



**July 1, 2022- June 30, 2023
Benefit Guide**



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YOUR BENEFITS PACKAGE

Please review this guide to learn about the benefit options available to you, so you can make informed decisions about your benefits for July 1, 2022 - June 30, 2023. When you make well-informed decisions, you can help reduce your out-of-pocket health care costs, and help control the rising costs of health care premiums.

This Benefit Summary does not provide all of the details about all of the benefit programs. Additional information is available in each program's Certificate of Coverage (COC). The COC's are available by request from the Human Resources Department.

This brochure summarizes the coverage that is available during the upcoming 2022 plan year. If you have any questions, please contact Human Resources. Additional contact information is shown at the end of this guide.

ELIGIBILITY

You are eligible for Franklin County Public Schools benefits on the first of the month if hired before the 15th of the month, if hired after the 15th of the month benefits will begin first of the following month, if you are scheduled to work 30 hours or more per week.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse and your children up to age 26 regardless of student status. If your spouse is to be covered on a Franklin County Public Schools medical plan, the spouse, cannot be eligible for another group health plan.

WHEN TO ENROLL

You can enroll for coverage within 30 days of your eligibility date or during the annual open enrollment period. If you do not enroll for coverage within 30 days of your eligibility date, you will not be able to elect coverages during the Plan Year July 1, 2022 - June 30, 2023, unless you have a qualified change in family status.

MAKING CHANGES

The choices you make when you are first eligible remain in effect for the plan year which ends on June 30, 2023. Once you enroll for coverage, you must wait until the next open enrollment period to change your benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS.

The following are a few examples:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage

If you have a Qualified Family Status Change, you must complete and provide Human Resources Department supporting documentation within 30 days of the Qualifying Event.

If you are enrolling during an open enrollment period, any changes you make will begin on July 1, 2022. Life insurance increases may be effective at a later date, depending on approval by VRS.





EMPLOYEE ASSISTANCE PROGRAM (EAP)

We recognize that employees may experience issues that affect the quality of life at home or at work. The Employee Assistance Program (EAP) is through Anthem and is available to you and your household family members 24 hours a day, seven days a week at 800-865-1044. All calls are completely confidential and there is no cost to you for using the service. Up to 3 visits per issue. Face-to-face counseling or online visits via LiveHealth Online.

The professionals at the EAP will help by assessing, advising, and recommending options to help you and your household family members deal with problems.

The EAP can help with many issues, including:

- Personal and work conflicts
- Financial and legal problems
- Marital and family concerns
- Depression and grief management
- Drug and alcohol dependency

EAPs aren't just for counseling services. Did you know you can call the EAP if you:

- Need to consult with an attorney about a legal matter, e.g. custody issues, landlord disputes, wills, etc.?
- Need assistance locating a provider for daycare or eldercare

You can call us at 800-865-1044, or go to anthemEAP.com and enter your company code: Franklin County Schools



MEDICAL COVERAGE

As a foundation for your good health, Franklin County Public Schools provides a selection of medical plans offering quality, flexibility and value. Choose the plan that best meets your needs. Review the chart below for additional coverage details:

Plan Features	KeyCare 30/1000	KeyCare 30/2000	KeyCare 30/5000
	In-Network	In-Network	In-Network
	You Pay:	You Pay:	You Pay:
Deductible - Calendar Year			
Individual	\$1,000	\$2,000	\$5,000
Family	\$2,000	\$4,000	\$10,000
Out-of-Pocket Maximum - Calendar Year			
Individual	\$4,500	\$5,500	\$6,600
Family	\$9,000	\$11,000	\$13,200
Physician Office Visit	\$30 copay \$20 copay EPHC*	\$30 copay \$20 copay EPHC*	\$30 copay \$20 copay EPHC*
Specialist Office Visit	\$50 copay	\$50 copay	\$50 copay
Preventive Care	No charge	No charge	No charge
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Urgent Care	\$50 copay	\$50 copay	\$50 copay
Outpatient Hospital Services	20% after deductible \$300 copay freestanding clinic	20% after deductible \$350 copay free standing clinic	20% after deductible \$400 copay free standing clinic
Inpatient Hospital Services	20% after deductible	20% after deductible	20% after deductible
Mental Health			
Outpatient	\$30 copay	\$30 copay	\$30 copay
Inpatient	20% after deductible	20% after deductible	20% after deductible

