



WILLIAMSBURG-JAMES CITY COUNTY
PUBLIC SCHOOLS



2025 - 2026

EMPLOYEE BENEFITS GUIDE



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WELCOME

Williamsburg-James City County Public Schools (WJCCPS) is committed to providing you a comprehensive variety of benefits. These benefits are significant and an important part of your total compensation package. We are pleased to provide this benefits guidebook to highlight the array of benefits available to full-time employees for the plan year, October 1, 2025 - September 30, 2026.

We encourage you to evaluate and select benefits that best suit the needs for you and your eligible dependents. This benefits guide highlights the many benefit options available to you. Please read this guide carefully, make your decisions, and enroll.

ABOUT THIS GUIDEBOOK

This Benefits Guidebook describes the highlights of WJCCPS's Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guidebook.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guidebook and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by WJCCPS.

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ELIGIBILITY

ELIGIBLE EMPLOYEES

- All active regular, full-time employees working 30 or more hours per week are eligible to enroll in WJCCPS' benefits
- Part-time employees working 20 or more hours are eligible for medical and dental only
- Benefits are effective on the first of the month following date of hire

ELIGIBLE DEPENDENTS

Your eligible dependents may include:

- Your legal spouse
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during open enrollment will be in effect October 1, 2025 - September 30, 2026. The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- Changes to legal marital status – marriage, divorce, death, legal separation, annulment
- Change in number of tax dependents – birth, adoption, placement of a foster child, death
- Changes in employment status for either employee or spouse
- Changes in work schedule of either employee, spouse, including reduction/increase in work hours
- Dependents becoming ineligible
- Change in residence or worksite for you, your spouse or dependent
- Entitlement to Medicare, Medicaid or CHIP

If you qualify for a change in your benefits, please notify WJCCPS within 30 days of the change in status. You will need to provide proof of the change.



ENROLLMENT INSTRUCTIONS



To view the benefits web site, go to

<https://www.gotobenefits.info/WJCCPS> or

scan the QR code above.



Enroll with a Benefit Coach onsite from 6/5 – 6/18

We know it can be tough to know which benefits to choose.

A Benefit Coach can help!

Schedule your appointment online at

<https://www.gotobenefits.info/WJCCPS>

or call [1-877-277-7476](tel:1-877-277-7476),

Mon - Fri, 9 am – 9 pm ET



Enroll with a Benefit Coach by phone

Unable to meet with a Benefit Coach onsite? Reserve a phone appointment instead.

Schedule your appointment

<https://www.gotobenefits.info/WJCCPS>

or call [1-877-277-7476](tel:1-877-277-7476),

Mon - Fri, 9 am – 9 pm ET



Enroll online

Online enrollment begins 6/2.

<https://www.gotobenefits.info/WJCCPS>

The Benefit Coaches are non-sales enrollment professionals, trained in our benefits. They will discuss the best benefits that fit you and your family's needs, while completing your enrollment.

MEDICAL/RX



WJCCPS gives you a choice between three medical plans through **Anthem**. Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. Highlights of the plans are listed below. Please see the Benefits Summary for more detailed information and out-of-network benefits.

	HEALTHKEEPERS 500 In-Network	HEALTHKEEPERS 750 In-Network	HDHP w/ HSA 3300 In-Network
Annual Deductible (Plan Year)	\$500 per individual \$1,000 per family	\$750 per individual \$1,500 per family	\$3,300 per individual \$6,600 per family
Annual Out-of-Pocket Maximum (Combined with Pharmacy)	\$4,000 per individual \$8,000 per family	\$4,000 per individual \$8,000 per family	\$5,000 per individual \$10,000 per family
In-Network Plan Coinsurance	20%	20%	20%
Office Visits			
Preventive Care	No charge	No charge	No charge
Primary Care Physician	\$25 copay	\$30 copay	20% after deductible
Specialist	\$40 copay	\$50 copay	20% after deductible
Lab & X-ray / Complex Radiology	20% after deductible	20% after deductible	20% after deductible
Urgent Care	\$25 copay	\$30 copay	20% after deductible
Emergency Room Facility	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Prescription Drugs			
Annual Deductible (Plan Year) (Combined with Medical)	None	None	\$3,300 per individual \$6,600 per family
Annual Out-of-Pocket Maximum (Combined with Medical)	N/A	N/A	\$5,000 per individual \$10,000 per family
Retail Prescription Drugs			
Tier 1: Typically, Generic	\$10 copay	\$10 copay	20% after deductible
Tier 2: Typically, Preferred Brand and Non-Preferred Generic Drugs	\$30 copay	\$30 copay	20% after deductible
Tier 3: Typically, Non-Preferred Brand and Specialty Drugs	\$45 copay	\$45 copay	20% after deductible

