Year 2018

Employee Benefits Guide

Central Office (EG, EX, MSS, DS, CS, LS, LX)
Non-Instructional School Based (EG)
Instructional School Based (ET, EG)
Instructional Officers (ET, EG)
Wage Grade (RW, SW)

Reach us via email: dcps.benefits@dc.gov
2018 Employee Benefits

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Introduction to Benefits

Welcome to DC Public Schools!

We are pleased that you have joined us as an employee of DC Public Schools (DCPS)! In this Employee Benefits Guide you’ll find information to help acquaint you with our full range of benefits.

Who is eligible for health benefits coverage?

District of Columbia Public Schools provides a comprehensive benefits plan to the following employees and their eligible dependents:

- All full-time permanent employees
- All part-time permanent employees who generally work at least 20 hours per week
- Employees with temporary full-time appointments (When Actually Employed (WAE)) of at least 13 months
- Temporary employees who work for at least 90 days within a 12-month period and are paid at least 30 hours per week or 120 hours per month

NOTE that all employees serving in eligible temporary appointments may only participate in a Health Maintenance Organization (HMO) plan under the District of Columbia Employees Health Benefits (DCEHB) Plan.

The employee’s District Government service date determines which benefits plan is available. Employees who began benefits-eligible employment with the District Government prior to October 1, 1987 participate in the Federal Employees Health Benefits (FEHB) Plan, while employees with a District Government service date of October 1, 1987 or later participate in the District of Columbia Employees Health Benefits (DCEHB) Plan.

The chart below lists all dependents eligible for health insurance. You are required to provide social security numbers and dates of birth for all dependents.

<table>
<thead>
<tr>
<th>DEPENDENT</th>
<th>PLAN TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legally Married Spouse</td>
<td>Federal and District Plans</td>
</tr>
<tr>
<td>Domestic Partner</td>
<td></td>
</tr>
<tr>
<td>- Common Law Spouse</td>
<td>District Plan Only</td>
</tr>
<tr>
<td>- Same-Sex Partner</td>
<td></td>
</tr>
<tr>
<td>Unmarried Children</td>
<td>Federal and District Plans</td>
</tr>
<tr>
<td>- Until reaching age 26</td>
<td></td>
</tr>
<tr>
<td>Disabled Adult Children</td>
<td>Federal and District Plans</td>
</tr>
<tr>
<td>Note: Child must have been disabled before age 22</td>
<td></td>
</tr>
</tbody>
</table>

Additional Details

**Health coverage does not begin on the first day of employment.** Coverage for health insurance and additional optional benefits takes effect on the first day of the pay period following your online enrollment.
The provider mails health insurance cards approximately four to six weeks after the online application is processed.

The District carries the majority of the cost of health benefits coverage with a 28% supporting contribution from you. Your share is paid with pre-tax dollars deducted from each paycheck. If you are enrolling a domestic partner, your share is paid with after-tax dollars deducted from each paycheck.

Outside of the regular enrollment period, employees can change benefits within 60 days of a qualifying life event. Qualifying life events include:

- Marriage, divorce, or legal separation
- Birth or adoption
- A dependent that becomes ineligible for coverage
- Death of your dependent
- Loss/gain of coverage elsewhere for employee or spouse/domestic partner
- Change in work status for you or your spouse/domestic partner

In order to carry newly-elected health insurance coverage into retirement, new coverage must be in effect for the five years of service immediately preceding the retirement date or the entire period of service during which coverage was available (if this period is less than five years).

Healthcare Reform Update

The Affordable Care Act ("ACA," also known as "health care reform") was passed in 2010. This law is intended to extend access to medical coverage to nearly everyone in the U.S. and to eliminate restrictions on key benefits. On January 1, 2015, the Government began to require almost everyone in the U.S. to have medical insurance coverage. Those who don’t have medical coverage will pay a penalty -- this requirement is called the "individual mandate." (An exception to this requirement applies only if you earn below a certain level of income).

Transgender Benefits Available through All Healthcare Providers

Through all District healthcare providers, covered transgender benefits include sexual reassignment surgery and mastectomy with chest reconstruction, in addition to mental health and hormone therapy services. Cost-sharing is the same as cost-sharing for other medical services (e.g., inpatient hospital cost-sharing, office visit cost-sharing, etc.)
Explanation of Benefits Offered – Health Plans and Rates

2018 Health Benefit Plan Options (District Employees Only)

The Explanation of Benefits (EOB) below pertains to employees participating in the District of Columbia Employee Health Benefits Plan only. Employees receiving health and life insurance benefits through the Federal Employees Health Benefits Plan should obtain additional information by visiting the US Office of Personnel Management (OPM) website at www.opm.gov/insure.

DCPS offers the flexibility of selecting a HMO, PPO, or CDHP plan option for health insurance coverage. There are distinct differences among each option:

Health Maintenance Organization (HMO): Aetna, Kaiser Permanente
- Requires you to select a primary care physician within a plan network of providers (Kaiser only)
- Requires that you obtain a referral for specialist care (Kaiser only)
- Services rendered by out of network providers will not be considered as eligible expenses under the plan

Open Choice (PPO): Aetna
- No primary care physician selection required, no referrals needed
- Provides both in and out of network benefits
- Provides nationwide coverage for non-emergency care

Nationwide Choice (HMO): United Healthcare
- No primary care physician selection required, no referrals needed
- Plan provides nationwide coverage for services rendered by physicians seen within network
- Services rendered by out of network providers will not be considered as eligible expenses under the plan

Consumer Driven Health Plan (CDHP)
- No primary care physician selection required, no referrals needed
- A Health Savings Account (HSA) is available with this plan, where the employee maximum contribution is $3,100 for Self, $6,250 for Self+1, and $6,250 for Family coverage (unused funds roll over into the following year and are portable)
- Employees cannot participate in both CDHP and a healthcare flexible spending account

NOTE: All of the healthcare providers require employees to maintain a local address in PeopleSoft.
2018 Employee Benefits

12-Month Employee Health Benefits Plan Premium Rates

The premium rates listed below are for plan year 2018.

Cost of Benefits for Domestic Partners and Domestic Partners + Children
Please note that if you are enrolling a domestic partner or a domestic partner and children, you will pay the premiums AFTER-TAX.

**AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>HM1</td>
<td>$ 49.91</td>
<td>$ 108.14</td>
</tr>
<tr>
<td>Self + 1</td>
<td>HM2</td>
<td>$ 98.10</td>
<td>$ 212.55</td>
</tr>
<tr>
<td>Family</td>
<td>HM3</td>
<td>$ 144.23</td>
<td>$ 312.50</td>
</tr>
</tbody>
</table>

**AETNA HMO**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>AH1</td>
<td>$ 87.53</td>
<td>$ 189.65</td>
</tr>
<tr>
<td>Self + 1</td>
<td>AH2</td>
<td>$ 172.05</td>
<td>$ 372.78</td>
</tr>
<tr>
<td>Family</td>
<td>AH3</td>
<td>$ 252.93</td>
<td>$ 548.02</td>
</tr>
</tbody>
</table>

**AETNA PPO**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>AP1</td>
<td>$ 89.58</td>
<td>$ 194.09</td>
</tr>
<tr>
<td>Self + 1</td>
<td>AP2</td>
<td>$ 176.09</td>
<td>$ 381.53</td>
</tr>
<tr>
<td>Family</td>
<td>AP3</td>
<td>$ 258.87</td>
<td>$ 560.89</td>
</tr>
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</table>

**KAISER PERMANENTE HMO**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>KP1</td>
<td>$ 68.32</td>
<td>$ 148.03</td>
</tr>
<tr>
<td>Self + 1</td>
<td>KP2</td>
<td>$ 130.50</td>
<td>$ 282.75</td>
</tr>
<tr>
<td>Family</td>
<td>KP3</td>
<td>$ 200.19</td>
<td>$ 433.75</td>
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</tbody>
</table>

