

PRIVACY PRACTICES LIFE THREATENING ILLNESS
CONTINUING COVERAGE
MATERNITY RIGHTS NON-DISCRIMINATION
403(b) UNIVERSAL AVAILABILITY
UNIFORMED SERVICES MEDICAID AND CHIP WOMEN'S HEALTH
HEALTH COVERAGE OPTIONS
PRESCRIPTION DRUG COVERAGE MEDICARE
WELLNESS PROGRAM

A GUIDE TO YOUR RIGHTS, RESPONSIBILITIES AND PROTECTIONS

CITY OF VIRGINIA BEACH
VIRGINIA BEACH CITY PUBLIC SCHOOLS

The following pages are mandatory notices that the City of Virginia Beach and Virginia Beach City Public Schools are required to provide to active and retired employees. The contents of the information may or may not apply to you. If you have any questions about these notices, please contact the Consolidated Benefits Office at 757.263.1060 or email Benefits@vbschools.com.

LEGAL NOTICES ELIGIBILITY KEY

Please look below to identify which symbol applies to your current position. When reviewing the legal notices, be sure to look for the symbol to determine which notice(s) are applicable to you.



= School Employee/Board Member



= City Employee/Council Member



= Retiree

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Employee Notice of Privacy Practices



Your Information. Your Rights. Our Responsibilities

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

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

Your Choices

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

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

Our Uses and Disclosures

We may use and share your information as we:

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

Your Rights

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

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Employee Notice of Privacy Practices



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Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

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

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

Get a copy of this privacy notice

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

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

Your Choices

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

In these cases, you have both the right and choice to tell us to:

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

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

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

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

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

Employee Notice of Privacy Practices



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Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

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

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

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

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

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

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

Employee Notice of Privacy Practices



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Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

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

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

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

If you have any questions regarding this notice or the subjects addressed in it, please contact:

Consolidated Benefits Office / Director of Benefits

2512 George Mason Drive
Virginia Beach, VA 23456
757.263.1060
Benefits@vbschools.com
September 1, 2021



Introduction

This notice contains important information about your right to The Public Health Service Act (“PHSA”) continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains PHSA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

PHSA continuation coverage can become available to you when you would otherwise lose your group health plan (the Plan) coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan Document or contact the Plan Administrator.

What is PHSA Continuation Coverage?

PHSA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, PHSA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect PHSA continuation must pay for PHSA continuation coverage.

What are Qualifying Events?

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse’s hours of employment are reduced;
- Your spouse’s employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child becomes ineligible for coverage under the plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Virginia Beach or Virginia Beach City Public Schools, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.



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When is PHSA Coverage Available?

The Plan will offer PHSA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of the following Qualifying Events: divorce, legal separation, or a dependent child losing eligibility; you must notify the Consolidated Benefits Office **within 60 days after the qualifying event occurs.**

Consolidated Benefits Office,
Virginia Beach City Public Schools,
2512 George Mason Drive, Virginia Beach, VA 23456.
Main Office Number: 757.263.1060

How is PHSA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, PHSA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect PHSA continuation coverage. Covered employees may elect PHSA continuation coverage on behalf of their spouses, and parents may elect PHSA continuation coverage on behalf of their children. Coverage shall be available to qualified beneficiaries if election of coverage is made within sixty (60) days of the date coverage under the Plan would ordinarily terminate after a qualifying event. See Plan Document for further details.

PHSA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee becoming entitled to Medicare benefits (under Part A, Part B, or both) divorce or legal separation, or a dependent child losing eligibility as a dependent child, PHSA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, PHSA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, PHSA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, PHSA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of PHSA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of PHSA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of PHSA continuation coverage and must last at least until the end of the 18-month period of continuation coverage, provided that the Plan Administrator for the City of Virginia Beach and Virginia Beach City Public Schools is notified timely of the disability, as described above.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of PHSA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of PHSA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



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The act also provides that your continuation coverage may be cut short prior to the expiration of the 18, 29, or 36 month period for any of the following five reasons:

