



# *Augusta County Public Schools*

## EMPLOYEE BENEFITS GUIDE

Augusta County Public Schools is committed to a comprehensive benefit program that helps our employees and families stay healthy and maintain a positive work/life balance. This guide provides an overview of the benefits available to you with ACPS.

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# 2023

# BENEFITS OVERVIEW

## Comprehensive benefit package for contracted employees

**Health Insurance:** Augusta County Public Schools offers new employees a comprehensive health care plan with Anthem Insurance. For employee only coverage, ACPS pays the premium on your behalf and dependents are subsidized at 50%. All premiums are paid pre-tax one month in advance and coverage is effective the first of the month depending on your start date.

**Pharmacy Plan:** Prescription Drug Benefits are included in your Anthem Health Insurance Plan. Anthem encourages the use of formulary medications. If your medication is not listed, ask your doctor about an equivalent medication that is listed on the formulary. Use the Sydney app to price medications.

**Dental Insurance:** Voluntary Dental coverage is available with the employee paying the entire premium through payroll deduction. There are two plans to choose from, high and low. The high plan will provide some coverage for major services not covered under the low plan, such as orthodontics.

**Voluntary Vision Coverage:** The voluntary vision plan includes allowances for corrective vision such as eyeglasses frames, lenses, or contact lenses.

**Health and Dependent Care Flexible Spending Accounts (FSA):** These plans allow employees to set aside pre-tax dollars for reimbursement for eligible health care expenses and eligible dependent care expenses. FSA accounts are "Use or Lose It" plans. If you choose to participate in one of these plans, you MUST enroll each year during Open Enrollment; including the Open Enrollment period after your initial hire.

**Virginia Retirement System (VRS):** Full-time, contracted employees are automatically a member in the Virginia Retirement System. VRS offers three retirement plans: Plan 1, Plan 2, and the Hybrid Plan. Your plan membership is based on your original hire date with a VRS employer.

**Life Insurance:** VRS offers basic group life insurance benefits through Securian Financial, at no cost to employees. The amount is equal to 2x your annual salary. Please use myVRS to designate your beneficiary. If no beneficiary is listed, the Order of Precedence will apply. Employees may purchase additional coverage for themselves, their spouse and eligible dependent children through the Optional Group Life Insurance program.

**Short Term Disability (STD):** Employees in the VRS Hybrid Plan are provided a short term disability benefit at no cost, which is available after one year of service. Short term disability leave begins after a 7 day calendar waiting period. It pays a percentage, based on years of service, of the employee's pre-disability daily rate for up to 125 days. VRS Plan 1 and Plan 2 members are not eligible for this benefit. Please see the sick leave bank information.

**Long Term Disability (LTD):** Employees in the VRS Hybrid Plan are automatically enrolled in a LTD benefit at no cost. This benefit is available after the maximum period of short term disability benefits have been exhausted. VRS Plan 1 and Plan 2 members are not eligible for this benefit. Please see the sick leave bank information.

**Sick Leave Bank:** The Sick Leave Bank provides additional paid sick leave once an employee has exhausted his or her accrued leave including sick, personal, vacation leave and meets additional criteria set forth in the sick leave bank policy. Participation is voluntary and requires the donation of one sick leave day from the employee's accrued leave. New enrollees must enroll within 30 days of employment.

**Tax Deferred Annuities (TSA):** Employees may elect to invest pre-tax dollars into a qualified 403(b) plan through payroll deduction with one of our preferred vendors.

**Direct Deposit:** ACPS employees are paid once a month by direct deposit on the last business day of the month. Employees with a 10 or 11 month contract are paid over a 12 month period which also ensures continuation of health insurance benefits.

**Sick Leave:** The annual sick leave allowance is provided at the beginning of the contract and is equal to one day for each contract month. ACPS allows the transfer of up to 90 days of leave from other Virginia School Districts. Sick leave may accumulate from year to year without limit. Exceptions: School nutrition and bus driving staff.

**Personal Leave:** Full time, educational employees on 10 or 11 month contracts are eligible for three personal days per school year. Personal leave in excess of four (4) days will be transferred in to the employees sick leave accrual on June 30 each year.

**Annual Leave:** 12 month employees may earn between 12-16 days of annual leave per year based on VRS creditable service. Employees will be paid a maximum of five (5) days of accrued annual leave over the 36 day maximum carry over amount. Excess leave annual leave is forfeited.

