

Year 2021

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)

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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.

DEPENDENT	PLAN TYPE
Legally Married Spouse	Federal and District Plans
Domestic Partner <ul style="list-style-type: none"> - Common Law Spouse - Same-Sex Partner 	District Plan Only
Unmarried Children <ul style="list-style-type: none"> - Until reaching age 26 	Federal and District Plans
Disabled Adult Children Note: Child must have been disabled before age 22	Federal and District Plans

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.

When will my health coverage begin?

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.

When will I receive my benefits enrollment cards?

The provider mails health insurance cards approximately four to six weeks after the online application is processed.

If you have enrolled in a flexible spending account you will receive an enrollment card for the following plans:

Benefit Plan	Vendor	Website
Commuter – Transit/Parking	Benefit Resource, Inc. (BRI)	www.benefitresource.com
Healthcare	Benefit Resource, Inc. (BRI)	www.benefitresource.com
Health Savings Account (HSA)* for usage with AETNA CDHP only	PayFlex	www.payflex.com

When can I make changes to my existing benefits or add benefits?

Outside of the regular enrollment period, which is 30 days from the effective date of your employment with DCPS as noted in PeopleSoft, 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 who 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

If an employee does not make elections during the 60 days of a qualifying life event, they also have the option to enroll during Open Enrollment, which typically runs from mid-November to mid-December each year. When elections are made during Open Enrollment, the changes are effective the beginning of the first pay period of the following calendar year.

How can I carry my health insurance coverage into retirement?

In order to carry health insurance coverage into retirement, 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). This pertains to employees who are participants in the Civil Service and Teachers' Retirement Plans, as well as, those who have Federal health insurance benefits.

Healthcare Reform Update

The Affordable Care Act ("ACA," also known as "health care reform") was passed in 2010. This law extended access to medical coverage to nearly everyone in the U.S. and eliminated restrictions on key benefits. However, legislation passed in December 2017 stipulated that effective January 1, 2019 the ACA individual mandate penalty would be repealed. Going forward, this means that if you fail to enroll in benefits you will not be assessed a penalty by the U.S. Government.

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

2021 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/healthcare-insurance.

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, Carefirst and 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 and Carefirst

- 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) - Aetna

- 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 \$3,350 for Self, \$6,750 for Self+1, and \$6,750 for Family coverage (unused funds roll over into the following year and are portable)
- Employees cannot participate in both the CDHP and a healthcare flexible spending account
- Employees must enroll in the Health Savings Account (HSA) via PeopleSoft in order to receive this benefit
- The available funding is based upon the pay period deductions only. Please allow one to two weeks after the paycheck issuance date for the funding to be available for claim disbursement

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

12-Month Employee Health Benefit Plan Premium Rates

DC Employees Health Benefits (for employees hired on or after October 1, 1987)

The premium rates listed below are for the 2021 calendar year. This includes ET-15 teachers who work ten months of the year but are paid over 12 months. In the event the plan rates listed here do not match the provider's listed rates, always default to the rates listed with the provider.

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 Domestic Partner Family rate **AFTER-TAX**.

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP) [Aetna CDHP Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	HM1	\$ 35.21	\$ 76.29
Self + 1	HM2	\$ 69.21	\$ 149.96
Family	HM3	\$ 101.75	\$ 220.45

AETNA HMO [Aetna HMO Open Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	AH1	\$ 96.04	\$ 208.10
Self + 1	AH2	\$ 188.79	\$ 409.05
Family	AH3	\$ 277.54	\$ 601.34

AETNA PPO [Aetna PPO Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	AP1	\$ 92.17	\$ 199.71
Self + 1	AP2	\$ 181.19	\$ 392.58
Family	AP3	\$ 266.36	\$ 577.12

Carefirst HMO [Carefirst HMO Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only		\$ 86.60	\$ 187.64
Self + 1		\$ 170.61	\$ 369.65
Family		\$ 250.28	\$ 542.27

Carefirst PPO [Carefirst PPO Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only		\$ 97.80	\$ 211.90
Self + 1		\$ 186.80	\$ 404.72
Family		\$ 286.55	\$ 620.85