1. The City of Virginia Beach or Virginia Beach City Public Schools no longer provides any group health coverage to any employee;
2. The premium for your continuation coverage is not timely paid (within the applicable grace period);
3. You become covered under another group health plan (as an employee or otherwise) that does not contain any pre-existing condition exclusion or limitation applicable to the individual health coverage, which ended no more than 62 days before coverage under the new plan began.
4. You become entitled to Medicare;
5. Coverage has been extended for up to 29 months due to your disability and there has been a final determination that you are no longer disabled.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage is provided subject to your eligibility for coverage under the Plan. Once your continuation coverage terminates for any reason, it cannot be reinstated.

Under the PHSA, you may be required to pay up to 102 percent of the applicable premium during the 18 or 36 month period of continuation coverage. However, during the additional 11 months of continuation coverage (for disability), you may be required to pay up to 150 percent of the applicable premium.

At the end of the 18, 29, or 36 month continuation coverage period, you must be allowed to enroll in an individual conversion health plan if one is provided under the group health/dental/flexible spending account/vision/employee assistance plan(s).

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the **Health Insurance Marketplace**. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is the Health Insurance Marketplace?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov. Coverage through the Health Insurance Marketplace may cost less than COBRA/PHSA continuation coverage. Being offered COBRA/PHSA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. **After 60 days your special enrollment period will end and you may not be able to enroll, so you should take action right away.** In addition, during what is called an "open enrollment" period, anyone can enroll in Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

If I sign up for COBRA/PHSA continuation coverage, can I switch to coverage in the Marketplace? What about if I choose Marketplace coverage and want to switch back to COBRA/PHSA continuation coverage?

If you sign up for COBRA/PHSA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA/PHSA continuation coverage early and switch to a Marketplace plan if you



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have another qualifying event such as marriage or birth of a child through something called a “special enrollment period.” But be careful though - if you terminate your COBRA/PHSA continuation coverage early without another qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.

Once you’ve exhausted your COBRA/PHSA continuation coverage and the coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA/PHSA continuation coverage, you cannot switch to COBRA/PHSA continuation coverage under any circumstances.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children’s Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don’t enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

Visit <https://www.medicare.gov/medicare-and-you> for more details.

For more information

This notice doesn’t fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your plan document or from the Plan Administrator.

If you have questions about the information in this notice, your rights to coverage, or if you want a copy of your plan document, contact the Consolidated Benefits Office.

For more information about your rights under COBRA/ PHSA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, visit the U.S. Department of Labor’s website at www.dol.gov or call their toll-free number at 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, and

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

Continuation Coverage Rights Under PHSA



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to locate an agent in your area who you can talk to about the different options, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect you and your family's rights, keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy of any notices you send to the Plan Administrator.

Plan Administrator Contact Information

Consolidated Benefits Office

Virginia Beach City Public Schools

2512 George Mason Drive, Virginia Beach, VA 23456

Benefits@vbschools.com (Subject: COBRA)

Phone: 757.263.1060

Fax: 757.263.1123

Employees Diagnosed With A Life Threatening Illness



Pursuant to Virginia Code 15.2-1511.1 the City of Virginia Beach and Virginia Beach City Public Schools is required to provide employees who develop “life threatening” health conditions with information regarding relevant benefit options and programs that may be available to you at this time or in the future.

Family and Medical Leave - In the event of an employee’s own serious health condition the Family Medical Leave Act (FMLA) of 1993 provides eligible employees up to 12 weeks of unpaid, job protected leave during a 12-month period. In order to be eligible to receive Family and Medical Leave, you must have worked for the City of Virginia Beach or Virginia Beach City Public Schools for at least one (1) year and must have worked at least 1,250 hours immediately prior to your request for this leave.

Long Term Disability (if currently enrolled) - You are eligible to submit a claim if your illness has left you disabled. You are considered disabled when, because of injury, sickness or pregnancy, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. If approved, your benefit will begin 90 days (elimination period) following illness. You must be employed at the time of illness or injury. Hybrid Retirement Plan employees refer to the Virginia Local Disability Program section for long term disability information.

