED:** August 12, 1991

May 26, 1992

June 25, 2007, effective July 1, 2007

July 20, 2009

June 28, 2010

February 9, 2015

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Health Insurance Benefits - Retirees (Direct Debit Payments)

Number

GCBCA\*-R1

Status

Active

As a way to improve accounting efficiency, enhance control and security of insurance payments, and lower administrative costs, Spotsylvania County Public School Board retirees will be required to have their monthly health insurance premium automatically debited from their bank account effective September 25, 2009.

**ADOPTED:** August 10, 2009

**REVISED:** April 14, 2014

**2017-2018 Health Benefits Information Guide-  
Employees on SCPS Contract**

**KeyCare Expanded Benefits (to include prescription drug and vision)  
for Full-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$138.21	\$677.59	\$815.80
Employee +1	\$386.25	\$1,093.49	\$1,479.74
Family (SHARED)	\$216.71	\$862.89	\$1,079.60
Family	\$659.70	\$1,499.50	\$2,159.20

**KeyCare 200 Benefits (to include prescription drug and vision)  
for Full-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$116.18	\$677.59	\$793.77
Employee +1	\$346.30	\$1,093.49	\$1,439.79
Family (SHARED)	\$187.56	\$862.89	\$1,050.45
Family	\$601.40	\$1,499.50	\$2,100.90

**KeyCare 500 (to include prescription drug and vision)  
for Full-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$22.50	\$677.59	\$700.09
Employee +1	\$172.56	\$1,093.49	\$1,266.05
Family (SHARED)	\$49.77	\$862.89	\$912.66
Family	\$325.82	\$1,499.50	\$1,825.32

**KeyCare Expanded Benefits (to include prescription drug and vision)  
for Part-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$252.10	\$563.70	\$815.80
Employee +1	\$544.62	\$935.12	\$1,479.74
Family	\$885.82	\$1,273.38	\$2,159.20

**KeyCare 200 (to include prescription drug and vision)  
for Part-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$230.07	\$563.70	\$793.77
Employee +1	\$504.67	\$935.12	\$1,439.79
Family	\$827.52	\$1,273.38	\$2,100.90

**KeyCare 500 (to include prescription drug and vision)  
for Part-Time Employees**

	Employee	Employer	Total Premium
Employee Only	\$136.39	\$563.70	\$700.09
Employee +1	\$330.93	\$935.12	\$1,266.05
Family	\$551.94	\$1,273.38	\$1,825.32

**NOTES:**

1. Premiums are based on employees receiving 12 checks.
2. Rates are for twelve month coverage for October 1, 2017 through September 30, 2018, which the premium is withheld from the paycheck the month prior to coverage.
3. Employee + 1 may include *either* a child or a spouse.
4. SHARED – if both husband and wife are employees of the Spotsylvania County School Board, premiums can be shared equally.

**References:**

Anthem – 1-800-445-7490 – [www.anthem.com](http://www.anthem.com)

**2017-2018 Health Benefits Information Guide-**  
**Employees on SCPS Contract**

**Dental Only**  
*for Full-Time Employees*

	<b>Employee</b>	<b>Employer</b>	<b>Total Premium</b>
<b>Employee Only</b>	\$8.27	\$24.79	\$33.06
<b>Employee +1</b>	\$16.53	\$49.59	\$66.12
<b>Family (SHARED)</b>	\$8.06	\$41.54	\$49.60
<b>Family</b>	\$24.80	\$74.40	\$99.20

**Dental Only**  
*for Part-Time Employees*

	<b>Employee</b>	<b>Employer</b>	<b>Total Premium</b>
<b>Employee Only</b>	\$12.49	\$20.57	\$33.06
<b>Employee +1</b>	\$23.47	\$42.65	\$66.12
<b>Family</b>	\$35.96	\$63.24	\$99.20

**NOTES:**

1. Premiums are based on employees receiving 12 checks.
2. Rates are for twelve month coverage for October 1, 2017 through September 30, 2018, which the premium is withheld from the paycheck the month prior to coverage.
3. Employee + 1 may include *either* a child or a spouse.
4. SHARED – if both husband and wife are employees of the Spotsylvania County School Board, premiums can be shared equally.

**References:**

Anthem – 1-866-956-8607 - [anthem.com/mydentalvision](http://anthem.com/mydentalvision)

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Voluntary Retirement Savings Program

Number

GBR

Status

Active

Legal

26 U.S.C. Section 403(b), 26 CFR 1.403(b)-1 et seq.;

Code of Virginia, 1950, as amended, Sections 51.1-603, 51.1-603.1

The Spotsylvania County Public School Division offers its employees the opportunity to participate in a defined contribution retirement plan, also known as a tax sheltered annuity or 403(b) program. This program is maintained and operated pursuant to a written plan.

The written plan contains all the material terms and conditions for eligibility, benefits, applicable limitations, the contracts available under the plan, and the time and form under which benefit distributions may be made.

The written plan also addresses any optional features, including hardship withdrawal distributions, loans, plan-to-plan or annuity contract-to-annuity contract transfers, and acceptance of rollovers to the plan, which are included in the Division's program.

The written plan may

1. allocate responsibility for administrative functions, including functions to comply with the requirements of 26 U.S.C. Section 403(b) and other tax requirements.
2. assign such responsibilities to parties other than the school division, but not to participants (unless the administration of the plan is a substantial portion of the duties of the participant).
3. incorporate by reference other documents which thereupon become part of the written plan.
4. address termination of the program.

Every employee of the school division is notified annually about the program.

**ADOPTED:** December 15, 2008

**REVISED:** December 10, 2012, effective July 1, 2013

**CROSS**

**REFERENCE:** GBO: Virginia Retirement System

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Staff Fringe Benefits

Number

GCBC

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-85

8 VAC 20-460-10

Upon separation, employees shall be paid for the unused portion of their accrued annual leave at the per-diem rate, provided they have completed six (6) consecutive months of service, except as modified or prohibited by state law or by regulations of the State Board of Education.

#### **Benefits for Extended Contract and Twelve (12) Month Employees**

The Spotsylvania County School Board recognizes the need for fringe benefits in order to promote the employment and retention of the highest quality personnel and effectively serve the educational needs of students. Accordingly, fringe benefits shall be provided pursuant to regulations established by the Board.

Upon separation, employees shall be paid for the unused portion of their accrued annual leave at the per-diem rate, provided they have completed six (6) consecutive months of service, except as modified or prohibited by state law or by regulations of the State Board of Education. This shall be paid through an approved Spotsylvania County Public Schools' special pay plan 403(b) provider as designated by the employee and referenced in Regulation DL-R2: Payroll Procedures - Payment of Accumulated Annual Leave and Sick Leave.

#### **Benefits for Extended Contract and Twelve (12) Month Employees**

All extended contract and twelve (12) month personnel shall be entitled to participate in all fringe benefits made available generally to teachers, except when specifically stated to the contrary or prohibited by state law or regulations of the State Board of Education at a rate proportionate to their contract period.

## **Virginia Retirement System (VRS)**

All eligible employees must be members of the Virginia Retirement System. Employee retirement benefits are governed by the rules and regulations established by the Virginia Retirement System.

Retirement benefits for licensed personnel, administrative, and supervisory personnel, and certain salaried full-time classified personnel shall be those under the provisions of the Virginia Retirement System.

## **State Group Life Insurance**

All full-time employees of the School Board who are covered under the VRS must participate in the State Group Life Insurance provision of the VRS. The employee's share of the cost of this insurance shall be paid by the School Board.

## **Medical Insurance Coverage**

The School Board shall make available a comprehensive medical insurance plan for eligible employees. Family coverage may be purchased through this program by payroll deduction.

The amount which the School Board pays toward the annual premium for each employee will be determined annually by the Board.

Retirees are eligible to participate in the plan. The School Board shall pay a portion of the premium, the portion to be determined annually by the Board.

**ADOPTED:** February 9, 1987

**REVISED:** January 23, 1995, effective July 1, 1995  
May 28, 2002, effective July 1, 2002  
June 25, 2007, effective July 1, 2007  
December 10, 2012, effective July 1, 2013  
April 25, 2016

**CROSS REF:** DL-R2: Payroll Procedures - Payment of Accumulated Annual Leave and Sick Leave  
GA: Personnel Policies Goals  
GA-R: General Personnel Policies  
GBR: Voluntary Retirement Savings Programs  
GCBD: Staff Leaves and Absences

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Sick Leave

Number

GCBDA\*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

Cross References

DL \*-R3 - Payment of Death Benefits

Sickness and Accident

The Spotsylvania County Public School Division operates under the regulations governing the State Sick Leave Plan for Teachers (Revised - Effective September 1, 1980) as supplemented by School Board policies.