2021 Employee Benefits

KAISER PERMANENTE HMO [Kaiser Permanente Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	KP1	\$ 77.18	\$ 167.22
Self + 1	KP2	\$ 147.41	\$ 319.38
Family	KP3	\$ 226.12	\$ 489.93

UNITED HEALTHCARE CHOICE NATIONWIDE [UnitedHealthcare Choice Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 BI-WEEKLY PREMIUM	2021 MONTHLY PREMIUM
Self-Only	MD1	\$ 92.02	\$ 199.38
Self + 1	MD2	\$ 175.76	\$ 380.81
Family	MD3	\$ 269.62	\$ 584.17

AFSCME (10-Month) Health Benefits Plan Premium Rates

AETNA HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP) [Aetna CDHP Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	HM1	\$ 41.61	\$ 91.55
Self + 1	HM2	\$ 81.79	\$ 179.95
Family	HM3	\$ 120.25	\$ 264.55

AETNA HMO [Aetna HMO Open Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	AH1	\$ 113.50	\$ 227.00
Self + 1	AH2	\$ 223.11	\$ 446.23
Family	AH3	\$ 328.00	\$ 556.00

AETNA PPO [Aetna PPO Health Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	AP1	\$ 108.93	\$ 217.86
Self + 1	AP2	\$ 214.13	\$ 428.27
Family	AP3	\$ 314.79	\$ 629.58

Carefirst HMO [Carefirst HMO Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only		\$ 102.35	\$ 225.16
Self + 1		\$ 201.63	\$ 443.59
Family		\$ 295.79	\$ 650.73

Carefirst PPO [Carefirst PPO Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only		\$ 115.58	\$ 254.28
Self + 1		\$ 220.76	\$ 485.68
Family		\$ 338.65	\$ 745.03

KAISER PERMANENTE HMO [Kaiser Permanente Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	KP1	\$ 91.21	\$ 182.42
Self + 1	KP2	\$ 174.21	\$ 348.42
Family	KP3	\$ 267.23	\$ 534.47

UNITED HEALTHCARE CHOICE NATIONWIDE [UnitedHealthcare Choice Plan Summary](#)

TYPE	ENROLLMENT CODE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	MD1	\$ 108.75	\$ 217.50
Self + 1	MD2	\$ 207.72	\$ 415.43
Family	MD3	\$ 318.64	\$ 637.28

2021 Employee Benefits

2021 District of Columbia Employees Health Benefits (DCEHB)

DCEHB Health Provider Comparison Chart 2021

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

	Aetna Healthcare CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	United Healthcare Choice Nationwide
Calendar Year Deductible	\$1,300 self \$2,700 family	\$750 self \$1,500 family	NONE	NONE	NONE
Health Savings Account (HSA)	HSA applies only to Aetna Healthcare CDHP: 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.				
Out-of-Pocket Maximum (per calendar year)	\$3,425 self \$6,850 family	\$1,500 self \$3,000 family	\$3,500 self \$9,400 family	\$3,500 self \$9,400 family	\$3,500 self \$9,400 family
Primary Care Physician (PCP) Selection	Not Required	Not Required	Not Required	Required	Not Required
INPATIENT SERVICES:					
Inpatient Hospital	Covered at 85% after deductible	Covered at 85% after deductible	\$100 per admission	\$100 per admission	\$100 copay per inpatient stay
Hospice Care	Covered at 85% after deductible	Covered 100% after deductible	Covered 100%	NO CHARGE	NO CHARGE
Skilled Nursing Facility	N/A	N/A	\$100 per admission	\$100 per admission	\$100 copay per inpatient
OUTPATIENT SERVICES:					
Office Visits	Covered 85% after deductible	\$15 copay; deductible waived	\$10 copay	\$10/visit (Primary) \$20 (Specialist)	\$10/visit (Primary) \$20 (Specialist)
X-rays, Laboratory Test	Covered 85% after deductible	Covered 100% if part of an office visit	Covered 100%	NO CHARGE	NO CHARGE
Routine Exams	Covered 100% (deductible waived)	Covered 100%; deductible waived	Covered 100%	NO CHARGE	NO CHARGE
Routine Immunizations	Covered 100% (deductible waived)	Covered 100%; deductible waived	Covered 100%	NO CHARGE	NO CHARGE
Preventive Care	Covered 100% (deductible waived)	Covered 100%; deductible waived	Covered 100%	NO CHARGE	NO CHARGE
Outpatient Surgery (at a plan Facility)	Covered 85% after deductible	Covered 100% after deductible	\$50 per copay	\$50 visit	\$50 copay per date of service
Short-Term Rehabilitation (physical, occupational or speech)	Covered 85% after deductible	15% after deductible	\$20 copay	\$20 visit	\$20 copay per outpatient visit
Chiropractic Care	85% coinsurance after deductible, 20 visits	Covered 85% after deductible, no limits	Covered 85% after deductible, 20 visits	\$20 visit	Limitations may apply
Acupuncture	NOT COVERED	NOT COVERED	NOT COVERED	\$20 visit	Limitations may apply
Home Health Care	Covered 85% after deductible	Covered 100% after deductible	Covered 100%	NO CHARGE	NO CHARGE
EMERGENCY SERVICES:					
Emergency Room Services and Supplies	Covered 85% after deductible	\$100 copay, waived if admitted	\$100 copay	\$50 visit	\$100 visit
Ambulance	Covered 85% after deductible	Covered 100%, deductible waived	Covered 100%	NO CHARGE	NO CHARGE
MATERNITY CARE:					
Office Visits (for mother)	Covered 85% after deductible	\$30 copay	\$20 copay for physician maternity	NO CHARGE	No charge after diagnosis
Hospital (for mother)	Covered 15% after deductible	Covered 85% after deductible	\$100 per stay copay for facility services	\$100 per admission	\$100 copay per inpatient stay
Office Visits (for baby)	Covered 85% after deductible	Covered 100% after deductible	Covered 100%, deductible waived	NO CHARGE	\$10 copay