Long Term Care - Hybrid Retirement Plan employees refer to the Virginia Local Disability Program section for long term care information.

VRS Retirement - As a VRS member, you are eligible for a retirement benefit for life, provided you meet the age and eligibility requirements. If you are a VRS member, do not meet the VRS guidelines for retirement and terminate your employment, you may be eligible to receive a refund from your VRS account.

Disability Retirement - You may be eligible to apply for disability retirement if you become unable to perform your job due to a physical or mental disability and the disability is likely to be permanent. Hybrid Plan employees are not eligible for Disability Retirement, refer to Virginia Local Disability Program section.

VRS Retirement Survivor Option - When you retire you may choose to receive a benefit amount lower than the Basic Benefit during your lifetime in order to provide a benefit to a person you select (called your contingent annuitant) at your death. Your contingent annuitant may be your spouse or any other individual. Upon your death your contingent annuitant will receive a monthly amount that is a percentage of the benefit you were receiving at the time of your death. This benefit continues to your contingent annuitant for life.

Accelerated Death Benefit (applies to both Basic Life Insurance and Optional Life Insurance) - If your current position provides you with a basic life insurance benefit, you are eligible for the accelerated death benefit if you are diagnosed with a terminal illness and have fewer than 12 months to live. You can withdraw any amount of your life insurance coverage, up to the total amount of your natural death benefit (2 x your base annual salary) for any purpose. Any amount left in the plan is paid to your beneficiary. If you withdraw the entire amount of your life insurance coverage, no payment remains for your beneficiary.

Deferred Compensation (457) - 457(b) plans may offer distributions to a participant based on an unforeseeable emergency for an illness or accident of the participant, the participant’s beneficiary, or the participant’s or beneficiary’s spouse or dependents if the emergency expenses could not otherwise be covered by insurance, liquidation of the participant’s assets or cessation of deferrals under the plan. For example, the need to pay for medical expenses, including non-refundable deductibles, or the cost of prescription medications not covered by insurance, may constitute an unforeseeable emergency.

403(b) Retirement Savings Plan - A participant may be eligible to withdraw funds from their 403(b) in the case of a financial hardship. Please be advised that the IRS limits the definition of the financial hardships which qualify.

Virginia Local Disability Program (Hybrid Plan employees) - The Virginia Local Disability Program (VLDP) provides income protection if you can’t work because of a non-work related or work-related illness, injury or other condition, such as surgery, pregnancy, complications from pregnancy or a catastrophic or major chronic condition. VLDP benefits include: 1. Short and long term disability coverage for total and partial disabilities; 2. Long term care coverage; 3. Rehabilitation plans, if you are able to return to work; and, 4. Free advocacy services to assist you in applying for Social Security Disability Insurance (SSDI) benefits.

If you have questions, or need additional information, please contact the Consolidated Benefits Office at 757.263.1060 or Benefits@vbschools.com.

Newborns And Mothers Health Protection Act



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, plan 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).

New Health Insurance Marketplace Coverage Options and Your Health Coverage



Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Consolidated Benefits Office
2512 George Mason Drive Virginia Beach, VA 23456
757.263.1060
Benefits@vbschools.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such cost

Uniformed Services Employment And Reemployment Rights Act



The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment to undertake military service. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

The following information does not represent the entire USERRA rights, but provides information specific to health insurance protection.

Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement¹

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866.4.U.S.A.DOL or visit the web site at www.dol.gov/agencis/vets. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, depending on the employer, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

¹The rights listed here may vary depending on the circumstances.

For additional information regarding your USERRA rights, you may contact the Department of Labor at 866.487.2365.