The following provisions apply to all eligible employees. A full-time employee is defined as an employee in a Board approved position whereby the employee is scheduled to work at least 175 days per year and no less than five (5) hours per day.

- A. Employees may earn one (1) work day of sick leave per month or major portion thereof. Full-time and part-time employees who change their status shall have their sick leave converted proportionately. Sick leave may accumulate to a maximum of 240 days.
- B. Earnings for less than a full year shall be at the rate of one (1) day per month or major fraction thereof. This provision applies to those employees who do not begin work at the start of the contracted period and to those who do not complete the full contracted period.
- C. Employees shall be permitted to anticipate sick leave earnings for the current contract year. Should the recipient of advanced sick leave terminate employment with the school system prior to earning the amount of sick leave used, the recipient will have the advanced days deducted from the salary at the per diem rate established by the employee's contract.
- D. An employee cannot claim any portion of earned leave unless he/she has actually reported for duty in accordance with the terms of his/her contract. However, if an employee is unable, because of accident or illness, to begin work in accordance with the terms of his/her contract, such employee may use accumulated leave to his/her credit not to exceed such balances as of June 30 of the immediately preceding school year.

- E. Such leave must be taken in a minimum of one-half day increments. Employees approved for short-term disability must take a pro-rata portion or accumulated sick leave in order to receive up to 100% of their gross compensation while on disability leave.
- F. The principal or Superintendent will require reasonable proof of an illness which requires the use of sick leave beyond three (3) consecutive days; moreover, a note from a licensed physician may be required in the case of any absence due to illness when deemed necessary.
- G. An employee will not be charged a day of leave when the school division is officially closed, except an essential employee who does not report to work when required or an employee who is utilizing the short-term or long-term disability plan.

Sick leave shall be allowed for personal illness, including quarantine, injury, pregnancy, temporary physical or mental incapacity, periods of adjustment due to child adoption, illness or death in the immediate family requiring the attendance of the employee. (The term "immediate family" of an employee shall be regarded to include mother, father, foster parents, adoptive parents, stepmother, stepfather, grandparents, grandchildren, wife, husband, children, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law and any other relative living in the household of the employee.) A doctor's excuse may be required in case of absence due to the illness of a family member.

Employees covered under this policy may transfer from one school system to another in Virginia and likewise transfer any such accumulated leave if the School Board of the system to which the transfer is made signifies its willingness to accept such transfer.

The School Board of Spotsylvania County accepts the transfer of accumulated sick leave up to 60 days from other school systems in Virginia for professional instructional, administrative and supervisory personnel only.

An employee will be presumed to have left public school employment if he/she accepts employment other than in the public school system of Virginia, or is unable to be employed in the public schools of Virginia for a period of three (3) consecutive years because of illness or physical disability or family responsibility. An employee who leaves employment in the public schools to enter the armed services does not forfeit accumulated earnings unless he/she fails to return to public school employment immediately upon discharge from an original tour of duty in the armed services. However, current earnings cannot be allowed for the period while in the service.

Unused sick leave will be paid upon retirement from the Spotsylvania County Public School System. Payment for unused sick leave will be compensated on a pro-rata basis of either \$30 per day for full-time employees or \$15 per day for part-time employees. Payment of these benefits is forfeited upon death of the employee.

To be eligible, an employee must have completed a minimum of five (5) years of uninterrupted service, including the year of retirement. Employees hired after July 1, 2007 must have completed a minimum of fifteen (15) years of uninterrupted service, including the year of retirement.

**ADOPTED:**February 9, 1987

**REVISED:** February 13, 1995, effective July 1, 1995

September 25, 1995

August 12, 1996

May 28, 2002, effective July 1, 2002

June 25, 2007, effective July 1, 2007

June 30, 2008

April 29, 2010

June 23, 2014, effective July 1, 2014

July 14, 2014

January 26, 2015

August 24, 2015

May 1, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Short-Term and Long-Term Disability Leave

Number

GCBDB \*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

Short-term and long-term disability is defined as absences that occur when the employee is disabled from their own occupation as a result of physical disease, injury, pregnancy, or mental disorder, and is unable to perform with reasonable continuity the material duties of their own occupation.

When any employee of the School Board, who is covered by sick leave provisions, learns of any medical conditions, disability, or illness that affects the employee's ability to perform effectively the essential duties of his or her position because of hospital or medical confinement, he or she must promptly notify his/her immediate supervisor and the Superintendent or Executive Director of Human Resources, enclosing a statement from the attending physician as to his or her medical ability to perform in the position, and, where applicable, expected confinement dates, and anticipated date when the employee is able to return to duty. It is the responsibility of the employee to inform the physician of the nature of his/her duties. Should the employee's absences exceed seven days due to physical disease, injury, pregnancy or mental disorder, and the employee is unable to perform with reasonable continuity the material duties of their own occupation, a claim must be filed for disability insurance. Employees approved for short-term disability must take a pro-rata portion of accumulated sick leave in order to receive up to 100% of their gross compensation while on disability leave.

## **SHORT-TERM DISABILITY**

### **Definition of Member:**

1. A regular full-time or part-time employee of Spotsylvania County Public Schools;
2. Actively At Work in a Board approved contracted position:
  - a. At least five (5) hours per day and no less than 175 days per year for a full-time employee; or
  - b. Less than five (5) hours per day and no less than 175 days per year for a part-time employee; and
3. A citizen or resident of the United States.

For purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, as long as the person is capable of Active Work on those days.

Member does not include an employee who is a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Eligibility Waiting Period means an employee must be a Member before becoming eligible for insurance.

**Eligibility Waiting Period (STD)**

Eligibility begins on one of the following dates, but not before the Program Effective Date:

- a. Coverage for a Disability arising from or in the course of employment with Spotsylvania County Public Schools, begins the first day the Employee is classified as a member.
- b. Coverage for any other Disability begins the first day after the employee completes one year of employment with Spotsylvania County Public Schools.

**Benefit Waiting Period**

The weekly benefit becomes payable after the employee has been continuously disabled for seven (7) days.

**LONG-TERM DISABILITY**

**Definition of Member:**

1. A regular full-time or part-time employee of Spotsylvania County Public Schools;
2. Actively At Work in a Board approved contracted position:
  - a. At least five (5) hours per day and no less than 175 days per year for a full-time employee; or
  - b. Less than five (5) hours per day and no less than 175 days per year for a part-time employee; and,
3. A citizen or resident of the United States.

For purposes of the Member definition, actively At Work will include regularly scheduled days off, holidays, or vacation days, as long as the person is capable of Active Work on those days.

Member does not include an employee who is a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

**Class Definition:**

Class 1: Member with fewer than 12 months of employment with Spotsylvania County Public Schools (Virginia Retirement System [VRS] Plan 1 and Plan 2). Member with fewer than 12 months' continuous participation in the Virginia Retirement Program as described in Section 51.1-169 of the Code of Virginia (Virginia Hybrid).

Class 2: Members with at least 12 months' of employment with Spotsylvania County Public Schools (VRS Plan 1 and Plan 2). Members with at least 12 months' continuous participation in the Virginia hybrid retirement program described in 51.1-169 of the Code of Virginia (VRS Hybrid).

**Eligibility Waiting Period**

Eligibility begins on the latest of the following dates:

- a. January 1, 2014
- b. The effective date of Spotsylvania County Public Schools' participation under the Group Policy;
- c. The first day as a Member

**Benefit Waiting Period**

The greater of 125 work days or the period for which benefits are payable under the Spotsylvania County Public Schools' short-term disability benefits program, including any benefit waiting period under that plan.