**UNITED HEALTHCARE CHOICE NATIONWIDE**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>MD1</td>
<td>$ 81.60</td>
<td>$ 176.80</td>
</tr>
<tr>
<td>Self + 1</td>
<td>MD2</td>
<td>$ 155.86</td>
<td>$ 337.70</td>
</tr>
<tr>
<td>Family</td>
<td>MD3</td>
<td>$ 239.10</td>
<td>$ 518.05</td>
</tr>
</tbody>
</table>
## AFSCME (10 month) Health Benefits Plan Premium Rates

### 2018 District of Columbia Employees Health Benefits (DCEHB)

#### AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>HM1</td>
<td>$ 58.98</td>
<td>$ 129.77</td>
</tr>
<tr>
<td>Self + 1</td>
<td>HM2</td>
<td>$ 115.94</td>
<td>$ 255.06</td>
</tr>
<tr>
<td>Family</td>
<td>HM3</td>
<td>$ 170.45</td>
<td>$ 375.00</td>
</tr>
</tbody>
</table>

#### AETNA HMO

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>AH1</td>
<td>$ 103.44</td>
<td>$ 227.58</td>
</tr>
<tr>
<td>Self + 1</td>
<td>AH2</td>
<td>$ 203.33</td>
<td>$ 447.33</td>
</tr>
<tr>
<td>Family</td>
<td>AH3</td>
<td>$ 298.92</td>
<td>$ 657.62</td>
</tr>
</tbody>
</table>

#### AETNA PPO

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>AP1</td>
<td>$ 105.87</td>
<td>$ 232.91</td>
</tr>
<tr>
<td>Self + 1</td>
<td>AP2</td>
<td>$ 208.11</td>
<td>$ 457.83</td>
</tr>
<tr>
<td>Family</td>
<td>AP3</td>
<td>$ 305.94</td>
<td>$ 673.06</td>
</tr>
</tbody>
</table>

#### KAISER PERMANENTE HMO

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>KP1</td>
<td>$ 80.74</td>
<td>$ 177.63</td>
</tr>
<tr>
<td>Self + 1</td>
<td>KP2</td>
<td>$ 154.23</td>
<td>$ 339.30</td>
</tr>
<tr>
<td>Family</td>
<td>KP3</td>
<td>$ 236.59</td>
<td>$ 520.49</td>
</tr>
</tbody>
</table>

#### UNITED HEALTHCARE CHOICE NATIONWIDE

<table>
<thead>
<tr>
<th>TYPE</th>
<th>ENROLLMENT CODE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>MD1</td>
<td>$ 96.44</td>
<td>$ 212.16</td>
</tr>
<tr>
<td>Self + 1</td>
<td>MD2</td>
<td>$ 184.20</td>
<td>$ 405.24</td>
</tr>
<tr>
<td>Family</td>
<td>MD3</td>
<td>$ 282.57</td>
<td>$ 621.66</td>
</tr>
</tbody>
</table>
## DCEHB Health Provider Comparison Chart 2018

Healthcare Providers for employees hired on or after October 1, 1987

<table>
<thead>
<tr>
<th>Aetna Healthcare CDHP</th>
<th>Aetna PPO</th>
<th>Aetna HMO</th>
<th>Kaiser Permanente HMO</th>
<th>United Healthcare Choice Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$1,300 self $2,700 family</td>
<td>$750 self $1,500 family</td>
<td>NONE</td>
<td>NONE</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td><strong>HSA applies only to Aetna Healthcare CDHP:</strong> Employee Maximum Contribution to Health Savings Account $3,100 Self; $6,250 Self +1; $6,250 Family. Unused funds roll over into the following year and are portable. Employees cannot participate in both CDHP and a Healthcare Flexible Spending Account.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (per calendar year)</td>
<td>$3,425 self $6,850 family</td>
<td>$1,500 self $3,000 family</td>
<td>$3,500 self</td>
<td>$3,500 self $9,400 family</td>
</tr>
<tr>
<td>Primary Care Physician (PCP) Selection</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Required</td>
</tr>
<tr>
<td><strong>INPATIENT SERVICES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Covered at 85% after deductible</td>
<td>Covered at 85% after deductible</td>
<td>$100 per admission</td>
<td>Waived if admitted as inpatient</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered at 85% after deductible</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>N/A</td>
<td>N/A</td>
<td>$100 per admission</td>
<td>$100 per admission</td>
</tr>
<tr>
<td><strong>Outpatient Services:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>Covered 85% after deductible</td>
<td>$15 copay; deductible waived</td>
<td>$10 copay</td>
<td>$10/visit (Primary) $20 (Specialist)</td>
</tr>
<tr>
<td>X-rays, Laboratory Test</td>
<td>Covered 85% after deductible</td>
<td>Covered 100% if part of an office visit</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>Routine Exams</td>
<td>Covered 100% (deductible waived)</td>
<td>Covered 100%; deductible waived</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>Routine Immunizations</td>
<td>Covered 100% (deductible waived)</td>
<td>Covered 100%; deductible waived</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Covered 100% (deductible waived)</td>
<td>Covered 100%; deductible waived</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td>Outpatient Surgery (at a plan Facility)</td>
<td>Covered 85% after deductible</td>
<td>Covered 100% after deductible</td>
<td>$100 per admission</td>
<td>$50 visit</td>
</tr>
<tr>
<td>Short-Term Rehabilitation (physical, occupational or speech therapy)</td>
<td>Covered 85% after deductible</td>
<td>15% after deductible</td>
<td>$20 copay</td>
<td>$20 visit</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>85% coinsurance after deductible, 20 visits per year</td>
<td>Covered 85% after deductible, no limits</td>
<td>Covered 85% after deductible, 20 visits per year</td>
<td>$20 visit</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>NOT COVERED</td>
<td>NOT COVERED</td>
<td>NOT COVERED</td>
<td>$20 visit</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Covered 85% after deductible</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td><strong>EMERGENCY SERVICES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Services and Supplies</td>
<td>Covered 85% after deductible</td>
<td>$100 copay, waived if admitted</td>
<td>$100 copay</td>
<td>$50 visit</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Covered 85% after deductible</td>
<td>Covered 100%, deductible waived</td>
<td>Covered 100%</td>
<td>NO CHARGE</td>
</tr>
<tr>
<td><strong>Maternity Care:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits (for mother)</td>
<td>Covered 85% after deductible</td>
<td>$30 copay</td>
<td>$20 copay for physician maternity services</td>
<td>NO CHARGE</td>
</tr>
</tbody>
</table>
### DCEHB Health Provider Comparison Chart 2018
Healthcare Providers for employees hired on or after October 1, 1987

<table>
<thead>
<tr>
<th>Healthcare Providers for employees hired on or after October 1, 1987</th>
<th>Covered 15% after deductible</th>
<th>Covered 100% after deductible</th>
<th>$100 per stay copay for facility services</th>
<th>$100 per admission</th>
<th>$100 copay per inpatient stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital (for mother)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits (for baby)</td>
<td>Covered 85% after deductible</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%, deductible waived</td>
<td>NO CHARGE</td>
<td>$10 copay</td>
</tr>
<tr>
<td>MEDICAL EQUIPMENT:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Covered 85% after deductible</td>
<td>Covered 80% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>Covered 85% after deductible</td>
<td>Covered 100% after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>Covered 85% after deductible</td>
<td>$15 copay, deductible waived</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUBSTANCE ABSUSE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>N/A</td>
<td>N/A</td>
<td>$10 copay</td>
<td></td>
<td>$10 copay per visit</td>
</tr>
<tr>
<td>PRESCRIPTION DRUGS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10 copay Mail order: $20 copay</td>
<td>$10 copay Mail order: $20 copay</td>
<td>$20 copay Mail order: $8 copay</td>
<td></td>
<td>$10 copay per visit</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$30 copay Mail order: $60 copay</td>
<td>$20 copay Mail order: $40 copay</td>
<td>$40 copay Mail order: $18 copay</td>
<td></td>
<td>Retail: $40 Mail order: $36 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$30 copay Mail order: $120 copay</td>
<td>$40 copay Mail order: $80 copay</td>
<td>$55 copay Mail order: $33 copay</td>
<td></td>
<td>Retail: $55 Mail order: $66 copay</td>
</tr>
</tbody>
</table>

### NEED MORE INFORMATION?
Explanation of Benefits Offered - Dental & Optical Benefits and Rates

Dental and optical insurance coverage are provided to employees based on non-union or union designation and position type. Every employee is automatically enrolled in the Self Only option upon hire. However, employees have the option to waive or add Family coverage. NOTE: Union employees will find their dental and optical plan information in their respective Union Benefit Addendum.