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For additional information on your employee benefits with Augusta County Public Schools, Contact:

*Anne Hubbard, Supervisor of Benefits, Payroll, & Procurement: 540.245.5126*

# ENROLLMENT

## HOW & WHEN

### NEW HIRES

Eligible new hires may enroll in the Anthem KeyCare LOW health care plan. All premiums are paid pre-tax one month in advance and coverage is effective the first of the month depending on your start date. Employees who elect health insurance for their spouse must complete a spousal mandate affidavit. If a working spouse has access to affordable group health insurance through his/her employer, they must accept their own insurance rather than join the ACPS plan. Enrollment is completed online using Plansource. Instructions are on the following page.

### OPEN ENROLLMENT

Each year we have a benefits open enrollment period which allows employees to make changes to your initial selections outside of a qualifying life event. You can add or remove dependents, add or remove dental coverage, etc. **For continuation in the FSA, you must enroll during each open enrollment.**

### QUALIFYING EVENTS

**Employees are only able to make changes during open enrollment unless you experience a qualifying life event.** Below are some commonly experienced qualifying life events:

- Birth, adoption, legal custody of a child
- Marriage, loss of coverage due to divorce
- Gain or loss of spouse's coverage due to change in employment
- Gain or loss of child's eligibility
- Death of spouse or child
- Significant change in health care cost of spouse

#### What do I do if I experience a Life Event?

You have 30 days within the life event to make changes. You will make your change in the online enrollment system, Plansource.

You must request enrollment within 60 days of the loss of coverage under a State CHIP or Medicaid program or the determination of eligibility for premiums assistance under those programs.

# GLOSSARY

**DEDUCTIBLE-** amount you pay out of pocket for covered services per calendar year before insurance pays

**COPAYMENT-** Copays are flat fees you pay to a provider for health care services, visit, or prescription

**COINSURANCE-** is the amount you pay, as a percentage of the allowable charge once you reach the deductible and before you reach the out of pocket maximum

**ALLOWABLE CHARGE-** is the amount an insurance company permits a provider to charge for any covered service

**OUT OF POCKET MAXIMUM-** is the most you pay per plan year for health care expenses. Once you reach this limit, the plan pays 100% of covered services for the remainder of the year

**PREMIUM-** is the amount you pay for insurance using pre-tax dollars through payroll deduction

**EXPLANATION OF BENEFITS-** is a statement sent to you by your health insurance company explaining what medical treatments/services were performed and what is covered and what will be paid by the plan

**PREVENTATIVE CARE-** preventative care is covered at 100%. What is preventative care: services linked to routine wellness exams, including annual routine physicals, immunizations, mammograms, pap smears, colonoscopies.

### ELIGIBLE DEPENDENTS

Your eligible dependent include:

- Legal spouse
- Your children
- Legal custody of a child

Children are covered up to the end of the year they turn 26, even if they are married and do not live with you.

# PLANSOURCE

## ONLINE BENEFIT ENROLLMENT INSTRUCTIONS

<http://benefits.plansource.com>

To access your online account for enrollment, use the initial log in information below:

### User Name:

- First initial of your First Name;
- First six letters of your Last Name;
- Last four (4) digits of your SSN.

**Example:** John Employee, whose SSN is 000-00-1234, would have a login of **JEMPLOY1234**

**Example:** a birthdate of February 7, 1975, the initial password is: **19750207**

### Initial Password:

- Your birthdate in YYYYMMDD format
- This will take you to a password reset page.

**Retain your password for future use.**

Before you begin your insurance enrollment, please have the following items for all legal dependents, including your spouse that you wish to enroll:

- Social Security Number
- Date of birth

## ENROLLMENT STEPS

Step 1: **Enroll in Benefits**—To begin enrollment, click on “Get Started” on the main dashboard

Step 2: **Verify your Personal Information**—please email payroll@augusta.k12.va.us for changes

Step 3: **Review my Family**—enter your dependents and spouse, if applicable

Step 4: **Enroll in Benefits** by clicking “Shop Plans”

Step 5: **Review and Checkout**—your selections and applicable costs will show in the shopping cart at the top right of the page.