DO I HAVE COVERAGE WHILE TRAVELING OUTSIDE OF THE STATE OF VIRGINIA?

Individuals should use the HealthKeepers network when accessing care within the Virginia service area. However, Anthem extends in-network benefits to all healthcare services covered by the plan in other states, not just for urgent or emergency care. In-network benefits are available through the BlueCard PPO network for out-of-state services. Members living outside of Virginia (for example, college students) will be able to use the national BlueCard PPO network.



PROVIDER SEARCH

HOW DO I FIND OUT IF MY CURRENT DOCTOR IS IN THE ANTHEM NETWORK?

MEDICAL:

- Go to [Anthem.com](https://www.anthem.com)
- Click on the “FIND CARE” Green button
- Prior to receiving your Anthem ID card, select “Basic Search as a Guest”
 - Select Medical Plan or Network
 - Select Virginia (Regardless of your home state)
 - Select Medical (Employer Sponsored)
 - For Network:
 - Select **HealthKeepers OA POS for Providers located in Virginia**
 - Select National PPO (BlueCard PPO) for all other locations
 - Enter in your Zip Code or City, State
 - Enter either your Provider’s Name or click on the Icon Search by Care Provider

HOW DO I KNOW IF MY PHARMACY IS IN-NETWORK OR IF MY MEDICATION IS IN THE ANTHEM DRUG FORMULARY?

PHARMACY NETWORK:

- Go to [Anthem.com](https://www.anthem.com)
- Click on the “FIND CARE” Green button
- Click on Individual & Family TAB (across top of screen)
- Under “Care”, Select Prescription Search
- Choose the 2nd tab – RX networks and “click” on it
 - For participating pharmacy information (ex – is my pharmacy in the network?), scroll down to “**Base Pharmacy Network**” and select:
 - Base Network Pharmacies to view a PDF
 - All listed participate in retail (30-day supply)
 - If noted with an * then they also participate in the 90-day retail network

ANTHEM / CARELONRX FORMULARY LOOK UP:

- Go to [Anthem.com](https://www.anthem.com)
- Click on the “FIND CARE” Green button
- Click on Individual & Family TAB (across top of screen)
- Under “Care”, Select Prescription Search
- Click on Employer, then click on Drug List
- Under “Drug List – Guest”, Select the State of Virginia
 - For formulary information (ex – what tier is my medication on?), scroll down to “**National Direct Plus Drug List**” and select:
 - Searchable Virginia Three Tier National Direct Plus Drug List – to look up medications/view a PDF - select Virginia Three Tier National Direct Plus Drug List



HEALTH SAVINGS ACCOUNT



A health savings account (HSA) is an account that may be funded by you, on a pre-tax* basis, to help you save for future medical, dental, and vision expenses. In order to contribute or receive employer contributions in a HSA, you must be enrolled in a qualified high deductible plan. Your Health Savings Account is administered by HealthEquity. Please note participants may elect to contribute up to the IRS maximums established per calendar year as listed below.

2025 HSA ANNUAL CONTRIBUTION MAXIMUMS:

- Individuals \$4,300
- Family \$8,550
- Participants that are 55 or older may contribute an additional \$1,000 catch-up contribution.

ELIGIBILITY:

The member may participate in an HSA if:

- They are covered by a qualified HDHP.
- They are not covered by a non-HDHP plan (the member may not contribute to a general-purpose healthcare FSA or a general purpose HRA at the same time as an HSA).
- The member is not enrolled in Medicare.
- The member cannot be claimed as a dependent on someone else's tax return.