Non-Union Employees

The District Government offers two dental plan options: Cigna DHMO and Cigna PPO. Optical coverage is provided by Quality Plan Administrators. Employees in non-union positions have the option to enroll in both dental and optical insurance plans. The District pays 100 percent of the premium cost for the HMO dental option and the optical plan, even if you choose to cover family members.

CIGNA DHMO (DENTAL)

Employees are responsible for out-of-pocket expenses incurred while enrolled in the plan.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Self + 1</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Family</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

CIGNA PPO (DENTAL)

Employees are responsible for the premium rates listed below for the CIGNA PPO dental insurance plan as well as all out-of-pocket expenses incurred while enrolled in the plan.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>$ 26.92</td>
<td>$ 58.33</td>
</tr>
<tr>
<td>Self + 1</td>
<td>$ 38.20</td>
<td>$ 82.77</td>
</tr>
<tr>
<td>Family</td>
<td>$ 49.54</td>
<td>$ 107.34</td>
</tr>
</tbody>
</table>

QUALITY PLAN ADMINISTRATORS (OPTICAL)

The District pays for 100 percent of the premium cost for the optical insurance plan. Employees are responsible for the out-of-pocket expenses incurred while enrolled in the plan.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>2018 PREMIUM BI-WEEKLY</th>
<th>2018 PREMIUM MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Only</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Self + 1</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
<tr>
<td>Family</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

NEED MORE INFORMATION?

Dental and optical plan benefit summaries can be found on the DCPS website: www.dcps.dc.gov > About DCPS > Human Resources > Benefits > Health Benefits > Dental and Optical Benefits.
DCPS offers several life insurance options to eligible employees. Benefits-eligible employees hired on or after October 1, 1987 participate in the District of Columbia Employees Group Life Insurance (DCEGLI) Plan.

**Basic Life Insurance**
Coverage begins on Day One of employment and you are automatically enrolled in the benefit unless you decline coverage. Basic life insurance is equal to 1x your annual salary (rounded up to the nearest $1,000) plus $2,000.

You cannot elect supplemental life insurance unless you elect to enroll within 31 days of your hire date or qualifying life event.

**Supplemental Life Insurance**
To enroll in supplemental options, you must be enrolled in the basic life insurance option. Rates are based on age and salary.

- **Standard: Option A**
  Additional $10,000 worth of insurance coverage

- **Additional: Option B**
  Additional coverage equivalent to one up to five times your annual salary

- **Family: Option C**
  - $10,000 life insurance for eligible spouse
  - $10,000 life insurance for eligible dependent child
  - $25,000 life insurance for eligible spouse
  - $10,000 life insurance for eligible dependent child
  - $50,000 life insurance for eligible spouse
  - $10,000 life insurance for eligible dependent child

**NOTE:** Employees have the ability to decrease supplemental life insurance at any time. However, if you waive basic life or decline one or more of the options, your opportunity to cancel your waiver or enroll in a supplemental option you previously declined is strictly limited.

In order to carry newly-elected life insurance coverage into retirement, new coverage must be in effect for the five years of service immediately preceding the retirement date or the entire period of service during which coverage was available (if this period is less than five years).

**Accidental Death and Dismemberment Insurance (AD&D)**
This additional benefit is provided at no cost to the employee. Coverage is equal to 1x annual salary plus $2,000, and the full benefit is available until age 35. Beginning on the employee’s 36th birthday, AD&D coverage decreases by 10% each year until age 45. At age 45, AD&D is no longer available to the employee.
Explanation of Benefits Offered: Life Insurance Premium Rates

2018 DCEGLI LIFE INSURANCE PREMIUM RATES

Following are premium rates for the DC life insurance plans, which are available for all benefits-eligible employees hired on or after October 1, 1987. Actual bi-weekly rates are automatically calculated when enrolling through PeopleSoft Employee Self Service.

Basic – Annual Salary + $2,000

Basic Coverage – Biweekly Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Bi-Weekly Premium Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>$0.35</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.42</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.57</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.92</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$1.49</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$3.00</td>
</tr>
<tr>
<td>60+</td>
<td>$4.52</td>
</tr>
</tbody>
</table>

Option A – Standard $10,000 coverage

Option B – Additional Coverage 1x - 5x Annual Salary

Bi-weekly premium per $1,000 of coverage

<table>
<thead>
<tr>
<th>Age</th>
<th>Bi-Weekly Premium Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>$0.027</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.035</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.051</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.088</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.149</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.310</td>
</tr>
<tr>
<td>60+</td>
<td>$0.473</td>
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</table>

Option C – Family Coverage

Bi-weekly premium for family unit

<table>
<thead>
<tr>
<th>Option</th>
<th>Age &lt;45</th>
<th>Age 45-54</th>
<th>Age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000 spouse life &amp; $10,000/child life</td>
<td>$0.77</td>
<td>$1.46</td>
<td>$3.53</td>
</tr>
<tr>
<td>$25,000 spouse life &amp; $10,000/child life</td>
<td>$1.50</td>
<td>$3.22</td>
<td>$8.39</td>
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<tr>
<td>$50,000 spouse life &amp; $10,000/child life</td>
<td>$2.69</td>
<td>$6.14</td>
<td>$16.46</td>
</tr>
</tbody>
</table>

Sample Bi-Weekly Cost

Annual Salary: $39,452

Age: 41

Round salary to nearest 1,000

Divide salary by 10,000 and multiply by age group

(40,000/10,000) x 0.57 = $2.28

Sample Bi-Weekly Cost

Annual Salary: $39,452

Age: 41

Election: 5x salary

Round salary to nearest 1,000

Divide age category rate by 1,000

Multiply number above by number of times you want to elect

Multiply by salary

(0.051/1000) x 5 x 40,000 = $10.20
Explanation of Benefits Offered – Supplemental Insurance

Supplemental insurance plans provide security, peace of mind, and satisfaction in knowing that you have taken a step toward securing your income during a period of disability. Plans offered to DCPS employees include:

Short Term Disability Coverage
Short term disability (STD) insurance is designed to pay a weekly benefit to you in the event that you cannot work due to a covered illness or injury. This benefit replaces 66.3% of your income, thus helping you to meet your financial commitments in a time of need. Short term disability may be used in conjunction with annual or sick leave (not to exceed more than 13 hours per pay period).

If you become disabled and your claim for STD benefits is approved by The Standard, benefits may be payable for up to 180 days, following the Benefit Waiting Period. The Benefit Waiting Period is a specified number of days during which you must remain continuously disabled. STD benefits are not payable during the Benefit Waiting Period.

The Benefit Waiting Period is 20 days for the following causes of disability:

- Accidental injury
- Physical disease, pregnancy, or mental disorder

Long Term Disability Coverage
Long term disability (LTD) insurance is designed to pay a weekly benefit to you in the event that you cannot work due to a covered illness or injury. If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during the Benefit Waiting Period.

The Benefit Waiting Period is 180 days for the following causes of disability:

- Accidental injury
- Physical disease, pregnancy, or mental disorder

The coverage can help with the everyday bills, such as the mortgage or rent, that continue even when you can’t work. LTD may be used in conjunction with annual or sick leave (not to exceed more than 13 hours per pay period). The maximum monthly benefit is equal to $7,500 (depending upon annual salary), with worldwide coverage provided and a waiver of premiums while disabled. If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65.

Travel Assistance
Travel assistance is a comprehensive program of information, referral, assistance, transportation, and evacuation services designed to help you respond to medical care situations and many other emergencies that may arise during travel. Travel assistance also offers pre-travel assistance, which gives you access to information on things like passport and visa requirements, foreign currency, and worldwide
weather. All services are provided by one of the most experienced assistance companies in the United States, FrontierMEDEX.