**ADOPTED:** October 13, 1986  
**REVISED:** February 13, 1995, effective July 1, 1995  
May 28, 2002, effective July 1, 2002  
June 11, 2007, effective July 1, 2007  
July 20, 2009  
May 13, 2013, effective July 1, 2013  
June 23, 2014, effective July 1, 2014  
July 14, 2014  
August 11, 2014  
May 1, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Personal Leave

Number

GCBDC\*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

All regular, non-temporary, licensed, support, administrative, and supervisory personnel shall be granted two (2) days of personal leave each year. This leave will be earned at the rate of one (1) day per semester. Personal leave days that are not used by June 30 of each year will be carried over and will accumulate up to a maximum of five (5) days. Unused personal leave days earned in excess of five (5) shall be converted to sick leave.

Personal leave should not be used immediately prior to or following holidays except in those instances where an emergency occurs which is beyond the control of the employee or in other extenuating circumstances.

All requests for personal leave must receive approval at least 48 hours in advance, except in cases of emergency.

Employees who use advanced personal leave and subsequently terminate their employment prior to earning the personal leave shall repay the Spotsylvania County School Board on a per-diem basis from the final paycheck.

The principal or supervisor responsible for approving such leave has the authority to disapprove such requests if suitable substitutes, where required, are not available or if the number of such requests would interfere with the instructional program.

An employee will not be charged leave for a day for which the school division is officially closed, except an essential employee who does not report to work when required.

**ADOPTED:** September 8, 1986  
**REVISED:** February 9, 1987  
February 13, 1995, effective July 1, 1995  
September 11, 2000  
May 28, 2002, effective July 1, 2002  
June 11, 2007, effective July 1, 2007  
December 12, 2011  
May 13, 2013, effective July 1, 2013  
**REVIEWED:** August 14, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Bereavement Leave

Number

GCBDD\*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

All regular, non-temporary, licensed, support, administrative, and supervisory personnel shall be granted three (3) days of bereavement leave per occurrence for a death in the immediate family. The term "immediate family" of an employee shall be regarded to include mother, father, foster parents, adoptive parents, aunt, uncle, stepmother, stepfather, grandparents, grandchildren, wife, husband, children, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law and any other relative living in the household of the employee. Bereavement leave can be combined with sick leave and personal leave if additional time is needed. Bereavement leave cannot be carried over from one year to the next.

**ADOPTED:** July 10, 2000

**REVISED:** May 28, 2002, effective July 1, 2002  
June 11, 2007, effective July 1, 2007  
May 13, 2013, effective July 1, 2013

**REVIEWED:** August 14, 2017

Book  
SCS Policy Manual

Section  
G - PERSONNEL

Title  
Staff Annual Leave

Number  
GCBDF \*

Status  
Active

Legal  
Code of Virginia, 1950, as amended, Section 22.1-78; Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

All employees who are classified as full-time, twelve (12) month employees are entitled to annual leave. Employees paid on the 12-month teacher salary scale are entitled to annual leave except those on a 240-day contract.

The amount of leave which may be earned depends upon the number of years of full-time twelve-month service as an employee of the Spotsylvania County Public School Board and/or comparable service from a school division or other position within the Virginia Retirement System for which credit has been granted and is accrued as outlined in the chart below:

<b>Total Years of Service</b>	<b># of Annual Leave Days Earned/Month</b>	<b># of Annual Leave Days Earned/Year</b>
Less than 5	1	12
More than 5, less than 10	1 1/4	15
More than 10, less than 15	1 1/2	18
More than 15, less than 20	1 3/4	21
20 or more	2	24

Days may be accumulated beginning with the first month of employment; however, no leave will be allowed for less than six (6) months of service without the approval of the Superintendent or designee.

- Leave time will not be allowed for less than one-half (1/2) day.
- Leave must be requested in advance and must be approved by the supervisor.
- Leave requests for more than ten (10) consecutive work days must be approved by the Superintendent or designee.

- An employee will not be charged for a day for which the school division is officially closed, except an essential employee who does not report to work when required

An employee may carry up to sixty (60) days of annual leave into the next fiscal year on June 30. Employees who accumulate in excess of sixty (60) annual leave days and use at least 15 days annually will be compensated at a per-diem rate for accumulated annual leave up to a maximum of nine (9) days. Therefore, an employee who retires, resigns, or is dismissed will be compensated at a per diem rate for accumulated annual leave up to a maximum of sixty (60) days *plus* the number of eligible days of annuity payout from the chart below (maximum of 69 total) through a deposit to a special pay plan provided by an approved 403(b) vendor as designated by the employee.

Annual Days Earned	Days Used or Lost	Days for Annuity Payout
15	15	0
18	15	3
21	15	6
24	15	9

Annual contributions for any eligible participant cannot exceed the applicable contribution limits under Section 415(c) of the Internal Revenue Code. If an annual contribution made under this policy would cause a retiree to exceed the annual contribution limit, any excess amount shall be contributed to the retiree's 403(b) account in the next following year and in each subsequent year as may be required to satisfy the contribution limits for any year.

Payout is contingent on the availability of budgeted funds.

## HOLIDAYS

All full-time, 12-month employees of the Spotsylvania County Public School Board shall be granted the following holidays:

Independence Day	December 25
Labor Day	New Year's Eve
Day Before Thanksgiving Day	New Year's Day
Thanksgiving Day	Martin Luther King, Jr. Day
Day After Thanksgiving Day	Spring Break (2 days)
December 24	Memorial Day

When one of the above holidays falls on Saturday or Sunday, the Superintendent may designate another day, preceding or following the holiday, as a holiday for full-time, 12-month employees.

If an official school day is scheduled by the School Board for one of the holidays, all full-time, 12-month employees shall report for duty as usual. In such cases, the Superintendent will schedule a replacement holiday so that no less than 12 holidays will be given to all full-time, 12-month employees during the fiscal year. Additional holidays may be granted by the Superintendent, upon approval by the Board.

**ADOPTED:** February 9, 1987

**REVISED:** August 12, 1991

January 23, 1995, effective July 1, 1995

June 10, 1996

May 31, 2000

May 28, 2002, effective July 1, 2002

July 14, 2003

October 27, 2003

June 25, 2007, effective July 1, 2007

June 30, 2008

June 8, 2009

April 26, 2010

January 26, 2015

**LEGAL REF:** Code of Virginia, 1950, as amended, Section 22.1-78

Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

**CROSS**

**REF:** DL \*-R3: Payment of Death Benefits

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Federal and State Jury Duty Leave

Number

GCBDH\*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 18.2-465.1

### **Federal and State Jury Duty**

Employees called for jury duty may be absent without loss of pay subject to verification of actual days served (verification to be provided by the Clerk of Court). Any employee of the Spotsylvania County Public School Board who is required to serve jury duty shall be reimbursed the difference between his or her regular pay and jury duty.

### **Mandatory Court Appearance**

Employees subpoenaed as court witnesses may be absent without loss of pay provided that a copy of the subpoena is transmitted to the payroll office.

**ADOPTED:** January 23, 1995, effective July 1, 1995

**REVISED:** March 9, 1998

June 11, 2007, effective July 1, 2007

May 13, 2013, effective July 1, 2013

**REVIEWED:** August 14, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Extended Leave

Number

GCBDJ \*

Status

Active

Legal

Regulations of the Virginia Board of Education, Revised 1993, VR 270-01-0044

Code of Virginia, 1950, as amended, Section 22.1-78

Extended leave without pay may be granted to non-probationary teachers, administrators, and instructional supervisors (health insurance may be maintained during extended leave if the full premium for coverage is paid to the division by the employee) for up to one fiscal year. Extended leave may be granted for the following purposes:

- for professional full-time study (minimum of 24 semester hours);
- foreign or exchange teaching assignments;
- serious illness of a member of employee's immediate family;
- service in teacher corps, VISTA, and the Peace Corps;
- to care for an infant child under one year of age, or
- other activities approved by the superintendent.

Written requests for extended leave shall be made to the Executive Director of Human Resources at least thirty (30) calendar days prior to the date of the anticipated leave. The written request shall specify the purpose for the leave and the period of time that the employee will be absent. Approval of extended leave will be granted for time within the fiscal year of the request. Response to a written request will be made within ten (10) working days of receipt of the request. A second consecutive full fiscal year may be granted by the Superintendent with approval of the School Board. An employee shall be responsible for verification of activity requiring extension of leave for a second year.

An employee requesting extended leave for the serious illness of a member of the employee's immediate family must use their accumulated sick leave; otherwise, the leave is without pay.

An employee returning from extended leave will not be guaranteed his/her former assignment but will be placed in a comparable position in the field of endorsement and/or expertise.