HSAs OFFER YOU THE FOLLOWING ADVANTAGES:

- HSA funds can be used to pay for medical, dental, vision, alternative medicine, long term care premiums, COBRA, and other covered services.
- When used for eligible medical expenses, HSA funds are tax-free.
- Contributions are tax-deductible and earnings grow tax-free.
- HSA funds roll over from year-to-year.
- HSA accounts are portable and yours to keep regardless of your employer or insurance carrier.
- Deposits can be invested in mutual funds.

THINGS TO CONSIDER:

- Plans eligible for HSAs come with a high annual deductible.
- High Deductible Health Plans and Health Savings Accounts can seem more complicated than traditional health plans. Take the time to fully understand how your plan works.
- Members will need to save receipts for eligible expenses for tax filing purposes.
- If the member chooses to participate in the HSA plan and an FSA plan, the FSA election will need to be for a "limited purpose" FSA account in order to remain eligible. The member can only use the FSA funds in a "limited purpose" account for dental and vision expenses.



FLEXIBLE SPENDING ACCOUNTS



Flexible spending accounts (FSAs) provide you with an important tax advantage. If you sign up for an FSA, you elect an annual pre-tax amount to be deducted from your paycheck that you may use to pay for certain health care and/or dependent care expenses. When you sign up for this benefit, you choose whether you want a Health Care FSA or a Dependent Care FSA, or both. You may request reimbursement from the FSA(s) throughout the calendar year for allowable expenses.

HEALTH CARE FSA

The money you direct to the health care FSA may be used to reimburse you for out-of-pocket medical expenses that are medically necessary, not cosmetic. Some of these allowable expenses include medical copays and deductibles, prescription co-pays and dental and vision expenses.

The maximum amount you may contribute to the health care FSA for 2025 is \$3,300 per calendar year. You should estimate how much you pay out-of-pocket each year for allowable health care expenses to determine if you should contribute and how much to contribute to a flexible spending account.

DEPENDENT CARE FSA

The dependent care FSA allows you to be reimbursed for qualified dependent care expenses for children under age 13 or elders, while you are working. Both parents must be working to qualify for this benefit for children. Some examples of expenses that can be reimbursed are child or adult dependent care, nursery schools and preschools (excluding kindergarten).

The maximum amount you may contribute to the dependent care FSA for 2025 is \$5,000 (or \$2,500 if married and filing separately) per calendar year. The minimum amount you can contribute is \$100. When you submit claims, you will only be reimbursed up to the amount that has already been deposited into your dependent care FSA.

There are two important IRS requirements to be aware of prior to making your decision.

- Once you claim expenses under the FSA, you may not claim them as deductions on your tax return.
- If you don't have eligible expenses, the IRS requires that you forfeit any unclaimed money at the end of the plan year (use it or lose it).

WHAT HAPPENS TO ACCOUNT FUNDS AT THE END OF A YEAR?

Grace Period: The grace period is an extended period of coverage at the end of every plan year that allows extra time to incur expenses to use the remaining FSA balance after the close of the plan year. IRS regulations prevent you from having both an HSA and a Medical Care FSA. If enrolling in an HSA for the first time, your FSA balance must be exhausted by the end of the plan year.

Run out period: A run out period is how long the member has to file a claim for medical costs incurred during the plan year (and during the grace period (if applicable) following the plan year). If employment is terminated, the member will not be able to incur expenses past the termination date, but the run-out period will still apply. Consult the full plan summary for more details.



DENTAL



Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. WJCCPS offers you dental coverage through **MetLife** with a choice between a Preventative Plan and a Comprehensive Plan. Highlights of the plans are listed below. Please see the Benefits Summary for more detailed information and out-of-network benefits.

	PDP PLUS PREVENTATIVE PLAN In-Network	PDP PLUS COMPREHENSIVE PLAN In-Network
Plan Year Deductible	None	\$25 per individual \$75 per family
Plan Year Maximum	None	\$1,500 per covered person
Preventive Care	No charge	No charge
Basic Services	Not covered	20% after deductible
Major Services	Not covered	50% after deductible
Orthodontia Services	Not covered	50%
Ortho Lifetime Maximum	Not covered	\$1,500 per covered person

HOW DO I FIND OUT IF MY CURRENT DENTIST IS IN THE METLIFE NETWORK?