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



MEDICAL COVERAGE

As a foundation for your good health, Franklin County Public Schools provides a selection of medical plans offering quality, flexibility and value. Choose the plan that best meets your needs. Review the chart below for additional coverage details:

Plan Features	KeyCare HSA 3000
	In-Network
	You Pay:
Deductible - Calendar Year	
Individual Family	\$3,000 \$6,000
Out-of-Pocket Maximum - Calendar Year	
Individual Family	\$5,000 \$10,000
Physician Office Visit	20% after deductible
Specialist Office Visit	20% after deductible
Preventive Care	No charge
Emergency Room	20% after deductible
Urgent Care	20% after deductible
Outpatient Hospital Services	20% after deductible
Inpatient Hospital Services	20% after deductible
Mental Health	
Outpatient	20% deductible
Inpatient	20% deductible

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



PRESCRIPTION DRUGS



Plan Features	KeyCare 30/1000 KeyCare 30/2000 KeyCare 30/5000	KeyCare HSA 3000
	In-Network	In-Network
	You Pay:	You Pay:
Prescription Drugs—Retail	Up to 30 days	Up to 30 days
Deductible	N/A	After Medical Deductible
Generic	\$10 copay	20%
Brand Preferred	\$40 copay	20%
Brand Non-Preferred	\$60 copay	20%
Specialty	20% up to \$250	20%
Prescription Drugs—Mail Order	Up to 90 days	Up to 90 days
Generic	\$25 copay	20%
Brand Preferred	\$100 copay	20%
Brand Non-Preferred	\$175 copay	20%
Specialty	N/A	N/A

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.

Finding Participating Providers:

The best way to locate participating providers is to access your Anthem portal at www.anthem.com or via the Sydney mobile app.

If you have not yet enrolled, or are considering one of the other plans, you can do a provider search at the Anthem Website. For the in-network providers for the KeyCare traditional or HSA plan choose the KeyCare network



VIRTUAL DOCTORS VISITS

Virtual Visits are an additional benefit available to employees and their covered dependents. With virtual visits, you can be treated for various general health and general pediatric care concerns from the comfort of your home or office. If you are enrolled in a medical plan, you will have access to board-certified doctors and pediatricians. This service can be accessed via online video, or phone.

When your primary care physician is not available, or even if you are traveling, an online doctor's visit can provide, you access to general medical care, prescription refill requests. Please note that some states do not allow for medications to be prescribed via virtual doctor visits. Examples of concerns that can be treated include allergy and asthma, pink eye, headache, respiratory or ear infections, and many more.

Take advantage of this on-demand service for a \$5 copay per consultation on the Traditional KeyCare plans or \$59 charge on the HSA 3000/20% plan. Live Health Online has added the ability to speak with a dermatologist. A dermatology visit is subject to the plan's specialist cost.

SYDNEY HEALTH APP

With Sydney, you can find everything you need to know about your Anthem benefits personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with chatbot technology
- View and use digital ID cards
- **NEW!** Medical text visits are covered in FULL on the traditional plan or \$39 (after deductible) charge on the HSA 3000 plan.





New! Virtual Primary Care

What is virtual primary care (VPC)?

Virtual primary care provides convenient and affordable access to urgent, routine/preventive, and chronic condition care through the SydneySM Health mobile app. Our virtual primary care providers can diagnose and treat many common health conditions, prescribe medications, and conduct wellness check-ins, at low or no cost.

How does it work?