Step 6: **Checkout**—this is your final step and finalizes your selections

Medical: Aetna: Low POS

< TO BENEFITS

Family Covered		+ ADD FAMILY MEMBER
<input checked="" type="checkbox"/>	• Yourself	
<input type="checkbox"/>	• Employee Only	\$0.00 Per Pay Period
<input type="checkbox"/>	• Employee + Spouse	\$401.00 Per Pay Period
<input type="checkbox"/>	• Employee + Child	\$182.50 Per Pay Period
<input type="checkbox"/>	• Employee + Children	\$387.50 Per Pay Period
<input type="checkbox"/>	• Employee + Family	\$652.00 Per Pay Period

Plan Details

**aetna**  
Aetna: Low POS  
\$0.00  
Per Pay Period  
**Update Cart**

**NOTE: If you are waiving all coverages you must still complete this process and select “Decline.”**

## LIFE EVENTS – Must enter within 30 days

If you experience a life event, such as a birth, to you add your new dependent to your insurance plan, login to Plansource, click **Enter Life Event**, and add your dependent’s demographic information. In most cases, you will not receive the social security number within the 30 day time frame, please check the “invalid social security number” box to continue the enrollment.

# MEDICAL BENEFITS

Anthem KeyCare – Low Plan

New Enrollments

## MEDICAL & PHARMACY RATES PER PAY PERIOD—MONTHLY

ANTHEM HEALTH INSURANCE - 2023 POS LOW PLAN New Hires and Current Participants				
PLAN	COVERAGE TIER	EMPLOYER MONTHLY COST	EMPLOYEE MONTHLY COST	TOTAL PREMIUM
KeyCare LOW	EMPLOYEE ONLY	\$671.00	-	\$671.00
KeyCare LOW	EMPLOYEE - ONE CHILD	\$804.50	\$169.50	\$1,010.00
KeyCare LOW	EMPLOYEE - CHILDREN	\$1,002.50	\$331.50	\$1,334.00
KeyCare LOW	EMPLOYEE - SPOUSE	\$1,043.00	\$372.00	\$1,415.00
KeyCare LOW	EMPLOYEE - FAMILY	\$1,276.00	\$605.00	\$1,881.00

## MEDICAL BENEFITS AT-A-GLANCE

	Anthem KeyCare: Low
<b>In- Network Deductible</b>	
Individual	\$1,000
Family	\$2,000
Embedded/ Non-Embedded*	Embedded
<b>Out-of-Pocket Max</b>	
Individual	\$4,000
Family	\$8,000
Coinsurance	30%
Preventive Care	Covered at 100%
Primary Care	\$25 copay
Specialist	\$50 copay
Telemedicine	\$0 to \$50 copay
Urgent Care	\$75 copay
Emergency Room	30%, after deductible
Hospitalization	30%, after deductible

Embedded Deductible - In an embedded plan deductible, after each eligible family member meets his or her individual deductible, covered expenses for that family member will be paid based on the coinsurance level specified by the plan.

# PHARMACY

anthem.com

Specialty Pharmacy: carelon.com

	Anthem KeyCare	
<b>Rx Deductible</b>	Combined with Medical Deductible	
<b>Rx Out-Of-Pocket Maximum</b>	\$4,000 / \$8,000	
	30 Day Retail	90 Day* Mail Order
<b>Tier 1 Generic</b>	\$10	\$20
<b>Tier 2 Preferred Brand</b>	\$30	\$60
<b>Tier 3 Non-Formulary Brand</b>	\$60	\$120
<b>Tier 4 Specialty</b>	\$60	\$60

\*90 Day Retail—Members are required to fill 90-day supply of maintenance medications at a participating Rx Maintenance 90 pharmacy or through home delivery. Participating 90 day retail pharmacies include: CVS, Kroger, and Wal-Mart.

## OTHER ANTHEM PROGRAMS

### *Live Health Online*

844-784-8409 | [livehealthonline.com](https://livehealthonline.com)

If you're feeling stressed or anxious or you're just having a tough time, it's okay to ask for help. With Live Health Online Psychology, talking to someone is easier and more convenient than ever. You can have a video visit with a psychologist or licensed therapist from your home, or wherever you have internet access. Schedule an appointment

### *Learn to Live*

Sydney Health App | [Sydney \(sydneyhealth.com\)](https://sydneyhealth.com)

Your emotional well-being is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues. These digital tools are available anywhere, anytime.

### *Telehealth*

Sydney Health App | [Virtual Care \(anthem.com\)](https://virtualcare.anthem.com)

With Anthem Virtual Care, members can skip the trip to urgent care and save money. Telehealth visits offer convenient access to care that fits your life — virtual care doctors are available on your schedule at low or no-additional cost—all from your mobile device. No appointment needed. Online physicians may coordinate with your doctor, make referrals, diagnose conditions, and order prescriptions.

### *24-Hour Nurse Line*

800-337-4770

A 24-hour information line for your health questions!

Talk to a registered nurse anytime – with no additional costs. Call as many times as you need; your covered family members can use it, too! Save time and money - make better health care decisions, find out about a test or procedure, receive information on a wide range of topics, and prep for a doctor's visit.