2021 Employee Benefits

	Aetna Healthcare CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	United Healthcare Choice Nationwide
MEDICAL EQUIPMENT:					
Durable Medical Equipment	Covered 85% after deductible	Covered 80% after deductible	50%	50% coinsurance	50% coinsurance
MENTAL HEALTH:					
Inpatient Care	Covered 85% after deductible	Covered 100% after deductible	\$100 per admission copay	\$100 per admission	\$100 copay per inpatient stay
Outpatient Care	Covered 85% after deductible	\$15 copay, deductible waived	\$10 per visit	Individual: \$10 per visit Group: \$5 per visit	\$10 copay per visit
SUBSTANCE ABUSE:					
Inpatient Care	Covered 85% after deductible	Covered 85% after deductible	\$100 per admission	\$100 per admission	\$100 copay per inpatient stay
Outpatient Care	Covered 85% after deductible	\$15 copay; deductible waived	\$10 per visit	Individual: \$10 per visit Group: \$5 per visit	\$10 copay per visit
PRESCRIPTION DRUGS:					
Generic	\$10 copay Mail order: \$20 copay	\$20 copay Mail order: \$40 copay	\$20 copay Mail order: \$8 copay	Plan pharmacy: \$10 Participating pharmacy: \$20 Mail order: \$8 copay	Retail: \$20 Mail order: \$16 copay
Preferred Brand Drugs	\$30 copay Mail order: \$60 copay	\$40 copay Mail order: \$80 copay	\$40 copay Mail order: \$18 copay	Plan pharmacy: \$20 Participating pharmacy: \$40 Mail order: \$18 copay	Retail: \$40 Mail order: \$36 copay
Non-Preferred Brand Drugs	\$60 copay Mail order: \$120 copay	\$55 copay Mail order: \$110 copay	\$55 copay Mail order: \$33 copay	Plan pharmacy: \$35 Participating pharmacy: \$55 Mail order: \$33 copay	Retail: \$55 Mail order: \$66 copay