Through the Sydney Health app, members have access to a full range of virtual primary care services through a dedicated care team. They can chat with a doctor or have a video visit at a time and place that works for them. Through virtual primary care, members can:

- Use the interactive Symptom Checker or visit with a doctor over chat or video for urgent care services, 24/7.
- Access virtual primary care services (routine/preventive and chronic condition care) from 9 a.m. to 9 p.m. ET Monday to Friday, and 9 a.m. to 5 p.m. Saturday and Sunday. If members message their virtual primary care team after those hours, they will receive a response at the team's earliest convenience.
- Schedule a wellness check-in to share their health history and discuss their health goals with a doctor on a virtual video visit. The doctor will create a personalized care plan and follow up with the member after their visit, all through the app.

Virtual primary care provides you with:

- Urgent, preventive and chronic care
- Personalized care plans
- Lower healthcare costs
- Easy prescription refills

New! Anthem Health Guide

You can contact Anthem by phone, mobile device, web chat or secure email. You can also request a scheduled call back. Health guides have engaged and consultative conversations as well as the ability to soft transfer you to health care professionals. Health Guides use Anthem's decision-making support tools to help guide you to get more out of your benefits.

- Call the phone number listed on your ID card
- Chat with the Health Guides online, email or set up a return call:
 - Logging in at anthem.com
 - Choosing Customer Support
 - Anthem Sydney mobile app

All employees will receive new Anthem ID cards effective July 1, 2022 with an updated customer service number.





WELLNESS

No matter which plan you choose, we encourage you and your dependents to have an annual wellness exam. Most in-network preventive exams and well-child exams (including immunizations) are covered at 100% by the medical plans. Preventive exam can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

A wellness credit on your health insurance will be provided for those covered employees and covered spouses that get a routine wellness exam. If you have employee only or employee child/children coverage, you will receive a \$20 per month credit by completing the exam and turning in the form. If you have employee/spouse coverage, you will receive a \$40 per month credit, however; you and your spouse must complete the annual exam and both turn in the form. We encourage you to keep current with your annual wellness exam.

To be eligible for the wellness credit as of July 1, 2023, the exam must be completed between May 16, 2022 and May 15, 2023. This credit will be applied to your health insurance premiums for plan year July 1, 2023.

Please have your physician sign off on the Annual Wellness Exam confirmation form. The form states that all age appropriate wellness tests have been completed for that calendar year. FCPS will not accept any other forms and the form cannot be altered in any way.



FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH FSA, DEPENDENT CARE FSA

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. The money you contribute to the FSAs is payroll-deducted pre-tax, saving you income and Social Security taxes.

Each year you participate in the FSAs, you must elect the amount you want to contribute to each account. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). **For the 2022 Plan Year you may contribute up to \$2,850 to the Health Care FSA and \$5,000 (\$2,500 if you are married and file your taxes separately) to the Dependent Care FSA.**

Both accounts function independently. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

Accessing Your FSA Funds

Eligible expenses for the Health Care FSA include medical, dental, and vision expenses not covered under your health care plans, e.g. office visit copays, drug copays, expenses subject to your deductible, orthodontia, eyeglasses, etc.

Eligible expenses for the Dependent Care FSA are those that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, most day camps, and caregivers for disabled dependents.

Rules to Keep in Mind

FSAs offer big tax advantages, but are subject to IRS regulations:

- The IRS has a “use it or lose it” rule: If you don’t use the full amount in your dependent care FSA by the end of the plan year, you will lose any remaining funds. You may rollover up to \$570 from your health care FSA into the next plan year.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change, such as marriage, or birth of a child.
- You cannot transfer funds from one FSA to another.

FSA Reminders

- “Use-it-or-lose-it” unused Dependent Care amounts will be forfeited, so estimate your contribution wisely
- Save your receipts - No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements
- Eligible expenses must be incurred only during the plan year you are enrolled
- Your entire Health Care FSA balance – even money you have not yet contributed – is available as of July 1 each year
- You must re-enroll each year if you wish to continue funding the account
- Flores Customer Service: 800-532-3327; www.flores247.com



HEALTH SAVINGS ACCOUNTS

Those employees who enroll in the Keycare HSA 3000 qualified High Deductible Health Plan are eligible to open a Health Savings Account. The account will be opened through Flores. A Health Savings Account allows you to save money on a tax-free basis to use for your out of pocket health expenses.