**ADOPTED:** January 23, 1995, effective July 1, 1995

**REVISED:** May 28, 2002, effective July 1, 2002

June 11, 2007, effective July 1, 2007

June 28, 2010

May 9, 2011, July 1, 2011

June 23, 2014, effective July 1, 2014

May 1, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Religious Leave

Number

GCBDL\*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

Spotsylvania County Public Schools shall make all reasonable efforts to accommodate the religious beliefs, observances, and practices of its employees. Use of days granted under School Board Policy GCBDC: Personal Leave and GCBDF: Annual Leave shall be used for religious holidays and/or other related activities. If no leave is available, leave without pay that is approved shall result in a deduction in pay equivalent to the daily rate of the annual salary of the employee. Leave shall be subject to approval by the immediate supervisor provided that such leave is for a valid religious reason and will not have a severe impact on the instructional program and/or result in undue hardship on the operational needs of the school division.

**ADOPTED:** June 30, 2008

**REVIEWED:** May 13, 2013, effective July 1, 2013

August 14, 2017

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Family and Medical Leave

Number

GCBE

Status

Active

Legal

29 U.S.C. Sections 207, 2611, 2612, 2613, 2614, 2618, 2619; 29 CFR 825.110, 825.115, 825.124, 825.200, 825.203, 825.207, 825.300, 825.301, 825.302, 825.303, 825.305, 825.306, 825.307, 825.309, 825.310, 825.311, 825.312, 825.600, 825.602, 825.603, 825.8005.800

Cross References

GCBD - Staff Leaves and Absences

GDBD \* - Support Staff Leaves and Absences

### **Generally**

The Spotsylvania County Public School Board recognizes its obligation to provide its eligible employees with unpaid leave pursuant to the Family and Medical Leave Act, 29 U.S.C. Section 2601, et seq. This policy describes the benefits available to eligible employees under the Act.

### **Definitions**

Covered active duty: The term 'covered active duty' means

- in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; and
- in the case of a member of a reserve component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty under a provision of law referred to in 10 U.S.C. § 101(a)(13)(B).

Covered service member: The term "covered service member" means

- a member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
- a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard

or Reserves, at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

**Eligible employee:** To be eligible for leave under this policy the employee must have at least twelve (12) months of service with the Spotsylvania County Public School Division and have worked at least 1250 hours according to the Fair Labor Standards Act, 29 U.S.C. Section 201 et seq., in the twelve (12) months preceding the commencement of the leave. Full-time teachers are deemed to meet the 1250 hour test.

**Instructional employee:** Employees whose principal function is to teach and instruct students in a class, a small group, or an individual setting such as teachers, athletic coaches, driving instructors, and special education assistants.

**Next of kin:** The term “next of kin” used with respect to an individual, means the nearest blood relative of that individual other than the covered service member’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered service member has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered service member, all such family members shall be considered the covered service member’s next of kin and may take FMLA leave to provide care to the covered service member, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered service member’s only next of kin.

**Outpatient status:** The term “outpatient status,” with respect to a covered service member, means the status of a member of the Armed Forces assigned to

- A. a military medical treatment facility as an outpatient; or
- B. a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

**Serious health condition:** A serious health condition is an illness, injury, impairment or condition that involves inpatient care or continuing treatment by a health care provider.

**Serious injury or illness:** The term “serious injury or illness,” in the case of

- a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating; and
- a veteran who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during a period described in 29 U.S.C. § 2611(15)(B), means a qualifying (as defined by the Secretary of Labor) injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that manifested itself

**Year:** A rolling 12-month period measured backward from the date an employee uses an FMLA leave.

**Leave**

Any eligible employee is entitled to leave for a combined total of twelve (12) weeks per year for the following situations:

1. The birth and care of a newborn child;
2. The adoption or foster placement of a child;
3. To care for an employee's spouse, parent, or child with a serious health condition; and
4. Because of a serious health condition that makes the employee unable to perform the essential functions of the employee's job.
5. Because of any qualifying exigency as defined in Department of Labor regulations arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on covered active duty (or has been notified of an impending call or order to covered active duty) in the Armed Forces.

However, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered service member is entitled to a total of 26 work weeks of leave per year to care for the service member. Leave under this paragraph is available only during a single year. During that year, the employee is entitled to a combined total of 26 work weeks of leave under this policy.

To the extent that an employee is entitled to compensated leave under Spotsylvania County Public School Division policies, such paid leave shall be substituted for unpaid FMLA leave. Otherwise, family and medical leave is unpaid. When paid leave is available, the employee must satisfy any procedural requirements of the division's paid leave policy.

Employees on FMLA leave will be required to report their status and intention regarding returning to work to the school division every four weeks.

#### Notice to Employees of Their Rights under the FMLA **Posting and General Notice**

The Spotsylvania County Public School Division shall post, in conspicuous places, on the premises of the employer where notices to employees and applicants for employment are customarily posted, a notice explaining the FMLA's provisions and providing information about the procedure for filing complaints with the Department of Labor. Attachment 1 may be used as the notice.

A copy of Attachment 1 will also be given to each employee by including it in the employee handbook or similar document or by distributing it to each new employee upon hiring.

#### **Eligibility Notice**

When an employee requests FMLA leave, or the division has knowledge that an employee's leave may be for an FMLA-qualifying reason, the division should notify the employee of the employee's eligibility to take FMLA leave within five business days. The Eligibility Notice should state whether the employee is eligible for FMLA leave. If the employee is not eligible for FMLA leave, the Notice must state at least one reason why the employee is not eligible (such as, for example, the number of months the employee has worked for the division.) This notification may be accomplished by providing the employee a copy of Attachment 4.

#### **Notice of Rights and Responsibilities**

The division will provide written notice detailing the specific expectations and obligations of the employee and explaining the consequences of the failure to meet those obligations each time the employee is given an Eligibility Notice. This Notice will include, as appropriate:

- that the leave may be designated and counted against the employee's annual FMLA leave entitlement and the 12-month period for FMLA entitlement;

- any requirements for the employee to furnish certification of a serious health condition, serious injury or illness, or qualifying exigency arising out of active duty or call to active duty status, and the consequences of failing to provide certification;
- that the division will substitute paid leave for unpaid leave and any conditions related to the substitution and the employee's right to take unpaid FMLA leave if the employee does not meet the conditions for paid leave;
- any requirement for the employee to make any premium payments to maintain health benefits and the arrangements for making such payments, and the possible consequences of failure to make such payments on a timely basis;
- the employee's rights to maintenance of benefits during the FMLA leave and restoration to the same or an equivalent job upon return from FMLA leave; and
- the employee's potential liability for payment of health insurance premiums paid by the employer during the employee's unpaid FMLA leave if the employee fails to return to work after FMLA leave.

The Notice of Rights and Responsibilities should be accompanied by any required certification form.

The Notice of Rights and Responsibilities will also include notice that employees on FMLA leave must report their status and intention regarding returning to work to the division at least every four weeks.

If the information provided by the Notice of Rights and Responsibilities changes, the division will, within five business days of receipt of the employee's first notice of need for leave subsequent to any change, provide written notice referencing the prior notice and setting forth any of the information in the Notice of Rights and Responsibilities that has changed.

### **Designation Notice**

When the division has enough information to determine whether the leave is being taken for a FMLA-qualifying reason, the division should give the employee written notice whether the leave will be designated and will be counted as FMLA leave within five business days. If the division determines that the leave will not be designated as FMLA-qualifying, the division must inform the employee of that determination. The division will also notify the employee that paid leave must be substituted for unpaid FMLA leave or that paid leave taken under an existing leave plan be counted as FMLA leave at the time of designating the FMLA leave, leave for the birth, adoption, or foster placement of a child.

If the division will require the employee to present a fitness-for-duty certification to be restored to employment after taking leave for a continuous period of time, the division will provide notice of the requirement with the Designation Notice. If the division will require that the fitness-for-duty certification address the employee's ability to perform the essential functions of the employee's position, the division must so indicate in the Designation Notice and must include a list of the essential functions of the employee's position.

If the division has reasonable safety concerns regarding the ability of an employee who is returning to work after intermittent or reduced leave schedule to perform his or her duties based on the serious health condition for which the employee took leave, it may require the employee to submit a fitness for duty certification unless one has been submitted within the past 30 days.