	BCBS PPO	BCBS HMO
Calendar Year Deductible	In network \$750 self In network \$1,500 family Out of network Individual \$1500 Family out of network \$3000	None
Out-of-Pocket Maximum (per calendar year)	In Network \$1,500 Individual/\$3,000 Family Out of network \$3,000 Individual/\$6,000 Family	\$3,500 Individual/\$9,400 Family
Primary Care Physician (PCP) Selection	unknown	-----
INPATIENT SERVICES:		
Inpatient Hospital	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$100 per admission
Hospice Care	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	No charge
Skilled Nursing Facility	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$100 per admission
OUTPATIENT SERVICES:		
Office Visits	\$15 per visit Out-of-network Deductible, then 25% of Allowed Benefit	\$10 PCP/\$20 Specialist per visit
X-rays, Laboratory Test	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	No charge
Routine Exams	Covered 100% (deductible waived) Out of net work 25% of Allowed Benefit	Covered 100%
Routine Immunizations	Covered 100% (deductible waived) Out of network 25% of Allowed Benefit	Covered 100%

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Preventive Care	Covered 100% (deductible waived) Out of network 25% of Allowed Benefit	No charge
Outpatient physician services	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	No charge
Short-Term Rehabilitation (physical, occupational or speech therapy)	Deductible, then 15% of Allowed Benefit	\$10 per visit
Chiropractic Care	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$10 per visit
Acupuncture	NOT COVERED	Not covered
Home Health Care	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	No charge
EMERGENCY SERVICES:		
Emergency Room Services and Supplies	\$100 per visit (waived if admitted)	\$100 per visit, waived if admitted
Urgent Care	\$25 per visit Out of network deductible than 25%	\$20 per visit
Ambulance	No charge	No charge
MATERNITY CARE:		
Office Visits Preventive Prenatal and Postnatal Office Visits	No Charge	No Charge
Delivery and Facility Services	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$100 per admission
Artificial and Intrauterine Insemination (limited to six (6) attempts per live birth)	Deductible, then 50% of Allowed Benefit Out-of-network not covered	\$20 per visit
Assisted Reproductive Technology ⁷ (limited to three (3) attempts per live birth; and a lifetime maximum benefit of \$100,000)	Deductible, then 50% of Allowed Benefit Out-of-network not covered	IVF not covered
Durable Medical Equipment	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	50% of Allowed Benefit
MENTAL HEALTH:		
Inpatient Facility services/physician Services	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$100 per admission/No charge
Outpatient facility services/physician services	No Charge	No charge
SUBSTANCE ABUSE:		
Inpatient Facility services/physician Services	In-network Deductible, then 15% of Allowed Benefit Out-of-network Deductible, then 25% of Allowed Benefit	\$100 per admission/No charge
Outpatient Care	No charge	No charge/No charge

2021 Employee Benefits

PRESCRIPTION DRUGS:

\$5,100 Individual/\$10,200 Family

Combined with in-network medical out-of-pocket maximum

NEED MORE INFORMATION?

Health plan benefit summaries can be found on the DCPS website (www.dcps.dc.gov) by clicking the [following links](#): About DCPS > Human Resources > Benefits > Health Benefits > Health Insurance Plan Summaries.

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 eligible family members.**

CIGNA DHMO (DENTAL) [Cigna Dental HMO Patient Charge Schedule](#)

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

TYPE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	\$ 0	\$ 0
Self + 1	\$ 0	\$ 0
Family	\$ 0	\$ 0

CIGNA PPO (DENTAL) [Cigna Dental PPO Benefit Summary](#)

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.

TYPE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	\$ 21.19	\$ 58.90
Self + 1	\$ 38.58	\$ 83.59
Family	\$ 50.03	\$ 108.30

QUALITY PLAN ADMINISTRATORS (OPTICAL) [Vision Summary Plan Description](#)

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.

TYPE	2021 PREMIUM BI-WEEKLY	2021 PREMIUM MONTHLY
Self-Only	\$ 0	\$ 0
Self + 1	\$ 0	\$ 0
Family	\$ 0	\$ 0

NEED MORE INFORMATION?

Dental and optical plan benefit summaries can be found on the DCPS website (www.dcps.dc.gov) by [clicking the following links](#): About DCPS > Human Resources > Benefits > Health Benefits > Dental and Optical Benefits.

Explanation of Benefits Offered – Life Insurance

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.

Under normal circumstances, you can enroll in basic life insurance only during your new hire enrollment period or with a qualifying life event. If you wish to enroll in basic life insurance during Benefits Open Enrollment, you must undergo a medical review. Please contact the DCPS Benefits team at dcps.benefits@k12.dc.gov or 202.442.4090 for more information.