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



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

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

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

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

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, 2021. Contact your State for more information on eligibility –

| ALABAMA-Medicaid | CALIFORNIA-Medicaid |
|---|--|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov |
| ALASKA-Medicaid | COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442 |
| ARKANSAS-Medicaid | FLORIDA-Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268 |

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



| | |
|--|---|
| <p>GEORGIA-Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p> | <p>MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840</p> |
| <p>INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p> | <p>MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p> |
| <p>IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p> | <p>MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p>KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p> | <p>MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p> |
| <p>KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:https://chfs.ky.gov/agencies/dms/member/Pages/kihi_pp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p> | <p>NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |
| <p>LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> | <p>NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p> |
| <p>MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p> | <p>NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |

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



| | |
|--|---|
| <p>NEW JERSEY-Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> | <p>SOUTH DAKOTA-Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p> |
| <p>NEW YORK-Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p> | <p>TEXAS-Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p> |
| <p>NORTH CAROLINA-Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p> | <p>UTAH-Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p> |
| <p>NORTH DAKOTA-Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p> | <p>VERMONT-Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p> |
| <p>OKLAHOMA-Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p> | <p>VIRGINIA-Medicaid and CHIP</p> <p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p> |
| <p>OREGON-Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p> | <p>WASHINGTON-Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p> |
| <p>PENNSYLVANIA-Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p> | <p>WEST VIRGINIA-Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p> |
| <p>RHODE ISLAND-Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p> | <p>WISCONSIN-Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002</p> |
| <p>SOUTH CAROLINA-Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p> | <p>WYOMING-Medicaid</p> <p>Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p> |

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



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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers
for Medicare & Medicaid Services 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 and reference the OMB Control Number 1210-0137.

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

Notice of Creditable Prescription Drug Coverage



This notice is intended for individuals eligible for Medicare Part D. You are eligible for Medicare Part D if you are enrolled in Medicare Part A and/or Part B.

This notice has information about your current prescription drug coverage with the Optima Health Consumer Driven Health Plan (CDHP) and Point of Service (POS) health plans with the City of Virginia Beach and the School Board of the City of Virginia Beach and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

There are two important things you need to know about current coverage available to you through the City of Virginia Beach and the School Board of the City of Virginia Beach and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare Prescription Drug Plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription 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. The City/Schools has determined that the prescription drug coverage offered by the Consumer Driven Health Plan (CDHP) and Point of Service (POS) health plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

If you are enrolled in the Consumer Driven Health Plan (CDHP) or Point of Service (POS) health plans through the City/Schools your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, and therefore, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th through 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.

If you do decide to enroll in a Medicare prescription drug plan, you may remain on the City/Schools health plan and this plan will coordinate with Part D coverage. If you drop your City/Schools health plan with prescription drug coverage, available through the health plans, be aware that you and your dependents may not be able to get this coverage back. Active employees and their spouses may enroll in the City/Schools health plans, thereby obtaining the prescription drug coverage, as a new hire or during annual open enrollment with an effective date of coverage of January 1st; however, retirees that drop the City/School coverage will be ineligible to return to the health plan and will not have access to the prescription drug coverage through the City/Schools. 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. The City/Schools provide prescription drug coverage through the health plans. The Consumer Driven Health Plan (CDHP) and Point of Service (POS) health plans provide prescription drug coverage with the following pharmacy plan design:

2022 Plan Year: January 1, 2022 - December 31, 2022

Preferred Pharmacy Network (Walgreens, Walmart or Sam's Club):

Tier 1: \$10 maximum copayment**

Tier 2: \$25 maximum copayment**

Tier 3: Covered at 75% (maximum \$50)**

****90-Day Supply:** Offered when filling within Preferred Pharmacy Network

Non-Preferred Pharmacy:

Tier 1: \$25 Copay

Tier 2: \$45 Copay

Tier 3: Covered at 75% (Maximum \$75)

Mail Order Pharmacy (90-day supply) - OptumRx Home Delivery: 866.244.9113

Tier 1: \$25 Copay

Tier 2: \$60 Copay

Tier 3: Covered at 75% (Max. \$125)

Notice of Creditable Prescription Drug Coverage - continued



Specialty Drugs* - Covered at 75% (maximum \$200)

*Medications that require management and monitoring, special handling/storage, delivery via injection, inhalation or oral administration are only available through Proprium mail order pharmacy.