If the leave is not designated as FMLA leave because it does not meet the requirements of the FMLA, the notice to the employee that the leave is not designated as FMLA leave may be in the form of a simple written statement.

If the information provided by the division to the employee in the Designation Notice changes, the division will provide, within five business days of receipt of the employee's first notice of need for leave subsequent to any change, written notice of the change.

The division will notify the employee of the amount of leave counted against the employee's FMLA leave entitlement. If the amount of leave needed is known at the time the employer designates the leave as FMLA-qualifying, the division must notify the employee of the number of hours, days, or weeks that will be counted against the employee's FMLA leave entitlement in the Designation Notice. If it is not possible to provide the hours, days, or weeks that will be counted against the employee's FMLA leave entitlement, then the division must provide notice of the amount of leave counted against the employee's FMLA leave entitlement upon request by the employee but no more often than once in a 30-day period and only if leave was taken in that period.

The division's decision to designate leave as FMLA-qualifying will be based only on information received from the employee or the employee's spokesperson. If the division does not have sufficient information about the reason for an employee's use of leave, the division will inquire further of the employee or the spokesperson to ascertain whether leave is potentially FMLA-qualifying. Once the division has knowledge that the leave is being taken for a FMLA-qualifying reason, the division will provide the employee the notice described in this subsection.

An employee giving notice of the need for FMLA leave must explain the reasons for the needed leave so as to allow the division to determine whether the leave is FMLA-qualifying. If the employee fails to explain the reasons, leave may be denied.

### **Leave for the Birth, Adoption, or Foster Placement of a Child**

The employee's entitlement to leave for a birth, adoption or foster placement of a child expires at the end of the twelve month period beginning on the date of the birth, adoption or foster placement. Leave taken for the birth, adoption or foster placement of a child may be taken intermittently or on a reduced leave schedule if the superintendent agrees to such an arrangement.

If the necessity for leave for the birth, adoption, or foster placement of a child is foreseeable based on an expected birth or placement, the employee shall provide the employer with not less than 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave. If the date of the birth or placement requires leave to begin in less than 30 days, the employee shall provide such notice as is practical. The employee's notice should be sufficient to make the division aware that the employee needs FMLA-qualifying leave and of the anticipated timing and duration of the leave.

### **Leave Because of a Serious Health Condition of Employee**

Employees are entitled, when medically necessary, to take such leave on an intermittent or reduced leave schedule except as provided below.

If the necessity for leave is foreseeable based on planned medical treatment, the employee shall:

1. make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the division; and
2. provide the division with at least 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave. If the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practical.

The employee's notice should be sufficient to make the division aware that the employee needs FMLA-qualifying leave and of the anticipated timing and duration of the leave.

The School Board may require that a request for leave, because of the employee's own serious health condition, be supported by a certification issued by a healthcare provider of the employee. The division may use Form WH-380-E (Attachment 2) for this certification. The division should request that the employee furnish certification when the employee gives notice of the need for leave or within five (5) business days thereafter, or, in the case of unforeseen leave, within five (5) business days after the leave

begins. The division may request certification at a later date if it later has reason to question the appropriateness of the leave or its duration. The employee must provide a complete and sufficient certification within 15 calendar days after the division's request. When the division requests certification, it will advise the employee of the anticipated consequences of the employee's failure to provide adequate certification.

**Certification will be sufficient if it states:**

1. the name, address, telephone number, and fax number of the health care provider and the type of medical practice/specialization;
2. the approximate date on which the serious health condition commenced and its probable duration;
3. the appropriate medical facts within the knowledge of the health care provider regarding the condition; and
4. information sufficient to establish that the employee is unable to perform the essential functions of his or her position, the nature of any other work restrictions, and the likely duration of such inability.

If an employee requests leave on an intermittent or reduced leave schedule for planned medical treatment of his or her serious health condition, the certification shall include information sufficient to establish the medical necessity for such intermittent or reduced schedule leave and an estimate of the dates on which such treatment is expected to be given, and the duration of such treatment, and any period of recovery.

If an employee requests leave on an intermittent or reduced leave schedule because of his or her own serious health condition that may result in unforeseeable episodes of incapacity, the certification shall include information sufficient to establish the medical necessity for the intermittent leave or leave on a reduced leave schedule, and an estimate of the frequency and duration of the episodes of incapacity.

If the employee submits a complete and sufficient certification signed by the health care provider, the division may not request additional information from the health care provider. However, the division may contact the health care provider for purposes of clarification and authentication of the medical certification. To make such contact, the division must use a health care provider, a human resources professional, a leave administrator, or a management official. The employee's direct supervisor may not contact the employee's health care provider.

If the school division doubts the validity of a certification, it may require, at its own expense, that the employee obtain the opinion of a second health care provider designated or approved by the school division concerning any information certified. The health care provider designated or approved by the school division may not be employed by the school division on a regular basis.

If the second opinion differs from the original certification, the school division may require, at its own expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the school division and the employee concerning information certified. The opinion of the third health care provider will be binding on both the school division and the employee.

**Leave Because of a Serious Health Condition of Child, Spouse, or Parent of Employee**

Family and medical leave shall be provided when the employee is needed to care for his/her spouse, child or parent with a serious health condition, as defined above. Employees are entitled, when medically necessary, to take such leave on an intermittent or reduced leave schedule except as provided below.

If the necessity for leave is foreseeable based on planned medical treatment, the employee shall:

1. make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the division; and
2. provide the division with at least 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave. If the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practical.

The employee's notice should be sufficient to make the division aware that the employee needs FMLA-qualifying leave and the anticipated timing and duration of the leave.

The School Board may require that a request for leave to care for an employee's spouse, parent, or child with a serious health condition be supported by a certification issued by a health care provider of the employee, or family member in need of care. The division may use Form WH-380-F (Attachment 3) for this medical certification. The division should ask the employee to furnish certification when the employee gives notice of the need for leave or within five (5) business days thereafter, or, in the case of unforeseen leave, within five (5) business days after the leave begins. The division may request certification at some later date if it has reason to question the appropriateness of the leave or its duration. The employee must provide the requested certification within 15 calendar days after the division's request. When the division requests certification, it will advise the employee of the anticipated consequences of the employee's failure to provide adequate certification.

**Certification will be sufficient if it states:**

1. the name, address, telephone number, and fax number of the health care provider and type of medical practice/specialization;
2. the approximate date on which the serious health condition commenced and its probable duration;
3. a statement or description of the appropriate medical facts regarding the patient's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for leave; and
4. information sufficient to establish that the family member is in need of care and an estimate of the frequency and duration of the leave required to care for the family member.

If an employee requests leave on an intermittent or reduced leave schedule for planned medical treatment of a family member's serious health condition, the certification shall include information sufficient to establish the medical necessity for such intermittent or reduced schedule leave and an estimate of the dates and the duration of such treatment and any periods of recovery.

If an employee requests leave on an intermittent reduced leave schedule in order to care for a family member with a serious health condition, the certification shall include a statement that the employee's intermittent leave or leave on a reduced leave schedule is medically necessary for the care of the son, daughter, parent, or spouse who has a serious health condition, or will assist in their recovery, and the expected duration and schedule of the intermittent leave or reduced leave schedule.

If the employee submits a complete and sufficient certification signed by the health care provider, the division may not request additional information from the health care provider. However, the division may contact the health care provider for purposes of clarification and authentication of the medical certification. To make such contact, the division must use a health care provider, a human resources professional, a leave administrator, or a management official. The employee's direct supervisor may not contact the employee's health care provider.

If the school division doubts the validity of a certification, it may require, at its own expense, that the employee obtain the opinion of a second health care provider designated or approved by the school division concerning any information certified. The health care provider designated or approved by the school division may not be employed by the school division on a regular basis.

If the second opinion differs from the original certification, the school division may require, at its own expense, that the employee obtain the opinion of a third health care provider designated or approved jointly by the school division and the employee concerning information certified. The opinion of the third health care provider will be binding on both the school division and the employee.

### **Leave to Care for a Covered Service Member**

If the necessity for leave is foreseeable based on planned medical treatment for a serious injury or illness of a covered service member, the employee shall

1. make a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the division; and
2. provide the division with at least 30 days' notice, before the date the leave is to begin, of the employee's intention to take leave. If the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practicable.

The employee's notice should be sufficient to make the division aware that the employee needs FMLA-qualifying leave and the anticipated timing and duration of the leave.