### *Hinge Health*

855-902-2777 | [Hingehealth.com/SAW](https://hingehealth.com/SAW)

Your Anthem health insurance plan includes Hinge Health, digital programs to reduce joint and muscle pain without medication or surgery. Please see page 7 for more information.





## Hinge Health

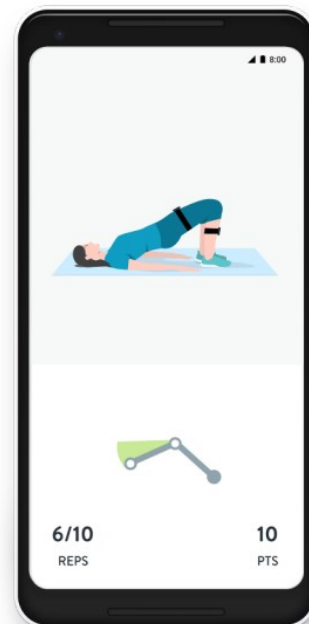
### Benefit for your back and joint health at no additional cost

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, **it's at no additional cost to you** – 100% covered by your employer.

Sign up today for help with any of the following:

- Conquer pain or limited movement
- Recover from a recent or past injury
- Keep joints healthy and pain free

Eligibility: Employees and family members enrolled in an Aetna medical plan in year 2022 or an Anthem medical plan in year 2023 through County of Augusta, Augusta County Schools, Augusta County Service Authority, City of Waynesboro, Waynesboro Public Schools, Middle River Regional Jail Authority, Shenandoah Valley Social Services, or Valley Vocational Technical Center are eligible.



To learn more call (855) 902-2777, or apply at:  
**HINGEHEALTH.COM/SAW**

# DENTAL INSURANCE

Unitedconcordia.com

Customer Service: 800-332.0366

You have 2 choices for dental coverage offered by United Concordia.

Refer to plan documents for full details on [Documents | Augusta County Public Schools](#)

	Low Plan	High Plan
<b>In-Network Overview</b>	<b>Member Costs</b>	<b>Member Costs</b>
<b>Deductible (Calendar Year)</b>	\$50/\$150, waived for preventive care	\$50/\$150, waived for preventive care
<b>Annual Benefit Maximum</b>	\$1,000, per person	\$1,500
<b>Diagnostic &amp; Preventive Services</b>	Covered 100%	Covered 100%
<b>Basic Services</b>	20%	20%
<b>Major Services</b>	Not Covered	50%
<b>Orthodontia</b>	Not Covered	50%
<b>Orthodontia Lifetime Maximum</b>	Not Covered	\$1,250 lifetime max per enrollee
<b>Out-of-Network Overview*</b>		
<b>Reimbursement</b>	0% / 20% / 50% / 50% United Concordia non-participating allowance	0% / 20% / 50% / 50% United Concordia non-participating allowance
<b>Coverage</b>	Adults and Children to age 26	Adults and Children to age 26

\*Out-of-Network providers can balance bill you the difference between what they charge and the carrier's reasonable and customary amount.

## DENTAL EMPLOYEE RATES - PRE TAX PAYROLL DEDUCTION AMOUNT

	Low Plan	High Plan
<b>Dental Employee Cost</b>	<b>Monthly</b>	<b>Monthly</b>
<b>Employee Only</b>	\$23.00	\$33.00
<b>Employee + Child</b>	\$44.00	\$63.00
<b>Employee + Children</b>	\$49.00	\$70.00
<b>Employee + Spouse</b>	\$46.00	\$66.00
<b>Employee +Family</b>	\$70.00	\$99.00

### About Your Dental Plan(s)

- Diagnostic services & preventive care does not count towards deductible/deductible waived for preventive care.
- Locate participating dentists by visiting [www.unitedconcordia.com](http://www.unitedconcordia.com). Although you may use non-participating dentists, you might pay more than you would if using a provider in the carrier network.



# VOLUNTARY VISION

Anthem.com

Customer Service: 866.723.0515

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail store including LensCrafters, Target Optical, and most Pearle Vision locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1.866.723.0515.