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

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

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

In order to carry newly-elected life insurance coverage into retirement, the 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

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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

2021 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

\$ 0.065 per \$1,000 of coverage

\$ 0.0455 per \$1,000 is the employee's share

\$ 0.0195 per \$1,000 is the District's share

Sample Bi-Weekly Cost

Annual Salary: \$39,452

$40,000 + 2,000 = 42,000 \times (\$0.065/1000) =$
\$2.73

Option A – Standard \$10,000 coverage

AGE	BI-WEEKLY PREMIUM RATE
Under 35	\$ 0.35
35 – 39	\$ 0.42
40 – 44	\$ 0.57
45 – 49	\$ 0.92
50 – 54	\$ 1.49
55 – 59	\$ 3.00
60+	\$ 4.52

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

$(40,000/10,000) \times 0.57 =$ **\$2.28**

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

Bi-weekly premium per \$1,000 of coverage

AGE	BI-WEEKLY PREMIUM RATE
Under 35	\$ 0.027
35 – 39	\$ 0.035
40 – 44	\$ 0.051
45 – 49	\$ 0.088
50 – 54	\$ 0.149
55 – 59	\$ 0.310
60+	\$ 0.473

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

$(0.051/1000) \times 5 \times 40,000 =$ **\$10.20**

Option C – Family Coverage

Bi-weekly premium for family unit

Option	Age <45	Age 45-54	Age 55+
\$10,000 spouse life & \$10,000/child life	\$0.77	\$1.46	\$3.53
\$25,000 spouse life & \$10,000/child life	\$1.50	\$3.22	\$8.39
\$50,000 spouse life & \$10,000/child life	\$2.69	\$6.14	\$16.46

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, provided by [The Standard](#), 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 your 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, also provided by The Standard, 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

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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 marital status or whether a student.

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

AFLAC Enrollment Information

Website: https://enrollment.aflac.com/AccountSites/D_F/DCGov/Stateselectionpage.aspx
Customer Service: 202.379.4755

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 Short-Term Counseling, Elder Care Resources, Adoption Services, Finances, Parental Service, Wellness, and other daily living topics.

For more information, visit 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 Health Care and Dependent Care **FSA plans can only be added during Benefits Open Enrollment, new hire enrollment, or 31 days from a qualifying life event.**

Benefit Resource, Inc. issues all enrolled participants a Beniversal MasterCard to directly access funds saved through pre-tax spending account deductions. The Beniversal 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 SmarTrip® cards.

Dependent care must be paid for up front and a reimbursement claim must be submitted. If the claim is approved a reimbursement check will be issued for claims filed for eligible dependent care expenses.

Benefits of FSAs	FSAs – Important Information
Flexible spending accounts (FSAs) can help reduce your taxes and increase your take-home pay.	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.
On average, people save 23% in taxes by paying their out-of-pocket healthcare and childcare 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: <ul style="list-style-type: none"> •15% tax bracket can save up to 22.65% •27% tax bracket can save up to 34.65% 	If you do <u>not</u> use all of the money that you deposit into your <u>healthcare</u> flexible spending account by December 31 of the plan year, up to \$550 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 forfeiting rules may be applicable per the rules in the table above.
For additional information regarding Benefit Resource, Inc., visit www.BenefitResource.com	

Healthcare

- Employees can set aside up to \$2,750 annually for eligible healthcare expenses.
- Up to \$550 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).
- Rollover funds up to \$550 will be available by May of the following year.

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.
- All unused money will be forfeited.
- Eligible dependents include:
 - o Dependents under age 13 who can be claimed as exemptions on your federal income tax return.
 - o 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:
 - o You determine the per paycheck deduction, up to the IRS monthly maximum (\$270 per plan).
 - o Expenses must be incurred when commuting between work and the employee's residence.
 - o Provides the opportunity to pay for these expenses with earnings that have not been taxed.
 - o 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:
 - o You determine the per paycheck deduction, up to the IRS monthly maximum (\$270 per plan).
 - o Can be used for parking provided to an employee on or near the business premises of the employer.
 - o Includes commutes by carpool, commuter highway vehicle, and mass transit facilities.
 - o Includes parking at locations where the employer provides parking on premises it owns or leases.
 - o 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 options to enroll, disenroll, increase, or decrease the annual elections amount only apply to the commuter transit and commuter parking flexible spending accounts.