Employees who are enrolled in DCPS basic life insurance are automatically covered by travel assistance. Coverage also extends to the employee’s spouse (domestic partner) and children through age 25, regardless of student or marital status.

**AFLAC Indemnity Plan**

AFLAC offers a distinct type of protection. Unlike major medical health insurance, AFLAC pays you (unless otherwise assigned), not the doctor or hospital. Note that AFLAC does not replace medical insurance – it is an additional benefit that provides cash benefits and allows you to spend them as you like to help with the financial challenges an accident or illness may impose. Types of medical issues covered include:

- Cancer/Specified-Disease
- Hospital Confinement/Sickness Indemnity
- Specified Health Event
- Accident Indemnity

For more information, visit [www.aflacclients.com/dcgov/Welcome.aspx](http://www.aflacclients.com/dcgov/Welcome.aspx) or contact the AFLAC Customer Service Line at 202.442.9718.

**Employee Assistance Plan**

The Employee Assistance Program (EAP) is a free, confidential, 24/365 service for employees and their immediate family members age 18 and older. For EAP services, employees may contact Inova Employee Assistance Program, which is a comprehensive, top-ranked international provider of employee assistance services. With telephonic access and convenient online resources, Inova EAP offers practical, real world solutions to employee life issues that may derail productivity and satisfaction. Employees have access to helpful materials that will assist with a range of Work-Life Services, such as Parenting, Aging, Career and Workplace Education, Health, Wellness, and other daily living topics.

For more information, visit [www.inova.org/eap](http://www.inova.org/eap) or contact Inova EAP directly at 800.346.0110.
Explanation of Benefits Offered – Flexible Spending Accounts

DCPS offers all benefits-eligible employees the opportunity to participate in flexible spending accounts (FSA) for healthcare, dependent care, commuter transit, and/or commuter parking. These pre-tax accounts allow you to pay your work-related daycare and out-of-pocket medical, dental, optical, and transportation expenses on a pre-tax basis. Note that certain FSA plans can only be added during Benefits Open Enrollment; however, with a life event, a FSA can be increased or decreased within 31 days of that event.

Benefit Resource, Inc. issues all enrolled participants a Beniversal MasterCard to directly access funds saved through pre-tax spending account deductions. This MasterCard can be used to pay for eligible healthcare, transit, and parking costs and is accepted at WMATA metro kiosks for direct purchases and reloading SmartTrip cards. Reimbursement checks will be issued for claims filed for eligible dependent care expenses.

<table>
<thead>
<tr>
<th>Benefits of FSAs</th>
<th>FSAs – Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible spending accounts (FSAs) can help reduce your taxes and increase your take-home pay.</td>
<td>FSAs run on a calendar year plan from January 1 through December 31, so be sure to estimate your expected out-of-pocket expenses carefully.</td>
</tr>
</tbody>
</table>
| On average, people save 23% in taxes by paying their out-of-pocket healthcare and child care expenses on a pre-tax basis through a FSA. Actual tax savings depends on several variables, including state and local tax rates and the tax bracket of the participant:  
  • 15% tax bracket can save up to 22.65%  
  • 27% tax bracket can save up to 34.65% | If you do not use all of the money that you deposit into your healthcare flexible spending account by December 31 of the plan year, up to $500 of your unused balance will automatically roll over to the next year plan, according to IRS regulations. All receipts for the plan year’s expenses must be submitted by March 31 of the next calendar year. |
| Online and Mobile Support | You must enroll each year during the Benefits Open Enrollment period, or all funds will be forfeited. |

For additional information regarding Benefit Resource, Inc., visit www.BenefitResource.com

Healthcare
- Employees can set aside up to $2,650 (new IRS change effective January 2018) annually for eligible health expenses.
- Up to $500 of your unused balance will roll over to the next plan year.
- Eligible expenses include medical, dental, and optical expenses not reimbursed by any plan (e.g., copayments, deductibles).

Dependent Care
- Employees can set aside annually up to $5,000 (single parent or married and filing taxes jointly) or $2,500 per person if married and filing taxes separately.
- If married, the spouse must be working, searching for a job, enrolled as a full-time student for at least five months of the year, or mentally and/or physically unable to provide care for a dependent for the daycare expenses to qualify for reimbursement.
### 2018 Employee Benefits

- All unused money will be forfeited.
- Eligible dependents include:
  - Dependents under age 13 who can be claimed as exemptions on your federal income tax return.
  - Dependents of any age (including parents who are mentally or physically incapable of self-care and who live regularly in your household at least eight hours per day).

### Commuter (Transit and/or Parking)

All employees may use the commuter benefits (transit and/or parking) plan, which is a pre-tax benefit that is used to pay for your monthly parking, bus, train, and/or metro passes. Plan account(s) deductions are made before any taxes (payroll or income) are taken from your earnings.

- Note the following regarding eligible **transit** expenses:
  - You determine the per paycheck deduction, up to the IRS monthly maximum ($260 per plan).
  - Expenses must be incurred when commuting between work and an employee's residence.
  - Provides the opportunity to pay for these expenses with earnings that have not been taxed.
  - Payment must be paid using the Beniversal MasterCard to purchase all bus, train, and/or metro passes (reimbursement is not applicable).

- Note the following regarding eligible **parking** expenses:
  - You determine the per paycheck deduction, up to the IRS monthly maximum ($260 per plan).
  - Can be used for parking provided to an employee on or near the business premises of the employer.
  - Includes commutes by carpool, commuter highway vehicle, and mass transit facilities.
  - Includes parking at locations where the employer provides parking on premises it owns or leases.
  - Payment can be made directly to the location where the employer pays the expense (e.g., parking lot provider) or the employee can be reimbursed (receipts for parking reimbursements must be submitted within 180 days of incurred expenses).

Note that **only** commuter transit and commuter parking flexible spending accounts can be changed or cancelled at any time during the calendar year.

To make changes to your FSA commuter account(s): Go to PeopleSoft > click on Benefits > select the FSA account of choice > click edit to update your plan.

**For more information, visit the Benefit Resource, Inc. website at** [www.BenefitResource.com](http://www.BenefitResource.com) **or call 800.473.9595.**

Once enrolled, you can access your account(s) at any time through the Secure BRiWeb Participant Login at [www.BenefitResource.com](http://www.BenefitResource.com) or through the downloadable BRiMobile App.

To login, you will need the following:
- Company Code: dcgov
- Login ID: your social security number
- Password: your home zip code
Explanation of Benefits Offered – Retirement Plans

Employees classified as ET will find their retirement plan information in their respective Union Benefit Addendum.

District Government 401(a) Defined Contribution Plan

Employees hired on or after October 1, 1987 and classified as EG, EX, LS, LX, MSS, and DS participate in the District of Columbia Government 401(a) Defined Contribution Plan, which is administered by ICMA-RC. Each pay period, the District contributes five percent of your salary to the Plan. The Plan is 100% employer-funded, which means that this benefit is free to you.

After one year and one day of continuous service, you are automatically enrolled – no action is necessary on your part.

Employees are vested (acquire ownership of their retirement contribution account) on a graded vesting schedule as shown below. Employees are fully vested after five consecutive years of service.

<table>
<thead>
<tr>
<th>YEARS OF CREDITABLE SERVICE</th>
<th>VESTED PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>4</td>
<td>60%</td>
</tr>
<tr>
<td>5 or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

Civil Service Retirement Plan

Employees hired before October 1, 1987 and classified as EG, EX, LS, LX, MSS, and DS participate in the Civil Service Retirement Plan (CSRS). Each pay period, the employee contributes 7, 7 ½, or 8 percent of their pay to CSRS, and while they generally pay no Social Security retirement or survivor and disability (OASDI) tax, they must pay the Medicare tax.