The School Board may require that a request for leave to care for a covered service member with a serious injury or illness be supported by a certification issued by a health care provider of the covered service person. The certification may be completed by any health care provider listed in 29 C.F.R. 825.310(a). The employee shall provide, in a timely manner, a copy of such certification to the school division.

### **Certification will be sufficient if it states**

1. the name, address, and appropriate contact information (telephone number, fax number, and/or email address) of the health care provider, the type of medical practice, the medical specialty, and whether the health care provider is one of the following: a (DOD) health care provider, a United States Department of Veterans Affairs (VA) health care provider, a DOD TRICARE network authorized private health care provider, or a DOD non-network TRICARE authorized health care provider or a health care provider as defined in 29 C.F.R. 825.125;
2. whether the covered service member's injury or illness was incurred in the line of duty on active duty;
3. the approximate date on which the serious health condition or serious injury or illness commenced or was aggravated and its probable duration;
4. a statement or description of appropriate medical facts regarding the covered service member's health condition for which FMLA leave is requested. The medical facts must be sufficient to support the need for leave; and
5. information sufficient to establish that the covered service member is in need of care and whether the covered service member will need care for a single continuous period of time, including any time for treatment and recovery, and an estimate as to the beginning and ending dates for this period of time.

If an employee requests FMLA leave on an intermittent or reduced leave schedule for planned medical treatment appointments for the covered service member, the certification must state that there is a medical necessity for the covered service member to have such periodic care and must contain an estimate of the treatment schedule of such appointments.

If an employee requests FMLA leave on an intermittent or reduced schedule basis to care for a covered service member other than for planned medical treatment, the certification must contain a statement that there is a medical necessity for the covered service member to have such periodic care, and must contain an estimate of the frequency and duration of the periodic care.

In addition to the information listed above, the division may also request that the certification set forth the information on Form WH-385 (Attachment 7.)

In lieu of Form WH-385, the division will accept invitational travel orders (ITOs) or invitational travel authorizations (ITAs) issued to any family member to join an injured or ill service member at his or her bedside. An ITO or ITA is sufficient certification for the duration of time specified in the ITO or ITA. During that time period, the employee may take leave to care for the covered service member in a continuous block of time or on an intermittent basis.

The information on the certification must relate only to the serious injury or illness for which the current need for leave exists. The division may seek authentication or clarification of the certification, ITO, or ITA but may not seek second or third opinions. The division may require an employee to provide confirmation of covered family relationship to the seriously injured or ill service member.

The division will also accept as sufficient certification of the service member's serious injury or illness documentation indicating the service member's enrollment in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

### **Leave Related to a Qualifying Exigency arising from Covered Active Duty or a Call to Covered Active Duty**

If the necessity for leave because of a qualifying exigency arising from the fact that a family member is on covered active duty or has been notified of an impending call to covered active duty is foreseeable, the employee shall give such notice to the school division as is reasonable and practicable. The employee's notice should be sufficient to make the division aware that the employee needs FMLA-qualifying leave and the anticipated timing and duration of the leave.

The first time an employee requests leave because of a qualifying exigency arising out of the covered active duty or call to covered active duty status (or notification of an impending call or order to covered active duty) of a military member, the division may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to covered active duty status and the dates of the military member's covered active duty service. A copy of new active duty orders or other documentation issued by the military shall be provided to the division if the need for leave because of a qualifying exigency arises out of a different covered active duty or call to covered active duty status (or notification of an impending call or order to covered active duty) of the same or a different military member.

A request for leave because of a qualifying exigency must be supported by

1. a statement or description signed by the employee of appropriate facts regarding the qualifying exigency for which FMLA leave is requested. The facts must be sufficient to support the need for leave;
2. the approximate date on which the qualifying exigency commenced or will commence;
3. the beginning and ending dates of absence if the employee requests leave because of a qualifying exigency for a single, continuous period of time;
4. an estimate of the frequency and duration of the qualifying exigency if the employee requests leave because of a qualifying exigency on an intermittent or reduced schedule basis;
5. If the qualifying exigency involves meeting with a third party, appropriate contact information for the individual or entity with whom the employee is meeting and a brief description of the purpose of the meeting; and

6. if the qualifying exigency involves Rest and Recuperation leave, a copy of the military member's Rest and Recuperation orders, or other documentation issued by the military which indicates that the military member has been granted Rest and Recuperation leave, and the dates of the military member's Rest and Recuperation leave.

The division may use Form WH-384 (Attachment 6) for this certification.

### **Rules for Intermittent and Reduced Schedule Leave**

When permitted by the FMLA, intermittent and reduced schedule leave may be used until the aggregate amount of such leave equals twelve weeks in the employee's rolling year. However, when the employee requests intermittent or reduced schedule leave that is foreseeable based on planned medical treatment the school division may temporarily transfer the employee to an available alternative position with equivalent pay and benefits that better accommodates the employee's intermittent or reduced schedule leave.

When an eligible employee employed principally in an instructional capacity requests leave to care for a family member with a serious health condition, leave because of the employee's own serious health condition, or leave to care for a covered service member and the leave is foreseeable based on planned medical treatment and the employee would be on leave for greater than 20 percent of the total number of working days in the period during which the leave would extend, the school division may require the employee to elect either

1. to take leave for periods of a particular duration, not to exceed the duration of the planned medical treatment; or
2. to transfer temporarily to an available alternative position offered by the school division for which the employee is qualified and that has equivalent pay and benefits and better accommodates recurring periods of leave than the employee's regular employment position.

The school division may require an employee to make such an election when the employee has

1. made a reasonable effort to schedule the treatment so as not to disrupt unduly the operations of the division, subject to the approval of the health care provider; and
2. has provided the division with not less than 30 days' notice before the date the leave is to begin, of the employee's intention to take leave, except that if the date of the treatment requires leave to begin in less than 30 days, the employee shall provide such notice as is practicable.

### **Rules for Husband and Wife Employed by Spotsylvania County Public School Division**

A husband and wife who are both eligible for family and medical leave and are employed by Spotsylvania County Public School Division shall be granted family and medical leave only for a combined total of twelve weeks per year when the leave is taken for the birth, foster placement, or adoption of a child or to care for the child after birth, adoption, or foster placement, or to care for a parent with a serious health condition.

A husband and wife who are both eligible for family and medical leave and are employed by the Spotsylvania County Public school division shall be granted family and medical leave only for a combined total of 26 work weeks per year if the leave

1. is taken to care for a covered service member; or
2. is taken as a combination of leave to care for a covered service member and leave for the birth, foster placement, or adoption of a child or to care for the child after birth, adoption, or foster placement or to care for a parent with a serious health condition. However, if the leave taken by the husband and wife includes leave for the birth, foster placement, or adoption of a child or to care for the child after birth, adoption, or foster placement or to care for a parent with a serious health condition, the leave for that reason shall be limited to 12 work weeks per year.

### **Employee Notice of the Need for Leave**

Employees must provide at least thirty days notice of the need for family and medical leave. If the need for the leave is not foreseeable, the employee or his/her designee must give notice within two (2) work days of when the need becomes known. In requesting leave, employees shall not be required to use the words family and medical leave, but shall provide sufficient information to make the division aware of the need for the leave. The division shall inquire further of the employee if necessary to determine whether family and medical leave applies.

### **Certification of the Need for Leave**

The Spotsylvania County Public School Division may require, and the employee must provide, certification of the need for family and medical leave. Such certification shall be provided on the form provided by the division. Attachment 2 may be used for the certification.

The medical certification for the employee's personal illness must identify the nature of the illness, the date the illness began and the projected return-to-work date. For leave to care for a child, spouse, or parent, the medical certification must include an estimate of the amount of time the employee is needed to provide care. At the employer's discretion and expense, a second medical opinion may be required. Any dispute between the two opinions shall be resolved by the opinion of a third, jointly selected provider and paid for by the division. Any recertification requested by the employer shall be at the employee's expense.

### **Benefits During Family and Medical Leave**

Employees on family and medical leave shall receive the group health insurance plan coverage on the same conditions as coverage would have been provided if the employee had been working during the period of leave. Other benefits shall be provided according to Spotsylvania County Public School Division policy for paid or unpaid leave, whichever applies.