Pharmacy Deductible:

Optima Health Consumer Driven Health Plan (CDHP): After deductible (deductible must be paid first before the plan will begin to provide coverage)

Optima Health Point of Service (POS) : Deductible does not apply to these services (plan will provide coverage as indicated and before the deductible has been met).

A list of available drugs within each tier level is available at www.optimahealth.com or on the CBO intranet site.

You should also know that if you drop or lose your coverage with the City/Schools and do not enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without creditable prescription drug coverage, your monthly premium will go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have creditable 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 enroll.

For more information regarding this notice or your current prescription drug coverage, please contact the Consolidated Benefits Office at 757.263.1060 or Benefits@vbschools.com. **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 The City/Schools changes. You also may request a copy of this notice at any time.

Additional information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare if you are Medicare eligible. You may also be contacted directly by Medicare prescription drug plans. For more information about these Medicare prescription drug plans please contact:

- www.medicare.gov
- Your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) and for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). Visit SSA online at www.socialsecurity.gov or call them at 800.772.1213 (TTY 800.325.0778).

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).

City of Virginia Beach and School Board of the City of Virginia Beach

Linda C. Matkins, Director of Benefits
Consolidated Benefits Office
2512 George Mason Drive
Virginia Beach, VA 23456
757.263.1060

Women's Health And Cancer Rights Act of 1998



Your plan as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy- related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call your plan administrator at 757.687.6141 or 866.509.7567 for more information. You may also call the Department of Labor's Employee Benefits Security Administration at 866.444.3272.



Discrimination is Against the Law

The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach complies with applicable Federal, State and local laws and policies, and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or military service. The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, gender identity or military service.

The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Linda Matkins, Director of Benefits at 757-263-1060 or linda.matkins@vbschools.com.

If you believe that The Health Plan of the City of Virginia Beach and the School Board of the City of Virginia Beach has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or military service., you can file a grievance with: Linda Matkins, Director of Benefits; Virginia Beach City Public Schools, 2512 George Mason Drive, Virginia Beach, VA 23456; phone: 757-263-1060, fax: 757-263-1123; linda.matkins@vbschools.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Linda Matkins, Director of Benefits is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Notice Regarding Wellness Program



NOTICE REGARDING WELLNESS PROGRAM

BEWell (Beach Employee Wellness) is a voluntary wellness program available to all employees and retirees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to participate in certain health-related activities.

If you are an eligible employee or retiree and choose to participate in the wellness program you will be eligible to receive an incentive of up to \$500 a year (or up to \$125 quarterly) for participating in health-related activities such as:

- Completing a health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).
- Completing an annual health screening where you will be asked to complete a blood test for glucose and cholesterol levels as well as tests for blood pressure and body mass index (BMI).
- Completing online activities like tracking your fitness, sleep or nutrition through compatible trackers.
- Turning in proof of a performed cancer screening for a pap, mammogram, prostate, or colorectal exam.
- Participating in disease and condition management or tobacco cessation programs.

Although you are not required to participate in the wellness program, only eligible employees and retirees who do so will receive the incentive based upon the number of points earned. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting BEWell at 757-263-1060 or email BEWell@vbschools.com.

The information gathered from your participation in the health-related activities listed above will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as targeted outreach for programs that may be of interest to you based on your health status. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Consolidated Benefits Office ATTN: BEWell, 2512 George Mason Drive, Virginia Beach, VA 23456, call 757-263-1060 or email BEWell@vbschools.com.

403(b) Universal Availability Notice



The road to retirement is a journey that takes careful planning. Small steps you take today, such as enrolling in the Plan or increasing your voluntary contribution amount, can help you make long strides towards a more secure financial future.

Focus on flexibility

The VBCPS 403(b) Retirement Savings Plan (the Plan) allows all full-time, part-time and temporary employees a convenient way to set aside a portion of your pay through salary reductions.

The Plan offers you the opportunity to save with before-tax and/or Roth 403(b) after-tax dollars. You can choose either or both and where to invest by selecting from the Plan's investment options.