To make changes to your FSA commuter account(s): Go to PeopleSoft > click on Benefits > click on Benefits Events > Commuter Benefits > Benefits Enrollment > 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 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 or through the downloadable BRiMobile App.

To login to your BRI account, you will need the following log-in information:

- **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.

YEARS OF CREDITABLE SERVICE	VESTED PERCENTAGE
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

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 <https://www.opm.gov/retirement-services/>.

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 2021, employees may defer up to \$19,500. 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 \$6,500 (employee reaches age 50 or older before the end of the calendar year total of \$26,000).
- Pre-retirement catch-up limit is \$39,000 (three years prior to the year the employee reaches normal retirement age).

Employees Hired after Spring 2019: Manual Enrollment

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 > select Benefits Events > click on 457 Enrollment > click edit to update your deductions.

Employees Hired on or after July 7, 2019: Automatic Enrollment

Please Note: Effective July 7, 2019, newly hired employees and rehired employees (with a break in service of three workdays or more) **who are eligible to participate in the 457(b) Plan will be automatically enrolled as participants.** You will automatically have five percent (5%) of your annual base salary contributed to the Plan as pre-tax contributions each pay period, until you elect to defer a different amount (including \$0.00) or a different percentage amount of your base salary, or cease participation in the plan. Your contributions are not subject to federal income tax until they are withdrawn from the account.

- [Automatic Enrollment](#)
- [Opting Out of Automatic Enrollment](#)
- [Changing Contribution Percentage Rate or Amount](#)
- [Contribution Refunds](#)

Opting Out of Automatic Enrollment

If you wish to not participate in the 457(b) Plan, you may opt-out within the first 30 days of employment. **To opt-out of automatic enrollment**, please access PeopleSoft at <http://ess.dc.gov> and set your contribution deferral rate to zero. This will ensure no future contributions will be withheld from your compensation. If you elect to opt-out of the plan within the first 30 days of your employment but contributions have already been

made to the Plan on your behalf, you may request a refund. If you would like to remain in the plan, you can choose to contribute a different amount to meet your retirement needs.

Changing Contribution Percentage Rate or Amount

Prior to or after your contributions have begun, you may elect to increase your contributions above the automatic 5% rate, decrease your contributions below the automatic 5% rate, or stop contributions to the plan. By taking any of these steps you will no longer have 5% of your annual base salary automatically contributed to the plan. **To stop or change the contributions to the plan**, please review the [How to Change Your 457\(b\) Plan Contribution Guide](#). You may also contact the DCPS Benefits team at dcps.benefits@k12.dc.gov or 202.442.4090. You can only request a refund of your contributions if you opt out of the plan (i.e., stop your contributions) within the first 30 days of your employment.

Contribution Refunds

If you elect to opt out of automatic enrollment within the first 30 days of your employment, you can request a refund of any contributions made to your account within that period. If you do not opt out within the first 30 days of your employment, you cannot receive a refund. Refunds will be adjusted for any earnings or losses at market value. Any amounts refunded to you within this 30-day period are taxable to you in the year in which such amounts are distributed to you. Any funds remaining in the Plan after the 30-day opt-out period will be subject to the plan's normal distribution rules. **To request a refund of contributions**, please contact the DCPS Benefits team at dcps.benefits@k12.dc.gov or 202.442.4090. You may also contact ICMA-RC at 1.800.669.7400.

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 2021, eligible employees may defer up to \$19,500. Eligible employees over age 50 may contribute an additional \$6,500 into a TSA. No taxes are paid on the contributions or earnings until the employee withdraws the funds.

Please note that there are annual fees associated with the 403b accounts as well as surrender fees when employees are seeking to move their funds. Please ensure that you inquire with the respective vendors on these fees prior to signing up.

Universal Availability: Generally, all benefits-eligible employees are eligible to participate in the 403b plan.

However, certain employees may be excluded, including:

- Employees who normally work less than 20 hours per week*
- Students performing services described in IRC 3121(b)(10)*
- Non-resident aliens described in IRC 410(b)(3)(C)
- Employees who are eligible to make elective deferrals under another 401(k), 403(b) or 457(b) plan sponsored by the same employer.