CSRS participants are vested after five years of service. Upon retirement from DCPS, you receive a monthly annuity if you meet the age and service requirements. You are eligible to retire from DCPS under voluntary retirement if you meet the age and service criteria in one of the following three categories:

- Age 55 with 30 years of service
- Age 60 with 20 years of service
- Age 62 with 5 years of service

In any category, you must have a minimum of five years of DCPS service.

To be eligible for post-retirement health coverage, you must have:

- At least ten years of creditable District service; and
At least five years of continuous coverage under a Federal health plan immediately preceding your retirement.

For complete details on the Plan provisions, visit www.opm.gov/retirement.
Explanation of Benefits – Supplemental Retirement

457(b) Deferred Compensation Plan

All benefits-eligible DCPS employees may participate in the 457(b) deferred compensation plan, which is managed by ICMA-RC. The 457(b) plan reduces the amount of taxable income per pay period based on the employee’s contribution. This is an optional savings program that allows employees to tax-defer income and invest for the future. The Internal Revenue Service (IRS) determines the maximum annual amount that can be deferred. For plan year 2018, employees may defer up to $18,500. There are no employer contributions to this plan.

Employees may be eligible for increased annual contributions under a special 457(b) catch-up provision:

- Age 50 catch-up limit is $24,000 (employee reaches age 50 or older before the end of the calendar year).
- Pre-retirement catch-up limit is $37,000 (three years prior to the year the employee reaches normal retirement age).

How to Enroll

STEP 1: Contact ICMA-RC (800.669.7400). Please note that you may enroll in the 457(b) plan at any time throughout the calendar year.

STEP 2: Meet with a representative to determine your investment strategy and complete the enrollment process.

Note: Once you have established a 457(b) account you may make changes to your deductions at any time throughout the calendar year. Login to PeopleSoft > select Benefits > click on Section 457 > click edit to update your deductions.
Explanation of Benefits Offered -- Supplemental Retirement

403(b) Tax Shelter Annuity Plan

The 403(b) tax shelter annuity plan is an optional retirement savings program that provides employees the opportunity to make pre-tax contributions to a tax shelter annuity (TSA). For plan year 2018, eligible employees may defer up to $18,000. Eligible employees over age 50 may contribute an additional $5,000 into a TSA. No taxes are paid on the contributions or earnings until the employee withdraws the funds.

How to Enroll

**STEP 1:** Contact the vendor of your choice. Please note that you may enroll in the 403(b) plan at any time throughout the calendar year.

**STEP 2:** Meet with a representative to determine your investment strategy and complete their paper enrollment process. The 403(b) investment provider will notify DCPS of your payroll contribution (bi-weekly deduction) by sending us a Salary Reduction Agreement (SRA).

**Note:** Once you have established a 403(b) account you may make changes to your deductions at any time throughout the calendar year. Login to PeopleSoft > select Benefits > click on Tax Shelter Annuity > click edit to update your deductions.

2018 APPROVED 401a, 457(b), and 403(b) VENDORS for DCPS EMPLOYEES

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Name</th>
<th>Phone #</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AXA Equitable</td>
<td>John Anderson</td>
<td>703.207.2790 / 202.577.1577 Cell</td>
<td><a href="mailto:janderson@tpsfinancial.com">janderson@tpsfinancial.com</a></td>
</tr>
<tr>
<td></td>
<td>Mark Toia</td>
<td>703.205.0346 / 323.841.2007 Cell</td>
<td><a href="mailto:mark.toia@axa-advisors.com">mark.toia@axa-advisors.com</a></td>
</tr>
<tr>
<td></td>
<td>Steven (Tyler) Tisdell</td>
<td>703.205.0368 / 609.221.3058 Cell</td>
<td><a href="mailto:steven.tisdell@axa-advisors.com">steven.tisdell@axa-advisors.com</a></td>
</tr>
<tr>
<td></td>
<td>Christopher Regan</td>
<td>703.205.0310 / 540.905.1823 Cell</td>
<td><a href="mailto:christopher.regan@axa-advisors.com">christopher.regan@axa-advisors.com</a></td>
</tr>
<tr>
<td></td>
<td>Danielle Byrd Thompson</td>
<td>703.205.0354 / 313.530.3492 Cell</td>
<td><a href="mailto:danielle.byrd@axa-advisors.com">danielle.byrd@axa-advisors.com</a></td>
</tr>
<tr>
<td></td>
<td>Berhane Kassahun</td>
<td>301.354.3821 / 202.320.6923 Cell</td>
<td><a href="mailto:bkassahun@metlife.com">bkassahun@metlife.com</a></td>
</tr>
<tr>
<td>Holistic Planners</td>
<td>Demetrius Felder</td>
<td>202.808.8289 / 240.508.2169 Cell</td>
<td><a href="mailto:d.felder@holisticplanners.com">d.felder@holisticplanners.com</a></td>
</tr>
<tr>
<td>VOYA Financial</td>
<td>Keith Serrano</td>
<td>301.292.2423 / 240.605.6917 Cell</td>
<td><a href="mailto:keithmserrano@voyafa.com">keithmserrano@voyafa.com</a></td>
</tr>
<tr>
<td></td>
<td>Bruce Rome</td>
<td>703.449.2916 / 301.980.9949 Cell</td>
<td><a href="mailto:bruce.rome@voyafa.com">bruce.rome@voyafa.com</a></td>
</tr>
<tr>
<td></td>
<td>Jennifer Holmes</td>
<td>703.449.2953</td>
<td><a href="mailto:Jennifer.holmes@voyafa.com">Jennifer.holmes@voyafa.com</a></td>
</tr>
<tr>
<td></td>
<td>John Henderson</td>
<td>202.681.7131</td>
<td><a href="mailto:John.Henderson@voyafa.com">John.Henderson@voyafa.com</a></td>
</tr>
<tr>
<td></td>
<td>Chima Amadi</td>
<td>240.486.3126</td>
<td><a href="mailto:camadi@voyafa.com">camadi@voyafa.com</a></td>
</tr>
<tr>
<td></td>
<td>Jeffrey Wheeler</td>
<td>703.405.7880 Cell</td>
<td><a href="mailto:jeffrey.wheeler@voyafa.com">jeffrey.wheeler@voyafa.com</a></td>
</tr>
<tr>
<td>Lincoln Investments</td>
<td>Perry (Ray) Stanley</td>
<td>301.987.7211 ext. 62504 or 800.242.1421</td>
<td><a href="mailto:pstanley@lincolninvestment.com">pstanley@lincolninvestment.com</a></td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>MetLife (Travelers)</td>
<td>Iris LaVigne</td>
<td>703.821.5410 / 703.597.5625 Cell</td>
<td><a href="mailto:ilavigne@metlife.com">ilavigne@metlife.com</a></td>
</tr>
<tr>
<td></td>
<td>Jomo Hlton</td>
<td>703.336.1219 / 703.953.6091 Cell</td>
<td><a href="mailto:jhylton@financialguide.com">jhylton@financialguide.com</a></td>
</tr>
<tr>
<td>New York Life</td>
<td>Melanie White Terry</td>
<td>410.740.4719 / 202.422.1079 Cell</td>
<td><a href="mailto:mwhite@ft.newyorklife.com">mwhite@ft.newyorklife.com</a></td>
</tr>
<tr>
<td></td>
<td>Yaba Baker</td>
<td>301.214.6600 / 202.359.1938 Cell</td>
<td><a href="mailto:ykbaker@nyl.com">ykbaker@nyl.com</a></td>
</tr>
<tr>
<td></td>
<td>Joyce Swinson</td>
<td>301.980.9694</td>
<td><a href="mailto:jgswinson@ft.newyorklife.com">jgswinson@ft.newyorklife.com</a></td>
</tr>
<tr>
<td>Valic</td>
<td>Larry Perez</td>
<td>240.459.5153 Cell</td>
<td><a href="mailto:larry.perez@valic.com">larry.perez@valic.com</a></td>
</tr>
<tr>
<td></td>
<td>Amanda Maggio</td>
<td>800.892.5558 ext. 88399 703.663.6709 Cell</td>
<td><a href="mailto:amanda.maggio@valic.com">amanda.maggio@valic.com</a></td>
</tr>
<tr>
<td></td>
<td>Peter A. Ramig</td>
<td>800.892.5558 ext. 88128 503.757.3147 Cell</td>
<td><a href="mailto:peter.ramig@valic.com">peter.ramig@valic.com</a></td>
</tr>
<tr>
<td>ICMA-RC (457(b))</td>
<td>Customer Service</td>
<td>800.669.7400</td>
<td><a href="mailto:service@DCretire.com">service@DCretire.com</a></td>
</tr>
</tbody>
</table>
Explanation of Benefits Offered -- Employee Leave Plans

Union Employees
Employees in a union-classified position will find leave accrual information in their respective Union Benefit Addendum. To obtain a copy visit: www.dcps.dc.gov > About DCPS > Human Resources > Benefits > Benefits Guides > click on your respective union.