If the employee fails to return to work when the period of leave to which he or she is entitled expires for any reason other than the continuation, recurrence, or onset of a serious health condition that entitles the employee to leave, or other circumstances beyond the employee's control, the school division may recover the premium it paid for maintaining the employees coverage during the period of unpaid leave in accordance with federal law.

### **Return to Work**

An employee on family and medical leave shall provide the division at least two (2) work days' notice of the intent to return to work. The employee shall be returned to the same or equivalent position at the end of the family and medical leave unless the division shows that the employee would not otherwise have been employed at the time reinstatement is requested.

The following return-to-work provisions apply to instructional employees:

1. If an instructional employee begins family and medical leave more than five (5) weeks before the end of an academic term, the employee may be required to continue taking leave until the end of an academic term if the leave is at least three (3) weeks in duration and the return to work would occur during the last three (3) weeks of the academic term.
2. If an instructional employee begins family and medical leave for a purpose other than the employee's own serious health condition during the five (5) week period before the end of an academic term, the employee may be required to continue taking leave until the end of the academic term if the leave is longer than two (2) weeks in duration and the return to work would occur during the last two (2) weeks of an academic term.
3. If an instructional employee begins family and medical leave for a purpose other than the employee's own serious health condition during the three (3) week period before the end of an academic term, the employee may be required to continue taking leave until the end of an academic term if the leave is longer than five (5) working days in duration.

If an instructional employee is required to continue leave until the end of an academic term, only the period of leave until the employee is ready and able to return to work shall be counted against the twelve week family and medical leave entitlement. However, the division must continue the group health insurance coverage under the same conditions as if the employee were working.

#### Outside Employment

An employee who is on family and medical leave may not engage in employment for any other employer or self-employment while on leave. Falsification of records and failure to correct records known to be false are violations of this policy and will result in discipline which may include termination from employment.

**ADOPTED:** August 23, 1993

**REVISED:** June 26, 2006

June 11, 2007, effective July 1, 2007

July 20, 2009

April 14, 2014

June 27, 2016

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Military Leave

Number

GCBEB ^

Status

Active

Legal

38 U.S.C. Sections 4312, 4313, 4316, 4317; 20 C.F.R. Sections 1002.259, 1002.261, 1002.262, 1002.267; Code of Virginia, 1950, as amended, Sections 22.1-289.2, 44-93, 44.93.1, 44-93.3, 44-93.4, 44-102.1

Military leave is defined as time granted to an employee who is a member of an officially recognized military branch or reserve unit. All employees of Spotsylvania County Public Schools who are members of the state or federal military reserves are entitled to leaves of absence from their duties on all days during which they are engaged in federally funded military duty, including training duty, or when called forth by the Governor.

Immediately upon receipt of official notice to report for duty, the employee will notify his or her supervisor of the need for military leave. A copy of the official orders must accompany the leave request.

All employees shall be entitled to up to fifteen (15) days of paid military leave for federally funded military duty, including training duty during any contract period. When possible, military leave for employees on less than a 12-month contract will be arranged during non-duty hours and all employees are expected to make every effort to schedule military leave during times when the schools are not in session.

An employee, who is scheduled for a physical examination for military service during working hours, including but not limited to pre-induction physicals, will be given paid leave.

In addition, full-time employees of the Spotsylvania County Public School Division, whose active duty service with the regular armed forces of the United States or the National Guard or other reserve component requires his or her absence from employment will receive supplemental pay if the employee's military compensation is less than the regular salary paid to the employee by the school division. Employees will be permitted, upon request, to combine military leave with vacation, annual, or similar leave and by doing so shall not be entitled to receive make-up pay in addition to their regular vacation pay.

### **Application Procedure**

Application for military leave for training purposes shall be made in advance, immediately upon receipt by the employee of official notice to report from the appropriate military authorities. A copy of the official

orders must accompany the application for leave, which must be approved by the appropriate official and the Superintendent. The Superintendent may request a change in military orders when it seems to be in the best interest of the school system.

### **Pay Status during Leave**

The pay status of the employee on military leave for training purposes shall be leave with pay for up to fifteen (15) days. The employee shall suffer no loss of accumulated leave and/or vacation time.

Leave without pay: The Superintendent or his designee may grant military leave without pay to any employee who is ordered to active duty in the military of the United States. Except in times of national emergency or war, the maximum period of time allowed for military leave without pay will be two (2) years, approved one (1) year at a time.

### **Health Benefits**

If the employee so desires, the employee and the employee's dependents may continue to participate in the division's group health plan for up to 24 months while the employee is on military leave. The employee must notify the Benefits Specialist if he or she wants to continue participation in the division's group health plan. Employees who elect to continue on the division's health plan will be responsible for the following payments offered to regular employees

### **Retirement Benefits**

An employee reemployed after military leave will be treated as not having incurred a break in service. The period of military leave will be considered service to the division for purposes of vesting and benefit accrual. The division is responsible for its pension plan funding obligation. The division is not required to make its contribution until the employee is reemployed.

The employee will be allowed, but not required, to make up his or her contributions to a contributory plan. The employee may repay his or her employee contributions for a period of up to three times the period of military service, but not to exceed five years. If the employee's retirement plan is contributory and the employee does not make up his or her contributions, he or she will not receive the employer match or the accrued benefit attributable to his or her contribution because the employer is required to make contributions that are contingent on the employee's contributions.

The employer and employee contribution will be calculated on the rate of pay the employee would have received but for the absence to serve military duty.

### **Reemployment**

An employee who is entitled to military leave by reason of service in the federal military reserves is entitled to be re-employed by the School Board as long as he or she

- has given advance notice of the need for military leave (unless notice is precluded by military necessity or is otherwise impossible or unreasonable);
- has not been absent from his or her job for more than five years; and,
- returns to work as outlined below.

If the employee was absent from work for

- less than 31 days, he or she must report back to work by the beginning of the next regularly scheduled work period after a reasonable amount of time to arrive home, rest, and report to work;
- more than 30 days but less than 181 days, the employee must submit an application for reemployment within 14 days after the completion of service; more than 180 days, the employee must submit an application for reemployment within 90 days after the completion of service.

Employees who are entitled to military leave due to service in the Virginia military reserves must make written application for reemployment within (1) 14 days of release from duty or from hospitalization following release if the length of the employee's absence by reason of service in the uniformed services does not exceed 180 days or (2) 90 days of his release from duty or from hospitalization following release if the length of the employee's absence by reason of service in the uniformed services exceeds 180 days.

Upon returning from duty, an employee will be restored to the same job he held before leaving or to a comparable job. The School Board is not obligated to reemploy persons returning from military leave in certain unusual situations specified by state and federal law.

#### **Termination after Reemployment**

A person who is re-employed after returning from more than 30 days of military duty will not be discharged except for cause

- within one year after the date of reemployment, if the person's period of military service before the reemployment was more than 180 days; or
- within 180 days after the date of reemployment, if the person's period of military service before the reemployment was more than 30 days but less than 181 days.

#### **Discrimination against Members of Military Reserves Prohibited**

Members of the military reserves will not be denied initial employment, reemployment, retention in employment, promotion, or any benefit of employment on the basis of that membership.

**ADOPTED:** January 23, 1995, effective July 1, 1995

**REVISED:** May 28, 2002, effective July 1, 2002

June 11, 2007, effective July 1, 2007

June 28, 2010

June 8, 2015

**REVIEWED:** February 9, 2015

Book

SCS Policy Manual

Section

G - PERSONNEL

Title

Tuition-Free Attendance of Out of District Employee's Children

Number

GCBEC \*

Status

Active

Legal

Code of Virginia, 1950, as amended, Section 22.1-78

Dependent children of full-time Spotsylvania County Public Schools' employees who serve as the legal guardian and are non-Spotsylvania County residents may attend a Spotsylvania County Public School on a tuition-waived basis. Approval to attend a certain school will be based upon the availability of space and upon recommendation of the appropriate principal to the Superintendent or designee. Student academic progress, attendance issues, tardiness, lack of parental supervision, and/or flagrant disregard or serious infractions of the rules defined in the Code of Student Conduct may warrant denial of entry or withdrawal of the privilege of attending a Spotsylvania County school.

All requests for particular schools shall be made annually and will be considered for approval based upon space availability, grade level capacities and/or program or curriculum availability. It is preferred that the child(ren) attend the school of the work location of the employee and applicable feeder schools. For current employees, applications for enrollment are due by June 1 of the upcoming school year. New employees must submit an application upon employment. Employees are responsible for the transportation of their child(ren), and for before and after school care, as appropriate. The principal reserves the right to deny continued enrollment for issues related to parameters established herein.