If there are questions concerning eligibility, please contact dcps.retirement@k12.dc.gov.

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. Once you and your representative have determined your monthly payroll deduction, you must notify DCPS of your payroll contribution (bi-weekly deduction) by sending us a Salary Reduction Agreement (SRA) to dcps.retirement@k12.dc.gov or 202.535.2112 (fax). **DCPS will not accept SRAs directly from the 403(b) investment providers.**

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.

2021 APPROVED 401a, 457(b), and 403(b) VENDORS for DCPS EMPLOYEES

Vendor	Name	Phone #	Email address
AXA Equitable	John Anderson	703.207.2790 / 202.577.1577 Cell	janderson@tpsfinancial.com
	Mark Toia	703.205.0346 / 323.841.2007 Cell	mark.toia@axa-advisors.com
	Steven (Tyler) Tisdell	703.205.0368 / 609.221.3058 Cell	steven.tisdell@axa-advisors.com

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	Christopher Regan	703.205.0310 / 540.905.1823 Cell	christopher.regan@axa-advisors.com
	Danielle Byrd Thompson	703.205.0354 / 313.530.3492 Cell	danielle.byrd@axa-advisors.com
	Berhane Kassahun	301.354.3821 / 202.320.6923 Cell	bkassahun@metlife.com
Holistic Planners	Demetrius Felder	202.808.8289 / 240.508.2169 Cell	d.felder@holisticplanners.com
VOYA Financial	Keith Serrano	301.292.2423 / 240.605.6917 Cell	keithmserrano@voyafa.com
	Bruce Rome	703.449.2916 / 301.980.9949 Cell	bruce.rome@voyafa.com
	Jennifer Holmes	703.449.2953	Jennifer.Holmes@voyafa.com
	Chima Amadi	240.486.3126	camadi@voyafa.com
Lincoln Investments	Sarah Burton	301.750.2665	Sarah.Burton@lfg.com
MetLife (Travelers)	Iris LaVigne	703.821.5410 / 703.597.5625 Cell	ilavigne@metlife.com
	Jomo Hlton	703.336.1219 / 703.953.6091 Cell	jhylton@financialguide.com
New York Life	Melanie White Terry	410.740.4719 / 202.422.1079 Cell	mwhite@ft.newyorklife.com
	Yaba Baker	301.214.6600 / 202.359.1938 Cell	ykbaker@nyl.com
	Joyce Swinson	301.980.9694	jgswinson@ft.newyorklife.com
Valic	Larry Perez	240.459.5153 Cell	larry.perez@valic.com
	Amanda Maggio	800.892.5558 ext. 88399 703.663.6709 Cell	amanda.maggio@valic.com
	Peter A. Ramig	800.892.5558 ext. 88128 503.757.3147 Cell	peter.ramig@valic.com
ICMA-RC (457(b))	Customer Service	800.669.7400	service@DCretire.com

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 benefits addendum.

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 four hours per pay period
- 3-15 years of service earn six hours per pay period
- 16+ years of service earn eight 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. Under normal circumstances, any unused Annual Leave above the 240-hour maximum will be forfeited if not used. Then, under certain conditions, employees can request “leave restoration” in order to retain leave hours for use in the following leave year.

For calendar year 2020, however, the D.C. Department of Human Resources (DCHR) has modified policies relating to “use or lose” annual leave. While employees with an excess of 240 hours would normally forfeit those unused hours at the end of the calendar year, due to the extreme circumstances of the current public health emergency, employees with annual leave hours in excess of 240 at the end of the 2020 calendar year will see that leave restored into a separate leave bank for use in 2021 and 2022. All 2020 restored leave will need to be used before it expires in January 2023.

For more information, visit the DCPS website (www.dcps.dc.gov).

Explanation of Benefits Offered -- Leave of Absence

Federal Family and Medical Leave

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/adoption/placement 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 and must have worked at least 1,250 hours (Federal FMLA). Please note that agency employees who share the same qualifying event must share leave entitlement.

DC Family & Medical Leave

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 Protected Leave Period 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 Protected Leave Period 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 and an expected date of return.