Non-Union Employees

Sick and Annual Leave Accruals
All non-union employees earn both sick and annual leave.

Sick leave is earned at a rate of four hours per pay period. Unused sick leave shall be carried forward from year to year; it is not transferable and has no cash value. Any remaining sick leave upon separation from employment will not be paid out.

Annual leave is earned based on years of service. Employees with:

- 0-2 years of service earn 4 hours per pay period
- 3-15 years of service earn 6 hours per pay period
- 16+ years of service earn 8 hours per pay period

In accordance with Part I, Chapter 12, Section 1238 (Annual Leave – Maximum Accumulation) and Section 1239 (Annual Leave Restoration) of D.C. Personnel Regulations, employees may carry a maximum of 240 annual leave hours into the next leave year. Any unused annual leave above the 240-hour maximum will be forfeited if not used. However, under certain conditions, employees can request a “leave restoration” in order to retain leave hours for use at a later. For more information visit the DCPS website (www.dcps.dc.gov).
Explanation of Benefits Offered -- Leave of Absence

Federal FMLA
Under the Federal Family and Medical Leave Act (Federal FMLA), employees are allowed up to 12 weeks of unpaid leave within any 12-month period if physically unable to work because of a serious medical condition (including maternity), for the birth or adoption of a child, or to care for a family member with a serious health condition. To be eligible, employees must have worked for the District for one year with no break in service.

DC Family & Medical Leave Act
The DC Family and Medical Leave Act (DCFMLA) was made effective on October 3, 1990 and is applicable to employees whose actual work location is in the District of Columbia as of April 1, 1991. To be eligible, employees must have worked for the District for one year with no break in service and must have worked at least 1,000 hours (DC FMLA).

DCFMLA Statutory for Medical Leave
The DCFMLA allows for up to 16 weeks of unpaid leave within any 24-month period for employees who are physically unable to work because of a serious medical condition (including maternity). Medical documentation and an expected date of return are required.

DCFMLA Statutory for Family Leave
The DCFMLA allows for up to 16 weeks of unpaid leave within any 24-month period for the birth or adoption of a child or to care for a family member with a serious health condition. The employee must provide documentation explaining the nature of the leave.

Also note that under DC Paid Family Leave (PFL), effective October 1, 2014 employees may receive up to eight weeks of paid leave for the birth or adoption of a child or to care for a family member with a serious health condition.

Educational Leave of Absence
An educational leave of absence allow employees up to two years of unpaid time off of work to pursue educational endeavors. To be eligible, you must be employed with DCPS for at least two years, and actively enrolled in an applicable degree seeking program from an accredited college/university. Such employees are entitled to return to DCPS at the conclusion of their leave.

Charter School Leave of Absence
Pursuant to 5-E DCMR Section 1204, DCPS may grant employees charter school leave for an unlimited number of two-year terms for employees who continue to re-apply for charter school leave. Such employees are entitled to return to DCPS at the conclusion of their leave of absence.

Military Leave of Absence
Pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA) and 5-E DCMR Section 1204, military service members must be granted leave to engage in certain types of military
activities. At the conclusion of their service, such employees are entitled to be reemployed in the position they would have held but for their military service.

For more information about leaves of absence visit the DCPS website: www.dcps.dc.gov > About DCPS > Human Resources > Leave of Absence.
DPR Fitness Center
DC Department of Human Resources (DCHR) and the Department of Parks and Recreation (DPR) have partnered to offer District Government employees free and reduced rates on DPR fitness center memberships through payroll deduction. Employees can elect an annual non-refundable membership that will provide the employee and/or their family members with access to DPR fitness centers. To enroll, complete the online enrollment through PeopleSoft.

Education Incentives
The District Government has partnered with the following universities to offer employee discounts for education-related expenses. For more information, visit the DCPS website: www.dcps.dc.gov > About DCPS > Human Resources > University/College Partnerships.

- Excelsior College
- Catholic University of America
- DeVry Works
- Southern NH University - College for America
- Strayer University
- University of the District of Columbia
- University of Maryland University College
- University of Phoenix
- Walden University

Capital Bikeshare
Effective May 16, 2016, DCHR partnered with the Department of Transportation (DOT) to provide all District Government employees with a $25 annual Capital Bikeshare membership. Membership includes an unlimited number of 30-minute rides for commuting, personal trips, exercise, and more. To register for your Capital Bikeshare membership, you must sign up directly at www.capitalbikeshare.com using the following information:
1. Select “JOIN” in the upper-right corner.
2. Select “I’m eligible for a Group/Corporate Rate.”
3. Select “DC Government Employees” from the drop-down menu and enter the account password: DCGOVBIKES.
4. You will then be asked to enter your DC Government email address (@dc.gov, etc.) to verify your eligibility.

ZipCar
All District Government employees are eligible for discounts with ZipCar. Discounts include:
- One-time application fee of $25.19 (no annual fees)
- 24/7 access to vehicles near you and in major cities
- Self-service cars at many airports around the world
- Access to new flexible Zipcars for one-way trips
- Exclusive discounted rates when you take a car overnight or use one from 7:00 a.m. to 7:00 p.m.
Free legal curbside parking in DC during your reservation

Learn more at www.zipcar.com/dc-parking.

**City First Homes**

City First Homes is a non-profit organization that supports families and individuals who want to buy a home in Washington, DC through a low-cost Down Payment Assistance Loan. This program is only offered to District Government employees. Visit www.cfhomes.org for additional information and to review home listings.

**Negotiated Employee Assistance Home Purchase Program**

Through this joint labor effort (NEAHP), administered by the District of Columbia Department of Housing and Community Development (DHCD) and the Office of Labor Relations and Collective Bargaining (OLRCB), with the assistance of the Greater Washington Urban League (GWUL), DCPS contributes $50,000 annually to NEAHP for Teamsters members to use toward the purchase of a primary residence in the District of Columbia.

**DC Teacher Federal Credit Union**

All DC Public Schools employees are eligible to join the DC Teachers Federal Credit Union (DCTFU). The purchase of one share ($50) and payment of a one-time membership fee ($5) begins your savings account and a lifetime of credit union membership and benefits. For more information, visit the website at http://dctfcu.org.

**AT&T, Sprint, T-Mobile, and Verizon Wireless**

You can save up to 15% on qualified charges with AT&T, Sprint, T-Mobile, or Verizon Wireless because you are a District Government employee. Contact the respective company to request the discounts to be added to your active account.

**Retailer Discounts**

Local retailers (e.g., Brooks Brothers, New York & Company, Barnes & Nobles, Staples, Office Depot) may provide discounts to District Government and DCPS employees. Take your District Government or DCPS work ID with you when you visit local retailers and ask about discount incentives for District Government and DCPS employees.
Accessing PeopleSoft Employee Self Service – Enroll in Benefits

Employees will enroll in benefits through PeopleSoft Employee Self Service (ESS). You can access ESS on any computer with an internet connection at https://ess.dc.gov. Employees who need assistance or computer access can visit the DCPS Employee Services office at 1200 First Street, NE, 10th floor or call 202.442.4090.

Enrollment Resources:
Go to www.dcps.dc.gov > About DCPS > Human Resources > How To Guides > click Steps to Enroll in Benefits for New Hires.