The Plan offers many benefits to help you prepare for your future, including:

- Tax-deferred contributions unless you elect to make Roth contributions to the Plan
- Ability to select regularly scheduled increases to both your before-tax and Roth 403(b) after-tax contribution rates.
- Convenient and automatic payroll deduction
- Flexible investment choices for every type of investor
- Personalized asset allocation and financial education from your local Voya Representatives¹
- Tax-deferral²

¹ Investment adviser representative and registered representative of, and securities and investment advisory services offered through, Voya Financial Advisors, Inc. (member SIPC).

² Taxes are due upon withdrawal from the Plan. Additionally, taxes may apply on earnings withdrawn from your Roth 403(b) account prior to meeting qualified distribution requirements, which the Internal Revenue Code (IRC) defines as satisfying both a five-year holding period and your reaching age 59½, becoming disabled, or dying. Certain 403(b) plan distributions will be subject to an IRC 10% premature distribution penalty tax if taken before age 59½, unless an IRC exception applies.

Easy enrollment

To make contributions, you can enroll in the VBCPS 403(b) Retirement Savings Plan at any time.

It's simple! There are two ways to enroll in the Plan:

1. **Online:** Go to VBCPS403b.beready2retire.com and click the *Enroll Now* link under Enrollment, and follow the prompts to complete enrollment.
2. **Meet with a local Voya Representative:** To schedule an appointment with a local representative, go to VBCPS403b.beready2retire.com, then click on *Message Center>Schedule an Appointment or Contact Information>Contact Us*.

Interested in consolidating your accounts?

Consolidating your retirement savings into a single account is one of your options that could help simplify your financial life.

Voya's® here to educate you on all your options. Our team of professionals is here to support you and help you on achieving a simpler financial life today and a successful retirement tomorrow. The Voya Account Consolidation Team* can help, explain your options, guide you through the consolidation process, assist with collecting and completing the paperwork. Give them a call today 1-866-865-2660. Please carefully consider the benefits of existing and potentially new retirement accounts and any differences in features. Rollover assets may be subject to an IRS 10% premature distribution penalty tax. Consult your own legal and tax advisors regarding your situation.

*Please note that while Voya retirement consultants do not make money on individual conversations, the products and programs they offer have fees and costs associated with them. Please refer to the disclosures/prospectuses of the individual products for additional pricing information. Retirement Consultants are registered representatives of and offer securities through Voya Financial Advisors, Inc. (member SIPC), 909 Locust Street, Des Moines, IA 50309

403(b) Universal Availability Notice - continued



Contributions you can afford

You decide how much to contribute. You can increase, decrease or suspend contributions by logging into your Retirement Account at [VBCPS403b.beready2retire.com](https://vbcps403b.beready2retire.com).

For 2021, the annual maximum deferral limit of voluntary pre-tax and Roth 403(b) contributions that can be made to a 403(b) plan is \$19,500 (\$26,000 for participants who are age 50 or older by December 31, 2021). If you make Roth or pre-tax contributions to any other 403(b), 401(k), SIMPLE plan, or SARSEP in 2021, your aggregate contributions to all of these plans and the VBCPS 403(b) Retirement Savings Plan cannot exceed \$19,500 (\$26,000 if you are at least age 50 in 2021).

If you are interested in maximizing your retirement savings as you near retirement, consider increasing your contributions to the Plan. If you are at least age 50 in 2021, you may increase your contributions under the Age 50+ Catch-up to contribute up to an additional \$6,500, for a maximum of \$26,000 in 2021.

Log in to your account at [VBCPS403b.beready2retire.com](https://vbcps403b.beready2retire.com). Choose Account>Contributions>Contribution Options or call Voya at (800) 584-6001.

Contact Voya Customer Service Associates

If you have questions or need assistance, Voya Customer Service Associates are available to help. You may call (800) 584-6001; (800) 579-5708 (Hearing Impaired Number). They're available weekdays from 8 a.m. to 9 p.m., ET, excluding stock market holidays.



CONTACT INFORMATION

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