*If you do not choose to add voluntary vision, your Anthem Health Insurance will cover one annual eye exam with a \$15 copay.*

	In-Network	Out-of-Network*
In-Network Benefits	Member Costs	Member Reimbursements
Vision Exam	\$10 copay	Up to \$42
Frames	\$130 allowance	Up to \$45
Lenses	\$20 copay	Up to \$40 - \$80
Contact Lenses	\$130 allowance	Up to \$105
Contact Lens Fit & Follow-up		
Standard	\$0 copay	Up to \$35
Premium	10% off retail, then \$55 allowance	Up to \$35
Benefit Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses or Contacts	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months

*\*Using a provider that is out of the network shown above, you may experience higher costs. If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out of network allowance.*

## YOUR COST

Monthly Employee Deductions					
	Employee Only	Employee + Child	Employee +Children	Employee + Spouse	Employee & Family
Voluntary Vision	\$7.36	\$12.66	\$18.56	\$14.70	\$25.88

# FLEXIBLE SPENDING ACCOUNTS

## Flexible Spending Accounts or FSAs

Dwayne Cromwell– 800.437.3539 ext .116

You may contribute to Flexible Spending Accounts (FSAs) to help with the cost of your eligible healthcare or dependent care expenses. Contributions to your FSA are deducted from your pay prior to being taxed, which reduces your taxable income. You should only contribute the amount of money you expect to spend on eligible expenses for the year. Estimate carefully, FSAs are a **Use or Lose it** benefit with some carryover features for healthcare FSAs.

### HEALTH CARE FLEXIBLE SPENDING ACCOUNT — CALENDAR YEAR MAX = \$3,050

Participating employees will receive a “benny card” from Flexible Benefit Administrators to use for eligible expenses; it acts like a credit card. Employees may also use other forms of payment and submit a claim for reimbursement from their account. The following documentation can be submitted with claims (all receipts must include date of service, descriptions, cost to you, and the provider and patient name):

- Itemized receipts for copays at physicians’ offices or pharmacies
- Receipts for over the counter medications
- Copies of Explanation of Benefits from your insurance company for copays and coinsurance amounts
- Vision expenses not covered by your insurance
- Your share of dental and orthodontia expenses not covered

#### ACTION REQUIRED

You must elect to participate in an FSA each year. This benefit election does not carry over from year to year.

**NOTE:** Participants who re-enroll may carryover unused health care funds up to \$570 for reimbursement of medical expenses in the new plan year. Participants who do not re-enroll may carryover health care balances between \$200-\$550 into the new plan year. Participants with balances under \$200 who do not re-enroll have until 2/28 to file a manual claim for expenses incurred in the previous year. *Only applicable to healthcare FSA.*

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT — CALENDAR YEAR MAX = \$5,000

- Day care provided by a licensed facility
- In-home dependent care
- Before/after school care programs
- Preschool

*No carryover amounts allowed with Dependent care FSA*



#### DID YOU KNOW?

You can use your FSA card to pay for a variety of health care products and services. The IRS determines which expenses are eligible for reimbursement. Some common examples are listed below:

- Contact lenses and solutions
- Blood pressure monitors
- Sunscreen
- Dentures, bridges, crowns
- Orthodontia
- Physical therapy
- Feminine care products
- Medical OTC products
- Chiropractic treatments

# RETIREMENT

Virginia Retirement System (VRS)

www.varetire.org

## VRS- RETIREMENT PLANS

### PLAN 1

Plan 1 members joined VRS before July 1, 2010, and were vested (completed five years of service) as of January 1, 2013. VRS Plan 1 is a defined benefit plan and provides a monthly benefit during retirement based on the member's age, total service credit, and average final compensation. Average final compensation is the average of the highest 36 consecutive months of compensation as a covered employee. The member contributes a mandatory 5% of their compensation each month to their own contribution account on a pre-tax salary reduction basis. ACPS also makes a contribution.

### PLAN 2

Plan 2 members joined VRS on or after July 1, 2010, and before January 1, 2014 or before July 1, 2010, but were not vested (completed five years of service) as of January 1, 2013. VRS Plan 2 is a defined benefit plan and provides a monthly benefit during retirement based on age, total service credit and average final compensation. Average final compensation is the average of the highest 60 consecutive months of compensation as a covered employee. The member contributes a mandatory 5% of their compensation each month to their own contribution account on a pre-tax salary reduction basis. ACPS also makes a contribution.

### HYBRID PLAN

Hybrid plan members joined VRS on or after January 1, 2014. The Hybrid Retirement Plan is a combination of two different types of plans: a defined benefit plan and a defined contribution plan. The defined benefit portion of the retirement is determined by a formula based on age, years of creditable service and average final compensation at retirement. Average final compensation is the average of the 60 highest consecutive months of creditable compensation as a covered employee. Employees enrolled in the Hybrid plan contribute 4% each month on a pre-tax basis to the defined benefit component of the plan and 1% each month on a pre-tax basis to the defined contribution component of the plan. ACPS makes contributions as well. Hybrid employees have the opportunity to contribute up to an additional 4% each month to the defined contribution plan; with a 2.5% match.