Top Enrollment Questions and Answers:
Q. How do I enroll in benefits online?
A. You may begin to make benefits selections online through PeopleSoft Employee Self Service (ESS) once you receive your PeopleSoft user id and password to access the online system. The Staffing and Onboarding Team will send an email to your dc.gov email that will include your user id and password within 7-10 business days of your date of hire.

Q. When does my life insurance coverage begin?
A. Life Insurance coverage begins on your first day of employment.

Q. How do I confirm that my benefits elections were processed?
A. Following your successful enrollment, you will receive a confirmation email from PeopleSoft that will include a list of all benefits options you selected. If you do not receive a confirmation email or if the email does not include the options you selected, contact the Benefits team immediately via email at dcps.benefits@dc.gov.

Q. When does my health insurance and additional optional benefits coverage begin?
A. The effective date of coverage for health insurance and additional optional benefits begins on the first day of the pay period following your online enrollment. Note that it takes the insurance providers 30-45 days from your online enrollment date to confirm enrollment. Wait until you receive enrollment cards to use your benefits for non-emergency services.

Q. Can I save my benefits elections and submit later if I am not able to finish my online enrollment?
A. Yes. You may “Save” your elections by clicking the first “Submit” button on the “Benefits Enrollment” page and return to make changes within the 31 days of your hire date; however, your elections will not be processed until you click “Submit” on the “Submit Benefits Choice” page in PeopleSoft.

If you do not “Submit” your benefits before the enrollment period ends, your elections will not be processed and you will not be able to enroll in benefits until the next Open Enrollment, or within 31 days of a qualifying life event.

Q. Can I make changes to my elections once I submit my elections?
A. Once you have submitted your elections, they cannot be changed until the next Open Enrollment period, or within 31 days of a qualifying life event.
Points of Contact

### Frequently Requested Phone Numbers and Email Addresses

#### DCPS Central Office

<table>
<thead>
<tr>
<th>DCPS Office</th>
<th>Email/ Why Contact</th>
<th>Phone Number</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Office</td>
<td>Paycheck errors, leave errors</td>
<td>202.442.5300</td>
<td>202.442.5306</td>
</tr>
<tr>
<td>PeopleSoft User ID and Password</td>
<td>Staffing &amp; Onboarding: <a href="mailto:dcps.staffingandonboarding@dc.gov">dcps.staffingandonboarding@dc.gov</a></td>
<td>202.442.4090 opt. #2</td>
<td>N/A</td>
</tr>
<tr>
<td>IT Help Desk</td>
<td>Email login issues, lost passwords</td>
<td>202.442.5715</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### Union Contacts

<table>
<thead>
<tr>
<th>Union Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington Teachers’ Union (WTU)</td>
<td>202.293.8600</td>
</tr>
<tr>
<td>Council of School Officers (CSO)</td>
<td>202.526.4700</td>
</tr>
<tr>
<td>American Federation of State, County and Municipal Employees (AFSCME) Local 2921 and Local 2401</td>
<td>202.234.6506</td>
</tr>
<tr>
<td>Teamsters</td>
<td>202.636.8170</td>
</tr>
<tr>
<td>American Federation of Government Employees (AFGE) Local 1403</td>
<td>202.737.8700</td>
</tr>
</tbody>
</table>

#### Health Benefits

<table>
<thead>
<tr>
<th>Provider</th>
<th>Website</th>
<th>Member Services Contact</th>
<th>Group ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Healthcare</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>800.238.6258</td>
<td>172614</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td><a href="http://www.kp.org">www.kp.org</a></td>
<td>301.468.6000</td>
<td>7029</td>
</tr>
<tr>
<td>United Healthcare</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>866.633.2446</td>
<td>712971</td>
</tr>
</tbody>
</table>

#### Dental & Optical Plans

<table>
<thead>
<tr>
<th>Provider</th>
<th>Website</th>
<th>Member Services Contact</th>
<th>Group ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigna Dental Health</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
<td>1.800.367.1037</td>
<td>2466814</td>
</tr>
<tr>
<td>Quality Plan Administrators</td>
<td><a href="http://www.qualityplanadmin.com">www.qualityplanadmin.com</a></td>
<td>202.722.2744 or 1.800.900.4112</td>
<td>100</td>
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#### Life Insurance

<table>
<thead>
<tr>
<th>Provider</th>
<th>Website</th>
<th>Group ID number</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Standard</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
<td>641332-B</td>
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</table>
### 2018 Employee Benefits

#### Additional Benefits

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Administrator</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term/Long Term Disability</td>
<td>The Standard</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
<td>800.426.4332</td>
</tr>
<tr>
<td>AFLAC Indemnity Plans</td>
<td>AFLAC</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
<td>202.379.4755</td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>FrontierMEDEX (Group #9061)</td>
<td><a href="http://www.medexassist.com/standard/standard1.aspx">www.medexassist.com/standard/standard1.aspx</a></td>
<td>800.527.0218</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Inova</td>
<td><a href="http://www.inova.org/eap">www.inova.org/eap</a></td>
<td>800-346-0110</td>
</tr>
</tbody>
</table>
Holidays

Q. What are the paid holidays for District of Columbia Government non-union employees?
A. The paid holidays for District Government employees for calendar year 2018 are as follows:

- New Year’s Day
- Martin Luther King, Jr.’s Birthday
- Presidents’ Day
- Emancipation Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

Q. What are the paid holidays for employees in union-classified positions?
A. Employees in union-classified positions should refer to their union’s Collective Bargaining Agreement with DCPS for a complete list of paid holidays.

Q. If I want to participate in a religious or cultural holiday not shown above, what type of leave would I use?
A. EG, EX, MSS, DS, CS, LS, and LX employees are required to use sick leave to participate in religious and/or cultural holidays. All other employees are required to use annual leave. The leave request must be submitted to your supervisor in advance.

Health, Dental, and Optical

Q. I am in a union-classified position. Where do I find information about my dental and optical coverage?
A. Employees in a union-classified position should refer to the union dental/optical benefits addendum provided in their onboarding materials OR contact your respective union directly.

Q. Does my health insurance cover all of my family members, including my parents and grandchildren?
A. No, health insurance is solely reserved for you, your spouse, and your eligible dependents under the age of 26.

Q. Can I enroll my eligible dependent from another country who does not have a social security number yet?
A. Yes, you have 31 days from their date of arrival in the United States to add them to your plan. You must provide a copy of the dependent’s visa.

Q. How long will it take for me to receive my health insurance card?
A. It will take approximately four to six weeks from the effective date of your online enrollment before you receive your health insurance card.

Q. If I do not see deductions for insurance options on my paycheck, should I assume that I am covered for the benefit(s)?
A. No, if you do not see deductions on your paycheck on the expected deduction begin date, there may be an issue with your enrollment and you should not use the service. Contact the Employee Services – Benefits team immediately at 202.442.4090 or dcps.benefits@dc.gov to confirm your enrollment.
coverage. If you decide to use the service without making a payment through payroll deductions, you will be charged for the entire cost of the service.

Q. Is dental and optical coverage included with my health coverage?
A. Many of the health insurance plans include dental and/or optical discounts (see the Health Insurance Comparison chart on pages 8-9 for plan specifics). However, you are automatically enrolled in separate dental and optical plans (employee coverage only) through providers outside of your health insurance provider. This coverage is separate and distinct from what is provided through your health insurance plan. See the Explanation of Benefits – Dental and Optical above for more details, as well as information about how to enroll your dependents.

Q. What is the difference between in-network care and out-of-network care?
A. You should carefully weigh the pros and cons of utilizing services in-network v. out-of-network. If you elect to use out-of-network services, this allows you to see physicians of your choice, even if they are not part of the health provider’s network. However, you will be required to pay a deductible per year based on your coverage type, and co-payments for out-of-network office visits and services usually are higher. Usually there is no deductible or a significantly smaller deductible for in-network care.

Q. What is a primary care physician?
A. A primary care physician (PCP) is a physician with a concentration in Internal Medicine, Family Practice, or Pediatrics. In an HMO, all care must be coordinated through your PCP.