ELIGIBILITY

You are eligible to open an HSA if:

- You are enrolled in a High Deductible Health Plan
- You are not Covered by your spouse's Health Plan, FSA or HRA
- You are not eligible to be claimed as a dependent for tax return purposes
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days
- You are not enrolled in Medicare, Medicaid or Tricare

HSA DISTRIBUTION RULES

Distributions from your HSA are tax-free if they are taken for "qualified medical expenses". Your HSA can only be used for expenses that incurred on or after the date HSA was established.

HSA distributions can be taken for qualified medical expenses for the following people:

- The account holder (person covered by the HDHP)
- Spouse of that individual (even if not covered by the HDHP)
- Dependents of that individual (even if not covered by the HDHP)

For the **2022** calendar year, an individual can contribute up to \$3,650 to a health savings account **HSA** or \$7,300 for a family (increase of \$50 for self, \$100 for family from 2021). Ages 55+ \$1,000 catch-up contribution (no change).

Flores
Customer Service: 800-532-3327
www.flores247.com

QUALIFIED MEDICAL EXPENSES

The IRS defines expenses that are considered "qualified medical expenses" for HSA distributions. If you use HSA funds for expenses beyond what the IRS defines as qualified, you will be subject to income tax on the distribution and an additional 20 percent penalty.

Examples of qualified medical expenses include:

- Most medical care that is subject to your deductible (copays, coinsurance, doctor visits, inpatient or outpatient treatment, etc.)
- Prescription drugs
- Dental and vision care
- COBRA, qualified long-term care insurance, health insurance premiums paid while receiving unemployment benefits, health insurance after you turn 65 except for a Medicare supplemental policy

INELIGIBLE MEDICAL EXPENSES

Expenses that are not considered "qualified medical expenses" include:

- Insurance premiums (other than the exceptions listed above)
- Surgery purely for cosmetic reasons
- Expenses covered by another insurance plan

FCPS will contribute \$500 to the Health Savings Account for the 2022-23 school year. The amount will be prorated based on your date of hire. Funds are only available as they are deposited into your account.

Note: You must have a \$0 balance in the Medical FSA as of July 1, 2022 if you move to the HSA 3,000/20% plan and plan to open and contribute to a Health Savings Account.



DENTAL COVERAGE

Strong teeth and gums are an important part of good health. Dental Insurance helps you pay for most necessary dental services and supplies, including diagnosis and preventive care, basic and restorative services and major services.



Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

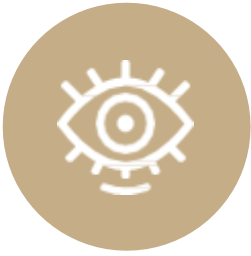
Preventive services at 100% in-network, with no deductible.

Plan Features	PPO + Premier Plan	
	You Pay:	
Annual Deductible	Benefit Wait Period	
Individual	\$50	
Family	\$150	
Annual Maximum Paid by Plan	\$1,500	
Diagnostic and Preventive Services (X-rays, cleanings, exams)	Covered in full	None
Basic and Restorative Services (Fillings, simple extractions)	20% after deductible	None
Other Basic Services (Endodontic, Periodontic, Oral surgery, Denture repair)	50% after deductible	None
Major Services (Crowns, Prosthodontics)	50% after deductible	12 Months
Orthodontia (Children to age 19)	50% after deductible	12 Months
Orthodontia Lifetime Maximum	\$1,500	12 Months

Be sure to use a Delta Dental Premier provider to receive your best benefit. A complete list of Delta Dental PPO Plus Premier dentists are included on Delta Dental's web site at www.deltadentalva.com or can be obtained by calling Delta Dental at 800-237-6060.