DENTAL:

- Go to [MetLife.com](https://www.metlife.com)
- Under “Support”, Click on Find a Dentist
 - Select “**PDP Plus**” as the Network
 - Enter in your Zip Code and Dentist or Practice Name



VISION



Routine vision exams are important, not only for correcting vision, but because they can detect other serious health conditions. WJCCPS offers you a vision plan through **Anthem** utilizing the Blue View Vision network. Highlights of the plan are listed below. Please see the Benefits Summary for more detailed information and out-of-network benefits.

	BLUE VIEW VISION In-Network
Exam Copay	\$40
Materials Copay (Single, Bifocal, and Trifocal Lenses)	\$20
Exam Frequency	Once Every 12 Months
Lenses Frequency	Once Every 12 Months
Frame Allowance and Frequency	\$100 Allowance, then 20% off Balance Once Every 12 Months
Elective Contact Allowance and Frequency (In Lieu of Glasses)	\$100 Allowance, then 15% off Balance Once Every 12 Months

HOW DO I FIND OUT IF MY CURRENT EYE DOCTOR IS IN THE ANTHEM NETWORK?

VISION:

- Go to [Anthem.com](https://www.anthem.com)
- Click on the “FIND CARE” Green button
- Prior to receiving your Anthem ID card, select “Basic Search as a Guest”
 - Select Vision Plan or Network
 - Select Virginia (Regardless of your home state)
 - Select Vision (Prefills for you)
 - For Network: Select “**Blue View Vision**”
 - Enter in your Zip Code or City, State
 - Enter either your Provider’s Name or click on the Icons Search by Care Provider



LIFE/AD&D



If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security. Coverage is provided by Virginia Retirement System (VRS). Highlights of the plans are listed below.

BASIC LIFE / AD&D

Basic Life insurance and Accidental Death and Dismemberment (AD&D) insurance is provided at no cost for the duration of employment. The AD&D insurance provides a monetary benefit to an employee or beneficiary when the employee experiences certain bodily injuries or death resulting from a covered accident. Two times your annual salary is provided through Securian Financial.

VOLUNTARY LIFE / AD&D

Voluntary Life and AD&D insurance provides you financial security at an affordable cost. Employees are able to elect up to a maximum (after Evidence of Insurability) of \$800,000. The amounts covered for the employee and their family depends on the plan option chosen.

BENEFICIARY REMINDER

Make sure that you have a named beneficiary for your life insurance benefit.





VOLUNTARY DISABILITY



If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Coverage is provided by **The Standard**. Highlights of the plans are listed below. Please see the Benefits Summary for more detailed information.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. **This benefit is 100% employee paid.**

Weekly Benefit Amount: Plan pays 60% of covered weekly earnings

Minimum Weekly Benefit: Flat \$15

Maximum Weekly Benefit: \$2,500

Benefits Begin:

Accident - 15th day

Sickness - 15th day

Duration of Benefits: 90 days

Maternity Duration of Benefits: This benefit waives the remaining benefit waiting period on the date of delivery

Normal Delivery - 6 weeks

C-Section - 8 weeks

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security. **This benefit is 100% employee paid.**

If you qualify, long-term disability benefits begin after short-term disability benefits end.

Monthly Benefit Amount: Plan pays 60% of covered monthly earnings

Minimum Monthly Benefit: \$100

Maximum Monthly Benefit: \$15,000

Elimination Period: 90 days

Duration of Benefits: Social Security normal retirement age



VOLUNTARY PLANS



VOLUNTARY ACCIDENT INSURANCE

No one plans to have an accident, but it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. **The Standard's** accident policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Their accident coverage helps offer peace of mind when an accidental injury occurs. **This benefit is 100% employee paid.**

PLAN HIGHLIGHTS:

- Accident insurance pays benefits directly to employees for treatment they receive due to an accident.
- It helps cover employee's out-of-pocket costs like medical deductibles and co-pays.
- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, The Standard pays for each fracture and/or each dislocation.
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates should they leave WJCCPS.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