## WHEN CAN I RETIRE?

### PLAN 1

**Full retirement Eligibility:** Age 65 with at least five year of creditable service or age 50 with at least 30 years of creditable service.

**Reduced Retirement Eligibility:** At age 55 with at least 5 years of creditable service or at age 50 with at least 10 years of creditable service.

### PLAN 2

**Full Retirement Eligibility:** Normal social security retirement age with at least five years of service or when age and service equal 90. Ex: Age 60 with 30 years of creditable service.

**Reduced Retirement Eligibility:** Age 60 with at least five years of creditable service.

### HYBRID PLAN

**Full Retirement Eligibility:** Normal social security retirement age with at least five years of creditable service or when age and service equal 90. Ex: age 60 with 30 years of creditable service.

**Reduced Retirement Eligibility:** age 60 with at least five years of creditable service.

## CONTACT INFORMATION

Virginia Retirement System

888-827-3847 or [www.varetire.org](http://www.varetire.org)

ICMA-RC-Mission Square Retirement

877-327-5261 or [www.varetirement.org/dcp](http://www.varetirement.org/dcp)

# GROUP LIFE INSURANCE

Group & Optional Life Insurance

1-800-441-2258

The Virginia Retirement System offers group life insurance to eligible employees at no cost through Securian Financial. You can obtain the Group Life Insurance Certificate on [www.varetire.org](http://www.varetire.org). Policy #29413-G, 29414-G, effective 10/1/2022.

## GROUP LIFE INSURANCE—AMOUNT OF COVERAGE

The amount of your life insurance coverage is equal to your annual salary rounded to the next highest thousand, then doubled. This amount is benefit payable for a natural death. Accidental death benefit is four times your salary. You are automatically enrolled, you do not need to enroll in this benefit. Please go to [myVRS.org](http://myVRS.org) to establish you beneficiaries. If no beneficiaries are on file, the Order of Precedence will apply.

*The cost of group life insurance detailed above is paid by Augusta County Public Schools.*

## OPTIONAL GROUP LIFE INSURANCE

If you are covered under the VRS Group Life Insurance Program, you may purchase additional coverage for yourself through the Optional Group Life Insurance Program. If you elect optional group life insurance coverage, you also may cover your spouse and dependent children. Optional group life insurance provides benefits for natural and accidental death or dismemberment. Once enrolled, you can increase, decrease or cancel coverage online with Securian Financial when you access your coverage information through myVRS. You pay the premiums through payroll deduction. Rates are listed on myVRS.

**ACTION: Enroll within 31 days of your hire date, if you enroll after that, you will be required to submit Evidence of Insurability or Health History.**

Your Insurance Amount	1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x your credible compensation	Maximum: \$800,000
Spouse Insurance Amount	½x, 1x, 1½x, 2x your credible compensation	Maximum: \$400,000
Insurance Amount per Dependent Child	\$10,000, \$20,000 or \$30,000	Children are eligible from 15 days to maximum age

## SECURIAN FINANCIAL CONTACT

### QUESTIONS

NaTosha D. Palmer, Account Executive

Richmond Office

Richmond, VA 23218-1193

Toll-Free: [1-800-441-2258](tel:1-800-441-2258)

# VOLUNTARY BENEFITS

Aflac Plans

800-433-3036 | [www.aflacgroupinsurance.com/customer-service/](http://www.aflacgroupinsurance.com/customer-service/)

## Accident Insurance

**Would you be prepared for life's unexpected moments? One mishap can send you on an unexpected trip to your local emergency room – and leave you with a flood of unexpected bills.**

Accident Insurance coverage from Aflac can give you peace of mind in the event of a covered accident. The plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not cover.

### Accident Insurance Coverage

You can cover yourself, your spouse, and your dependent children. Benefits are paid directly to you. The coverage also includes a Wellness Benefit of \$50 per plan participant that is paid directly to you for receiving covered preventive screenings.

### What does Accident Insurance Cover?

- Ambulance
- Wheelchair
- Crutches
- Cuts
- Stitches
- Broken bones
- ER visits

## Critical Illness Insurance

While you can never prepare for being diagnosed with a critical illness, you can prepare for the financial consequences by enrolling in Critical Illness Insurance coverage from Aflac. Major medical may pay for some of the costs associated with a critical illness, but there may be other expenses, such as deductibles, copays, and living expenses, that are not covered.