Healthy Smile, Healthy You program

Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in the program is simple. Visit DeltaDentalVA.com to print an enrollment form.



VISION CARE PROVIDED THROUGH ANTHEM

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses. Visit an in-network provider to take advantage of higher benefits coverage, or visit an out-of-network provider for a reduced benefit.

To start using your benefit, visit www.anthem.com to find a provider or call member services for assistance. This is a stand-alone vision offering, you will need to enroll or waive the coverage.

Plan Features	Anthem Blue View Vision	
	In-Network*	Out-of-Network
	You pay:	Plan reimburses you:
Exam (once every calendar year)	\$15 copay	Up to \$30
Frames (once every two calendar years)	\$130 allowance + 20% off balance	Up to \$45
Lenses		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Contact Lenses—In lieu of lenses and frames		
Medically Necessary	Covered in full	Up to \$105
Elective	\$130 allowance + 15% off balance	Up to \$105
Eyeglass Lens Enhancements:		
Transition Lenses (children under age 19)	\$0 copay	No reimbursement out of network
Standard Polycarbonate (children under age 19)		
Factory scratch coating		
Progressive Lenses**		
Standard	\$65	No reimbursement out of network
Premium Tier 1	\$85	
Premium Tier 2	\$95	
Premium Tier 3	\$110	

Anthem members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs. To start using your benefit, visit www.anthem.com to find a provider or call the number on the back of your ID card.

NOTE: The Blue View Vision is a stand-alone offering. You will need to enroll or waive the Vision coverage.



VRS Optional Life, Short & Long Term Disability

The VRS Optional Life Insurance program provides additional life insurance protection at attractive group rates. Premiums for the employee and spouse are based on the age of the employee. Below is a brief plan summary. For more information, visit our benefits webpage

<https://www.varetire.org/benefits-and-programs/benefits/life-insurance/>

The Optional Life Insurance is Underwritten by <i>Minnesota Life</i>	
Employee Benefit	<p>Choice of four options up to a maximum of \$400,000 if you apply for coverage within 31 days after you first become eligible.</p> <ul style="list-style-type: none">· Option 1—1 times salary· Option 2—2 times salary· Option 3—3 times salary· Option 4—4 times salary <p>You will be required to submit an Evidence of Insurability form if you select an option that provides more than \$400,000 in coverage.</p>
Spouse Benefit	<p>If Option 1 is elected, your spouse will be eligible to receive up to one-half of your salary in 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 coverage is not approved, your spouse will continue to be insured for the amount provided under Option 1.</p>
Child(ren)	<p>Children 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 for coverage.</p>

The following Short Term and Long Term Disability benefits are available for VRS Hybrid employees only.

Short-Term Disability

Your short-term disability (STD) benefit helps provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability. The cost of this benefit program is funded by Franklin County Public Schools. Contact the Human Resources Department for more information.

Long-Term Disability

Your long-term disability (LTD) benefit helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability. The cost of this insurance is paid by Franklin County Public Schools. For more information contact the Human Resources Department.





AFLAC, SUMMER PAY FOR 10 MONTHS AND EAP

AFLAC

Aflac enrollment will still be handled through the Aflacagents.

They will handle the enrollment of any new policies, changes to existing policies and cancellations. The Aflac contact is Judy McCullough and she can be reached at judy_mccullough@us.aflac.com. You may visit the Franklin County Public Schools landing page at: <https://www.aflacenrollment.com/FranklinCountyPublicSchools/TB3622838363>

Please note: All Aflac policies will remain in effect unless you meet with an agent to add, drop or change your policy. Aflac premiums will be deducted over a 10-months period beginning with your August paycheck.



Or, visit your benefits page at:
aflacenrollment.com/FranklinCountyPublicSchools/TB3622838363

Summer Pay for 10 month Employees

10- month employees will be paid over 11 months from August to June as we have done for several years. You will still have the ability to set aside money from your monthly paychecks, starting in August. Deductions will be taken from August to June and repaid to you in July 2023. **Please note:** when making your election this is a monthly amount.