VOLUNTARY CRITICAL ILLNESS INSURANCE

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. **The Standard's** group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. Some examples would be cancer, heart attack and stroke. **This benefit is 100% employee paid.**

PLAN HIGHLIGHTS:

- A major illness can blindside anyone, even an employee with medical insurance.
- Copays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to your employees to help reduce the financial burden that can come with a serious illness.
- The diagnosis of a covered critical illness must occur while the insured is covered under the group policy and after the effective date of coverage.
- Additional Occurrence Benefit: The amount payable for any additional covered critical illness that is different and subsequent to an initial critical illness is 100% of the coverage amount.
- Re-occurrence Benefit: If a critical illness benefit is payable and there is a subsequent diagnosis or recommendation for the same critical illness, a re-occurrence benefit is payable if the insured has been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation and completes the applicable treatment free period noted in the table above. Evidence of insurability is not required at initial enrollment or during the annual open enrollment period. Members and spouses that do not enroll when they are first eligible may enroll during the annual open enrollment period.
- Portability is automatically included. Employees are able to take their Critical Illness coverage with no change in coverage or rates should they leave WJCCPS.



VOLUNTARY PLANS



VOLUNTARY HOSPITAL INDEMNITY INSURANCE

The Standard voluntary hospital indemnity insurance helps deliver financial security for the unexpected—allowing you to help protect your budget against unforeseen expenses if you suffer an accidental injury or sickness. You may use the cash benefits from this coverage to help meet copayments, to pay for recovery expenses or in any way you see fit. **This benefit is 100% employee paid.**

PLAN HIGHLIGHTS:

- A trip to the hospital can be costly - and many employees aren't prepared for the out-of-pocket expenses that come with a hospital stay, even with medical coverage.
- Hospital Indemnity insurance pays cash benefits to employees in the event of a hospitalization, regardless of treatment costs or other insurance coverage.
- It's an affordable way for employees to keep their finances on track.
- Premium is waived if you are confined to a hospital for more than 30 days.
- Critical Care Confinement pays in addition to the Hospital Confinement benefit.
- Provides coverage for injuries and illnesses, including pregnancy.
- Portability is automatically included. Employees are able to take their Hospital Indemnity coverage with no change in coverage should they leave WJCCPS.

VOLUNTARY LIFETIME BENEFIT TERM INSURANCE

Chubb LifeTime Benefit Term protects your family with money that can be used any way you choose. It is most often used to pay for mortgage or rent, education for children and grandchildren, retirement, family debt, and final expenses. It also provides money to your family at death, and while you are living too, if you need home health care, assisted living or nursing care. **This benefit is 100% employee paid.**

PLAN HIGHLIGHTS:

- Death Benefit is guaranteed 100% when it is needed most – during the working years when a family is relying on income. While the policy is in force, the death benefit is guaranteed for the longer of 25 years or through age 70.
- Even after age 70, the full death benefit is designed to last through age 99 for non-tobacco users and age 95 for tobacco users based on the current interest rate and mortality assumptions. Based on the guaranteed interest rate, the death benefit after age 70 will always be at least 50% of the initial benefit.
- Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home care.
 - With LTC Benefit Extension, LTC benefits can last for more than 6 years.
 - With Death Benefit Restoration, a percentage of the death benefit will be restored; assuring the beneficiary will receive a death benefit even if the original death benefit was fully accelerated for Long Term Care.



VOLUNTARY PLANS



VOLUNTARY LONG-TERM CARE

Voluntary Long-Term Care through VRS for Active or Retired Employees

You may be eligible to apply for long-term care coverage for yourself and certain family members in the Commonwealth of Virginia Voluntary Group Long-Term Care Insurance Program. VRS contracts with **Genworth Life Insurance Company** as the insurer to offer this benefit.

The program provides assistance with long-term care expenses, such as:

- Care in a nursing home or assisted living facility
- Home healthcare services
- Caregiver training, and
- Community-based care

If you apply within 60 days of employment, medical underwriting (proof of good health) will not be required for you. If you apply after 60 days of employment, you will be asked to provide proof of good health. Medical underwriting will be required for family members who apply.