**ADOPTED:** June 30, 2008

**REVISED:** May 13, 2013, effective July 1, 2013

**REVIEWED:** April 25, 2016

<b>Active Employees</b>							
	Number of Subscribers	Number of Participants	Number of Subscribers	Number of Participants	Change in Subscribers	Change in Participants	
<b>KeyCare Expanded</b>	Oct-16	Oct-16	Oct-17	Oct-17			
Single	601	601	595	595	-6	-6	
Employee plus spouse	252	504	257	514	5	10	
Employee plus child	105	210	92	184	-13	-26	
Family	539	2207	517	2107	-22	-100	
	1497	3522	1461	3400	-36	-122	
<b>KeyCare 200</b>							
Single	82	82	74	74	-8	-8	
Employee plus spouse	15	30	12	24	-3	-6	
Employee plus child	11	22	7	14	-4	-8	
Family	46	183	33	138	-13	-45	
	154	317	126	250	-28	-67	
<b>KeyCare 500</b>							
Single	290	290	294	294	4	4	
Employee plus spouse	54	108	64	128	10	20	
Employee plus child	38	76	51	102	13	26	
Family	242	972	261	1055	19	83	
	624	1446	670	1579	46	133	
<b>Bronze - Minimum Value Plan</b>							
Single	3	3	1	1	-2	-2	
Employee plus spouse	1	2	0	0	-1	-2	
Employee plus child	0	0	1	2	1	2	
Family	0	0	1	3	1	3	
	4	5	3	6	-1	1	
<b>Grand Total</b>	<b>2279</b>	<b>5290</b>	<b>2260</b>	<b>5235</b>	<b>-19</b>	<b>-55</b>	
<b>Retirees</b>							
	Number of Subscribers	Number of Participants	Number of Subscribers	Number of Participants	Change in Subscribers	Change in Participants	
<b>KeyCare Expanded</b>	Oct-16	Oct-16	Oct-17	Oct-17			
Single	203	203	191	191	-12	-12	
Employee plus spouse	52	104	48	96	-4	-8	
Employee plus child	6	12	10	20	4	8	
Family	20	69	18	66	-2	-3	
	281	388	267	373	-14	-15	
<b>KeyCare 200 (New)</b>							
Single	12	12	12	12	0	0	
Employee plus spouse	1	2	1	2	0	0	
Employee plus child	0	0	0	0	0	0	
Family	0	0	1	3	1	3	
	13	14	14	17	1	3	
<b>KeyCare 500</b>							
Single	9	9	12	12	3	3	
Employee plus spouse	6	12	5	10	-1	-2	
Employee plus child	3	6	2	4	-1	-2	
Family	1	4	2	8	1	4	
	19	31	21	34	2	3	
<b>Grand Total</b>	<b>313</b>	<b>433</b>	<b>302</b>	<b>424</b>	<b>-11</b>	<b>-9</b>	
<b>Medicare Eligible</b>							
Single	743	743	804	804	61	61	

<b>Active Employees</b>							
	Number of Subscribers	Number of Participants	Number of Subscribers	Number of Participants	Change in Subscribers	Change in Participants	
<b>KeyCare Expanded</b>	Oct-16	Oct-16	Oct-17	Oct-17			
Single	601	601	595	595	-6	-6	
Employee plus spouse	252	504	257	514	5	10	
Employee plus child	105	210	92	184	-13	-26	
Family	539	2207	517	2107	-22	-100	
	1497	3522	1461	3400	-36	-122	
<b>KeyCare 200</b>							
Single	82	82	74	74	-8	-8	
Employee plus spouse	15	30	12	24	-3	-6	
Employee plus child	11	22	7	14	-4	-8	
Family	46	183	33	138	-13	-45	
	154	317	126	250	-28	-67	
<b>KeyCare 500</b>							
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Employee plus child	38	76	51	102	13	26	
Family	242	972	261	1055	19	83	
	624	1446	670	1579	46	133	
<b>Bronze - Minimum Value Plan</b>							
Single	3	3	1	1	-2	-2	
Employee plus spouse	1	2	0	0	-1	-2	
Employee plus child	0	0	1	2	1	2	
Family	0	0	1	3	1	3	
	4	5	3	6	-1	1	
<b>Grand Total</b>	<b>2279</b>	<b>5290</b>	<b>2260</b>	<b>5235</b>	<b>-19</b>	<b>-55</b>	
<b>Retirees</b>							
	Number of Subscribers	Number of Participants	Number of Subscribers	Number of Participants	Change in Subscribers	Change in Participants	
<b>KeyCare Expanded</b>	Oct-16	Oct-16	Oct-17	Oct-17			
Single	203	203	191	191	-12	-12	
Employee plus spouse	52	104	48	96	-4	-8	
Employee plus child	6	12	10	20	4	8	
Family	20	69	18	66	-2	-3	
	281	388	267	373	-14	-15	
<b>KeyCare 200 (New)</b>							
Single	12	12	12	12	0	0	
Employee plus spouse	1	2	1	2	0	0	
Employee plus child	0	0	0	0	0	0	
Family	0	0	1	3	1	3	
	13	14	14	17	1	3	
<b>KeyCare 500</b>							
Single	9	9	12	12	3	3	
Employee plus spouse	6	12	5	10	-1	-2	
Employee plus child	3	6	2	4	-1	-2	
Family	1	4	2	8	1	4	
	19	31	21	34	2	3	
<b>Grand Total</b>	<b>313</b>	<b>433</b>	<b>302</b>	<b>424</b>	<b>-11</b>	<b>-9</b>	
<b>Medicare Eligible</b>							
Single	743	743	804	804	61	61	

## 2017-2018 Health Benefits Information Guide- Employees on SCPS Contract

### KeyCare Expanded Benefits (to include prescription drug and vision) for *Full-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$138.21	\$677.59	\$815.80
<b>Employee +1</b>	\$386.25	\$1,093.49	\$1,479.74
<b>Family (SHARED)</b>	\$216.71	\$862.89	\$1,079.60
<b>Family</b>	\$659.70	\$1,499.50	\$2,159.20

### KeyCare 200 Benefits (to include prescription drug and vision) for *Full-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$116.18	\$677.59	\$793.77
<b>Employee +1</b>	\$346.30	\$1,093.49	\$1,439.79
<b>Family (SHARED)</b>	\$187.56	\$862.89	\$1,050.45
<b>Family</b>	\$601.40	\$1,499.50	\$2,100.90

### KeyCare 500 (to include prescription drug and vision) for *Full-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$22.50	\$677.59	\$700.09
<b>Employee +1</b>	\$172.56	\$1,093.49	\$1,266.05
<b>Family (SHARED)</b>	\$49.77	\$862.89	\$912.66
<b>Family</b>	\$325.82	\$1,499.50	\$1,825.32

### KeyCare Expanded Benefits (to include prescription drug and vision) for *Part-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$252.10	\$563.70	\$815.80
<b>Employee +1</b>	\$544.62	\$935.12	\$1,479.74
<b>Family</b>	\$885.82	\$1,273.38	\$2,159.20

### KeyCare 200 (to include prescription drug and vision) for *Part-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$230.07	\$563.70	\$793.77
<b>Employee +1</b>	\$504.67	\$935.12	\$1,439.79
<b>Family</b>	\$827.52	\$1,273.38	\$2,100.90

### KeyCare 500 (to include prescription drug and vision) for *Part-Time Employees*

	Employee	Employer	Total Premium
<b>Employee Only</b>	\$136.39	\$563.70	\$700.09
<b>Employee +1</b>	\$330.93	\$935.12	\$1,266.05
<b>Family</b>	\$551.94	\$1,273.38	\$1,825.32

#### **NOTES:**

1. Premiums are based on employees receiving 12 checks.
2. Rates are for twelve month coverage for October 1, 2017 through September 30, 2018, which the premium is withheld from the paycheck the month prior to coverage.
3. Employee + 1 may include *either* a child or a spouse.
4. SHARED – if both husband and wife are employees of the Spotsylvania County School Board, premiums can be shared equally.

#### **References:**

Anthem – 1-800-445-7490 – [www.anthem.com](http://www.anthem.com)