Critical Illness insurance can help with the treatment costs of a covered illness, such as a heart attack or stroke, while you focus on recuperating instead of out-of-pocket costs. You receive cash benefits directly – giving you the flexibility to pay bills related to treatment or to help with everyday living expenses.

### What does Critical Illness Insurance Cover?

- Heart attack
- Stroke
- Cancer
- Kidney Failure
- Coma
- Blindness

### Critical Illness Insurance Coverage

You can cover yourself, your spouse, and your dependent children. Benefits are paid directly to you. The coverage also includes a Wellness Benefit of \$100 per plan participant that is paid directly to you for receiving covered preventive screenings.

**For specific Aflac questions, please call Michelle Lawson with Bost Benefits, 434.760.2257.**

**Employees are responsible for the full cost of this coverage and directly debited from your bank account or credit card.**

### HOW TO ENROLL

URL: [www.memberbenefitlogin.com/acps](http://www.memberbenefitlogin.com/acps)

- ⇒ Log in ID: SSN + 740 (Example: 123-45-6789 = 123456789740)
- ⇒ Initial Password: Date of Birth (MMDDYYYY)
- ⇒ Complete payment information—*Employees are responsible for the full cost of this coverage*
- ⇒ *Complete payment information detailed to the right*

Once you have enrolled in the insurance products you wish to have, you will need to complete the process by adding your direct billing information such as a bank account or credit card. This is completed in the Final Steps page and you will be directed to the Paylogix website.

PER PAY PERIOD	Amount
Accident	\$25.41
Hospital Indemnity	\$0.00
Critical Illness	\$0.00
<b>Total</b>	<b>\$25.41</b>

# 403(B) PLANS

*Tax Sheltered Annuity*

[www.augusta.k12.va.us/benefits](http://www.augusta.k12.va.us/benefits)

## TAX-SHELTERED ANNUITY (403B) PLAN

- A tax-sheltered annuity (TSA), also known as a 403(b) plan, is a tax advantaged retirement savings plan that is employer sponsored. The 403(b) plan takes its name from a section of the Internal Revenue Code. Participation is limited by law to employees of public educational organizations and certain non-profit organizations. The vast majority of participants are teachers in public schools, colleges and universities.
- Employee contributions, called elective deferrals, are deducted from the participant's paycheck and forwarded to the selected company. The employee signs a salary reduction agreement giving the employer the authority to make the payroll deduction and remit it to the chosen company.
- All employees of Augusta County Schools, without exception, are eligible to participate. A list of eligible TSA vendors is located at [www.augusta.k12.va.us/benefits](http://www.augusta.k12.va.us/benefits) for those employees who are interested in contributing.
- Once an account is established with a TSA vendor, a completed salary reduction is forwarded to the payroll department in order for deductions to begin.
- To participate, contact one of the preferred vendors below, establish your 403(b) account and decide on your salary deferral amount, both you and the vendor will sign the salary reduction agreement. Augusta County Public Schools do not offer a match on 403(b) plans.

AGENTS	PHONE	EMAIL	COMPANY
<b><i>Sean Lankard</i></b>	540-333-0364	<a href="mailto:sean.lankard@aig.com">sean.lankard@aig.com</a>	VALIC Financial Advisors
<b><i>Joshua Fisher</i></b>	804-346-4670 x310	<a href="mailto:josh.fisher@ceterainvestors.com">josh.fisher@ceterainvestors.com</a>	Cetera Investors
<b><i>Michael L. Moles</i></b>	540-943-9924	<a href="mailto:michael.l.moles@ampf.com">michael.l.moles@ampf.com</a>	Ameriprise Financial
<b><i>Kathy E. Crow</i></b>	540-885-5772	<a href="mailto:katherine.e.crow@ampf.com">katherine.e.crow@ampf.com</a>	Ameriprise Financial
<b><i>Frank Elgin</i></b>	540-333-3410	<a href="mailto:Frank.Elgin@equitable.com">Frank.Elgin@equitable.com</a>	Equitable



# TIMECLOCK

HOW DO I ACCESS OR VIEW MY ACCRUED LEAVE?