For more details, contact Genworth at **1-800-870-0877**.



LEGAL PLAN



VOLUNTARY LEGAL PLAN

The **Legal Resources** Legal Plan provides 100% coverage on a broad range of legal services. Whether it's an every day legal need or unexpected life event, you can relax...you're covered.

FULLY COVERED SERVICES:

General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services

Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change

Elder Law

- Estate advice
- Powers of attorney for members' parents

Criminal Matters

- Defense of misdemeanor
- Misdemeanor defense of juveniles- Fully covered for first offense involving alcohol or illegal drugs

Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children

Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence (1st offense)

Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice

Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences

Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation

Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment

Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance



CONTRIBUTIONS



MEDICAL - Full-Time Employee Monthly Rates

	HEALTHKEEPERS 500	HEALTHKEEPERS 750	HDHP w/ HSA 3300	
	EE Monthly Cost	EE Monthly Cost	EE Monthly Cost	HSA ER Contribution
EE	\$249	\$131	\$47	\$116
EE + Child	\$566	\$349	\$147	\$131
EE + Spouse	\$641	\$424	\$147	\$131
EE + Children	\$970	\$471	\$433	\$191
Family	\$1,045	\$546	\$433	\$191
DS EE + 1	\$366	\$149	\$27	\$211
DS Family	\$770	\$271	\$233	\$266

MEDICAL - Part-Time Employee Monthly Rates

	HEALTHKEEPERS 500	HEALTHKEEPERS 750	HDHP w/ HSA 3300	
	EE Monthly Cost	EE Monthly Cost	EE Monthly Cost	HSA ER Contribution
EE	\$249	\$131	\$47	—
EE + 1	\$1,149	\$932	\$715	—
Family	\$2,032	\$1,533	\$1,345	—

DENTAL - Full-Time Employee Monthly Rates

	PDP PLUS PREVENTATIVE PLAN	PDP PLUS COMPREHENSIVE PLAN
	EE Monthly Cost	EE Monthly Cost
EE	\$5	\$23
EE + 1	\$10	\$49
Family	\$15	\$86

DENTAL - Part-Time Employee Monthly Rates

	PDP PLUS PREVENTATIVE PLAN	PDP PLUS COMPREHENSIVE PLAN
	EE Monthly Cost	EE Monthly Cost
EE	\$5	\$23
EE + 1	\$21	\$60
Family	\$46	\$117

ER = Employer EE = Employee DS = Dual Spouse (both spouses are full-time employees with WJCCPS)



CONTRIBUTIONS



VISION - Full-Time or Part-Time Employee Monthly Rates

	BLUE VIEW VISION EE Monthly Cost
EE	\$4.00
EE + 1	\$7.00
Family	\$10.00

VOLUNTARY ACCIDENT - Employee Monthly Rates

	PREMIER PLAN 1 EE Monthly Cost
EE	\$10.96
EE + Spouse	\$19.98
EE + Child(ren)	\$28.30
Family	\$42.95

VOLUNTARY CRITICAL ILLNESS - Monthly Rates

	PREMIER PLAN 1 EE and/or Spouse Monthly Cost					
Attained Age	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.34	\$4.07	\$9.25	\$20.13	\$38.03	\$98.21
\$20,000	\$4.68	\$8.13	\$18.50	\$40.26	\$76.05	\$196.43
\$30,000	\$7.02	\$12.20	\$27.76	\$60.39	\$114.07	\$294.64

VOLUNTARY HOSPITAL INDEMNITY - Employee Monthly Rates

	HSA - PLAN 1 EE Monthly Cost	HSA - PLAN 3 EE Monthly Cost
EE	\$12.79	\$28.99
EE + Spouse	\$21.68	\$49.07
EE + Child(ren)	\$17.88	\$40.67
Family	\$32.02	\$72.72

EE = Employee



RETIREMENT PLANS



The **Virginia Retirement System (VRS)** administers three plans that provide retirement income in the future for employees. Highlights of the plans are listed below. For more information go to www.varetire.org.