YMCA

Franklin County Public Schools employees are eligible to receive a discounted membership to the YMCA by enrolling during our open enrollment process. This agreement binds the membership for one year and rates are deducted over an 11-month period beginning with your August paycheck. The monthly rates for the 2022-23 school year are \$33.82 for Individual and \$45.82 for Family membership. Please remember you can use YMCA facilities across the state including Rocky Mount, Ferrum, Moneta and Roanoke.

Employee Assistance Program (EAP)

Employee Assistance Program provides confidential resources to help you and members of your household address work and life issues, financial issues, legal concerns, relationship issues, coping with stress, and life events at NO cost to you up to 3 visits per occurrence. Employee Assistance is confidential. Representatives are available 24 hours a day, 365 days a year.

Need help? Give EAP a try today. Call EAP at 800-865-1044 or go to anthemEAP.com and enter your company code: Franklin County Schools



403(b) Tax Sheltered Annuity & 457(b) Deferred Compensation

All employees of Franklin County Public Schools are eligible to participate in our 403(b) Tax Sheltered Annuity and 457(b) Deferred Compensation programs. These programs allow employees to save additional money for retirement through pre-taxed payroll deductions or through taxed payroll deductions to a ROTH 403(b) account.

Below are approved 403(b) Tax Sheltered Annuity and 457(b) Deferred Compensation Vendors. The following represent a large number of investment options. It is the responsibility of the employee to determine which option best suits their needs.

Ameriprise Financial

Douglas Bleecker—540-966-0500

John White—540-777-5757, ext. 16

Life Insurance Company of the Southwest

Greg James—540-420-0345

Bill Pullen (VRSI)—540-420-0831

Horace Mann

Bradley Nuckles—540-725-2168

ING

Bill Pullen (VRSI)—540-420-0831

Oppenhemier Funds

Bill Pullen (VRSI)—540-420-0831

Tommie Crump—336-379-1815

Security Benefits

Bill Pullen (VRSI)—540-420-0831

Edward Jones

Ryan Lester/Cooper Woolson

Zach Wimmer—540-484-4909

Employees may start, stop or change their contributions to a 403(b) Tax Sheltered Annuity or 457(b) Deferred Compensation Plan at any time.

Employees wishing to participate in our 403(b) Tax Sheltered Annuity or 457(b) Deferred Compensation plan can do so by contacting an agency with the approved vendors above

Visit our webpage for more information on these benefits.

NOTICES

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be found by logging into the Franklin County Public Schools self-service enrollment portal. If you are unable to access these for any reason, contact Human Resources for a printed copy.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

NOSURPRISE ACT– NOTICE OF SURPRISE BILLING PROTECTIONS

Summary: This notice describes state/federal surprise billing protections and providing contact information where complaints can be filed.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.



QUESTIONS?



CONTACTS

Benefit	Contact	Telephone	Website
Medical	Anthem	833-592-9956	www.anthem.com
Dental	Delta	800-237-6060	www.deltadentalva.com
Vision	Anthem	800-592-9956	www.anthem.com
Health Savings Accounts	Flores	800-532-3327	www.flores247.com
Flexible Spending Accounts (FSAs)	Flores	800-532-3327	www.flores247.com
Voluntary Life and AD&D	VRS	800-441-2258	www.varetire.org/benefits-and-programs/benefits/life-insurance/
Short-Term Disability	VACORP/Anthem	844-986-2705	https://myspecialtyappsanthem.com/claims/alice
Long-Term Disability	VACORP/Anthem	844-986-2705	https://myspecialtyappsanthem.com/claims/alice
VA Retirement System	Customer Service	888-827-3847	www.varetire.com
EAP	Anthem	800-865-1044	www.anthemEAP.com



This booklet highlights some of your Franklin County Public Schools benefit plans. Your actual rights and benefits are governed by the official plan documents. If there are any discrepancies between this booklet and the official plan documents, the plan documents will prevail. Franklin County Public Schools reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.