Q. Can I enroll in the health insurance plan at any time?
A. No, as a general rule you may enroll in the health insurance plan only during your first 31 days of employment and during the Benefits Open Enrollment period. However, if you have a qualifying life event, such as a marriage, divorce, adoption, or birth, you may enroll within 31 days of that qualifying life event.

Q. Are my dependents automatically dropped from my insurance once they become over age for coverage?
A. No, you are required to notify DCPS, in writing, when your dependents become over age. Until then, your coverage will continue at a family rate and no refunds will be issued.

Q. If my employment terminates, can I continue my health insurance coverage for my family and myself?
A. Yes, you may continue coverage under Temporary Continuation of Coverage (TCC) for you and your dependents for at least 18 months, provided you were previously covered. TCC also is known as COBRA.

Short/Long Term Disability Insurance

Q. Am I automatically enrolled in the short & long term disability plans?
A. No, participation in the plans is optional. You must enroll when first hired, during Benefits Open Enrollment, or within 60 days of a qualifying life event.

Q. Can I cancel short/long term disability at any time during the year?
A. No, you can only cancel during Benefits Open Enrollment, or within 60 days of a qualifying life event.

Q. How do I submit a short/long term disability claim?
A. To file a claim, contact the Standard Insurance Company at 800.426.4332.
Flexible Spending Accounts

Q. How do I know if either of the flexible spending accounts is right for me?
A. A flexible spending account may be right for you if you have medical expenses that are not covered by your health insurance plan, if you pay for a dependent care program, and/or you incur expenses to commute to work. You can elect up to $2,650 per year for healthcare expenses, up to $5,000 per year for dependent care expenses, and up to $3,120 per year for commuter expenses. The elected amounts are deducted from your paycheck in equal installments on a pre-tax basis.

Q. What types of expenses are considered eligible for the healthcare account?
A. A wide variety of items and services may be reimbursable. Examples of items include, but are not limited to: dental, optical, hearing services, medications, co-payments, medically-prescribed treatments, and smoking cessation programs. A detailed list of eligible expenses can be found online at www.BenefitResource.com.

Q. How do I access my FSA accounts with Benefits Resource, Inc.?
A. You can access your account(s) at any time through the Secure BRiWeb Participant Login at www.BenefitResource.com or through the BRiMobile App. To login, you will need the following:

- COMPANY CODE: dcgov
- LOGIN ID: your social security number
- PASSWORD: your home zip code

Q. What happens to the money in my account if I do not use it by the end of the calendar year?
A. Under IRS regulations, up to $500 will roll over to the next calendar year for your healthcare flexible spending account only. Note that rollover funds will be not available until after May 1st of the new plan year. However, you will forfeit any money in your dependent care account that is unused at the end of the calendar year; therefore, employees are encouraged to plan cautiously.

Q. Does my enrollment in FSA roll over each calendar year?
A. No, you will need to enroll in a FSA option during Benefits Open Enrollment for each year that you elect to participate.

Q. Can I change my deductions for a commuter account at any time?
A. Yes, pre-tax commuter accounts can be changed or cancelled at any time during the calendar year.

Q. How can I change the deductions for my commuter account?
A. To make changes to your FSA commuter account(s): Go to PeopleSoft > click on Benefits > select the FSA account of choice > click edit to update your plan.

Q. Does my enrollment in a commuter account roll over each year?
A. No, you will forfeit any money in your commuter account that is unused at the end of the calendar year, unless you re-enroll in a new plan for the coming year. Therefore, employees are encouraged to plan cautiously.

Life Insurance

Q. Can I add or increase my life insurance coverage during the Benefits Open Enrollment period?
2018 Employee Benefits

A. It depends. Opportunities to enroll in a life insurance option you previously declined, or to increase your life insurance amount, are strictly limited and typically are not offered during the Benefits Open Enrollment period. However, under rare circumstances, such as during the 2017 benefit year, we were able to offer employees the opportunity to enroll in or increase life insurance during Benefits Open Enrollment. Note that you can decrease your supplemental life insurance coverage at any time.

Q. Can I change my beneficiary designations at any time, or only during the Benefits Open Enrollment period?
A. Changes to beneficiaries can be made at any time. It is recommended that you review and update your beneficiary designations in Employee Self Service following life events (e.g., birth of child, marriage, divorce, etc.).

Q. Can I obtain life insurance coverage for my family members?
A. Yes, you may purchase optional life insurance to cover your spouse or children, but only during the Benefits Open Enrollment period for life insurance. However, if you have a qualifying life event including, but not limited to, marriage, divorce, adoption, or birth of a child, you may enroll within 60 days of that event.

Q. If I terminate employment, can I take my current life insurance coverage with me?
A. Yes, an employee can convert the group coverage policy into an individual whole life policy by completing a life insurance conversion form within 31 days of termination.

Supplemental Retirement Plans

Q. Can I enroll via PeopleSoft in the 457(b) deferred compensation plan and/or 403(b) tax shelter annuity plan?
A. Yes, you may elect a 457(b) and/or 403(b) plan benefit through PeopleSoft. However, you must contact a 457(b) or 403(b) vendor to finalize your enrollment in the plan and obtain your account information. It is recommended that you consult with one of the approved 457(b) and/or 403(b) representatives first. Approved vendor contact information can be found on pages 20-21.

Q. What is the benefit of contributing to a 403(b) plan?
A. When you contribute to a 403(b) plan, you do not pay income tax on allowable contributions until you begin making withdrawals from the 403(b) plan. Usually, this does not happen until you retire. In addition, as a convenience to you, allowable contributions to a 403(b) plan are deducted from your paychecks.

Q. How long does it take to be vested in my 403(b) plan?
A. You always are 100% vested in your 403(b) plan contributions.

Q. Can I take loans and/or withdrawals from my 403(b) plan?
A. Yes, you can take a tax-free loan from your 403(b) plan. However, defaulted loan amounts are taxed as ordinary income and may be subject to a 10% federal tax penalty if under age 59½. In addition to loans, you can take hardship withdrawals from your 403(b) plan. However, in the event of a hardship withdrawal, your payroll deductions will be stopped for a period of six months, per IRS regulations.

Q. How do I take out a loan or hardship withdrawal?
A. To take out a loan or hardship withdrawal, you must use Retirement Manager, which is a convenient, secure, web-based platform that allows employees to make transactions from their 403(b) account(s).
When employees sign into Retirement Manager, they can:

- Access their 403(b) plan and make transactions in a timely and convenient manner
- Apply for authorized distributions under the plan, like contract exchanges, authorized loans, hardships, and plan-to-plan transfers
- View current account balances and year to date contributions across multiple investment providers

To access Retirement Manager, employees should use the following URL address: https://www.myretirementmanager.com/MyRM/?dcps.

Q. Who is eligible to participate in the 457(b) plan?
A. All classifications of DCPS employees are eligible to participate in the 457(b) plan including:

- WAE
- Temporary
- Part-time (employees who work less than 20 per week)
- Substitute Teachers

Q. How long does it take to be vested in my 457(b) plan?
A. You are always 100% vested in your 457(b) plan contributions.

Q. When are you eligible to participate in the 457(b) plan?
A. You are eligible to participate in the 457(b) plan immediately upon employment.

Q. How do I enroll in the 457(b) plan?
A. Contact an ICMA-RC representative (“2018 APPROVED 401a, 457(b), and 403(b) VENDORS for DCPS EMPLOYEES” on page 20). After speaking with your ICMA-RC representative, you may enroll via PeopleSoft. To enroll: Go to the PeopleSoft homepage > Click on the Navigation bar in the top right corner (circle with diamond inside) > Navigator > Self-Service > Benefits > Benefits Events > click “457 Enrollment.”

Q. Can I take loans and/or withdrawals from my 457(b) plan?
A. You cannot take loans from your 457(b) plan. However, you can take hardship withdrawals, under certain conditions mandated by the IRS. As a general rule, a withdrawal while you are employed with DCPS is allowed only for an unforeseeable emergency that causes a severe financial hardship.