VRS PLAN 1

The VRS Plan 1 is a defined benefit plan that provides a lifetime monthly benefit during retirement based on your age, total service credit and average final compensation. Average final compensation is the average of your 36 consecutive months of highest creditable compensation as a covered employee.

Your benefit is funded through member and employer contributions to VRS, which are invested over your career. VRS holds these funds in a trust protected by the Constitution of Virginia. This trust may be used only to pay benefits for VRS members, retirees and beneficiaries.

Covered under plan if:

- Membership date is **before July 1, 2010**.
- Vested as of **January 1, 2013**

VRS PLAN 2

The VRS Plan 2 is a defined benefit plan that provides a lifetime monthly benefit during retirement based on your age, total service credit and average final compensation. Average final compensation is the average of your 60 consecutive months of highest creditable compensation as a covered employee.

Your benefit is funded through member and employer contributions to VRS, which are invested over your career. VRS holds these funds in a trust protected by the Constitution of Virginia. This trust may be used only to pay benefits for VRS members, retirees and beneficiaries.

Covered under plan if:

- Membership date is from **July 1, 2010, to December 31, 2013**, or
- Membership date is **before July 1, 2010**, but **not Vested as of January 1, 2013**.

HYBRID RETIREMENT PLAN

A hybrid retirement plan combines a Defined Benefit Component and a Defined Contribution Component. Your Hybrid Retirement Plan can increase when you make voluntary contributions to the defined contribution component of the plan.

Covered under plan if:

- Membership date is **on or after January 1, 2014**
- VRS Plan 1 and VRS Plan 2 members who were eligible to opt into the plan during the special election window in 2014
- Hazardous duty positions not eligible.



EMPLOYEE ASSISTANCE PROGRAM



EMPLOYEE ASSISTANCE PROGRAM (EAP)

WJCCPS' EAP is administered by **Anthem**. The EAP is a benefit which provides employees and their family members with **free**, confidential counseling and referral in order to help cope with problems that affect their personal lives and job performance (i.e., marital difficulties, family stress, alcohol, and drug abuse, financial, legal, or mental health concerns).

HOW DO I USE THE EAP?

The employee may initiate the request for help by visiting www.anthemEAP.com or calling **1-855-223-9277**.

AVAILABLE BENEFITS:

- Up to four visits per issue (per plan year) at no cost
- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation



BENEFIT RESOURCE CENTER



Benefit Resource Center (BRC)



We're Here To Help!

The Benefit Resource Center is staffed with experienced professionals who are well-versed in employee benefits. They are committed to providing superior customer service and participant advocacy.

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan and policy questions
- Eligibility and claim problems with carriers
- Information about claim appeals and process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal and resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

Our Benefits Specialists can assist you
Monday through Friday, 8am to 5pm
Eastern and Central Standard Time.

Toll Free:
855-874-6699

Email:
BRCEast@usi.com



CONTACT INFORMATION



MEDICAL/RX

Anthem

1-800-578-2142

www.anthem.com

HEALTH SAVINGS ACCOUNTS

HealthEquity

1-866-346-5800

www.healthequity.com

DENTAL

MetLife

1-800-942-0854

www.metlife.com

VISION

Anthem

1-866-723-0515

www.anthem.com

DISABILITY - Short & Long-Term

The Standard

1-888-937-4783

www.standard.com

VOLUNTARY PLANS - Accident, Critical Illness, Hospital

The Standard

1-888-937-4783

www.standard.com

LIFETIME BENEFIT TERM

Chubb

1-855-241-9891

www.chubb.com

LIFE INSURANCE (VRS)

Securian Financial

1-800-441-2258

www.minnesotalife.com

LONG-TERM CARE

Genworth Life Insurance Company

1-800-870-0877

www.genworth.com

LEGAL PLAN

Legal Resources

1-800-728-5768

www.legalresources.com

RETIREMENT PLANS

Virginia Retirement System (VRS)

1-888-827-3847

www.varetire.org

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Anthem

1-855-223-9277

www.AnthemEAP.com

BENEFIT RESOURCE CENTER (BRC)

USI Insurance Services (USI)

1-855-874-6699

Email: BRCEast@usi.com