Email: [timeclock@augusta.k12.va.us](mailto:timeclock@augusta.k12.va.us)

**SICK LEAVE**—the annual sick leave allowance is provided at the beginning of the contract and is equal to one day for each contract month. ACPS allows the transfer of up to 90 days of sick leave from other Virginia School districts. Sick leave may accumulate from year to year without limit. Sick leave is shown in Timeclock in hour increments. (Exceptions: School nutrition and bus driving staff)

**Example:** 10-month, 7.5 hour contracts receive 75 hours of sick leave, 11 month, 7.5 hour contracts receive 82.50 hours

**PERSONAL LEAVE**—Full time, educational employees on 10 or 11 month contracts are eligible for three personal days per school year. Personal leave in excess of four days will be transferred in to the employee’s sick leave accrual on June 30 each year.

**Example:** 10 or 11 month, 7.5 hour contracts receive 22.50 hours of personal leave per school year.

Go to the School Board website and follow: **Menu> Staff> Timeclock** to bring up the dashboard.

## LOGIN CREDENTIALS

**BADGE NUMBER:** Employee Number—this found in Talent Ed or on EStub

- PIN Box will appear after clicking “LOG ON DASHBOARD”

**PIN** = Also your employee number

## REMINDERS/HELPFUL HINTS

- Leave request are required for all absences, even if a substitute is not needed.
- Request should be submitted prior to the absence when possible.
- Request not made prior to the absence must be submitted within 5 days of the date of leave.  
Timeclock will block request attempts after the 5 day period.
- Late request must be emailed to your supervisor for approval.
- Long-term leave requires FMLA paperwork.

## FAMILY MEDICAL LEAVE ACT OR FMLA

Eligible employees are entitled under the Family and Medical Leave Act (FMLA) for up to 12 weeks of unpaid, job protected leave. Typical reasons for FMLA include: employee serious health condition, birth of a child and new-born care, care for an immediate family member, and an employee or employee’s family member that has been called to active duty. For more information on FMLA, eligibility, and required documentation, please call or email:

*Anne Hubbard, Benefits Supervisor, 540.245.5126, [ahubbard@augusta.k12.va.us](mailto:ahubbard@augusta.k12.va.us)*

# E-STUB

Payroll Details

Email: payroll@augusta.k12.va.us

**E-Stub** - what is it? View and Print your monthly payment details. It shows your mandatory deductions, voluntary deductions, and tax withholding details.



Follow these steps to log on to the system and to create your secure account:

- From our homepage, click **Menu> Staff> E-Stub**
- At the BAI Municipal Software log in screen, type **ACSB** (all caps) for both the **User Name** and the **Password**. No Company Number is required.

***This initial log-in User Name and Password will not change.***

- Click E-PAY STUBS, to establish you secure account for the first time, click “[here](#)” in the upper right of the tan box.
- Click Create Account, a new form box will open for you to create your password. Please use your augusta.k12.va.us email for this account.
- Fill out the information requested in all of the fields. **Your first and last names must match what is in the payroll system (no nicknames).** Payroll enters name information from your completed tax forms.

- Please remember your password for future use.
- You can also access your W-2s from E-Stub after year end processing.
- Payrolls earnings are only posted electronically. You can print a copy from the detail screen.
- Contact the payroll department either by phone or email to get your password reset.
- Earnings information is available once payroll is processed—generally two days before pay day. Items in gray are dated greater than today’s date and are NOT available in your bank account.

## REQUIRED NOTICES

### WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

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

If you would like more information on WHCRA benefits, call your Plan Administrator.

### NEWBORNS' AND MOTHERS HEALTH PROTECTION ACT ENROLLMENT NOTICE

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

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **+1877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call +1866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

## VIRGINIA - Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>  
<https://www.coverva.org/en/hipp>

Medicaid Phone: +1800-432-5924 CHIP Phone: +1800-432-5924

## WEST VIRGINIA - Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

**Employee Benefits Security Administration**

**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**

**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services**

**Centers for Medicare & Medicaid Services**

**[www.cms.hhs.gov](http://www.cms.hhs.gov)**

**1-877-267-2323, Menu Option 4, Ext. 61565**

## PAPERWORK REDUCTION ACT STATEMENT

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2023)

## HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

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

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

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact your Plan Administrator.

## MEDICARE PART D - CREDITIBLE COVERAGE NOTICE

### IMPORTANT NOTICE FROM AUGUSTA COUNTY SCHOOLS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan while enrolled in Augusta County Schools coverage as an active employee, please note that your Augusta County Schools coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Augusta County Schools coverage as a former employee.

You may also choose to drop your Augusta County Schools coverage. If you do decide to join a Medicare drug plan and drop your current Augusta County Schools coverage, be aware that you and your dependents may not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Augusta County Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact your Plan Administrator for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Augusta County Schools changes. You also may request a copy of this notice at any time.

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

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov).

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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