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/adoption/placement of a child or to care for a family member with a serious health condition. Paid Family Leave expires a year from the qualifying event date and runs concurrently with FMLA. It is not transferable and can be used for the care of only one family member.

Also note that under COVID sick leave, district government employees who qualify may be approved once for up to two weeks of COVID sick leave for the following reasons:

- Quarantines or isolates pursuant to a District, federal, or state order relating to COVID-19;
- Quarantines pursuant to advisement from a health care provider relating to COVID-19;
- Is seeking a medical diagnosis relating to symptoms consistent with COVID-19;
- Is caring for an individual who is subject to a District, federal, or state quarantine or isolation order or advised to self-quarantine by a health care provider, relating to COVID-19;
- Is caring for a child under the age of 18 years (or an adult child who is 18 years of age or older and who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability) because his or her child's school or childcare provider is unavailable due to the COVID-19 emergency; or
- Is experiencing substantially similar circumstances as established by the Secretary of the United States Department of Health and Human Services.

Educational Leave of Absence

An educational leave of absence allows employees in AFSCME and WTU positions up to two years of unpaid time off of work depending upon the union contractual timeframe 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. If approved, 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. If approved, 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.

Explanation of Benefits Offered – Additional Benefits

DPR Fitness Center

The 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: DCGOVBKES.
4. You will then be asked to enter your DC Government email address (@k12.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

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- 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.

DC Teachers' 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.

Landed

On October 30, 2019, DC Mayor Muriel Bowser and DC Public Schools (DCPS) Chancellor Lewis D. Ferebee announced a partnership with Landed, a financial services company bringing new homeownership options to K-12 educators, staff, and administrators in DC. Landed offers down payment support and homebuyer education programs aimed at helping our employees afford to buy homes.

Landed, an organization that provides down payment support and home buying resources to employees at a variety of schools and colleges, has expanded into the east coast market! This benefit can aid DC Public Schools' employees with finding affordable housing within a reasonable commuting distance to our schools and offices. Landed's down payment program provides half of the down payment on a home, up to \$120,000 per home, in exchange for a share in gain (or loss, if any) of the value of the home once it is sold or refinanced.

This program is open to all educators, staff, and administrators who have worked for DCPS or another K-12 institution for at least two years prior to making a home purchase in Washington, DC. Please contact Landed's team to both apply and learn more about this benefit, at www.landed.com/signup.

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 Onboarding team will send an email to your **k12.dc.gov** email that will include your user id and password on average within 7-10 business days of your effective date of hire.

Q. Why does it say I have waived my benefits elections and I have never previously used PeopleSoft?

A. The default selection in PeopleSoft is “waived.”

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@k12.dc.gov. See below a sample of the confirmation email you will receive –

From: "hcmprd@dc.gov" <hcmprd@dc.gov>

Date: Wednesday, March 25, 2020 at 1:04 PM

To: Employee (DCPS)" <Employee@k12.dc.gov>

Cc: "Benefits, DCHR (DCHR)" <dchr.benefits@dc.gov>

Subject: Benefits Enrollment Summary - Employee (00012345)

A change has been processed using your DC Government PeopleSoft Self Service account. If you did not make these online changes,

please contact your HR Department or phone the help desk at 727-8700, Monday – Friday, between the hours of 8am and 6pm.

Benefits elections for coverage and deductions are effective the first day of the pay period following a completed enrollment. For the birth or adoption of child the coverage is effective the date of birth/adoption and the deduction will begin on the 1st day of the pay period of the pay period the child is born or adopted.

If you do not enroll during the 31-day enrollment period, you may enroll or modify elections a) during the next annual Open Enrollment period, or b) when

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there is a change in family status (Qualified Life Event) during the plan year. The annual open enrollment period usually occurs each November/December and the elections take effect on the following January 1 for UDC and the first full pay period in January for all other pay groups.

Please retain a copy of the Benefits Enrollment Summary confirmation for your records.

If you have signed up for the DPR Fitness Center Deduction click here for instructions:

<http://dchr.dc.gov/page/departments-parks-and-recreation-fitness-center-deduction>

Dear Employee (00012345):

The following is your Benefits Enrollment Summary:

Benefit Plan : **Employees Health Benefits**

New: Healthcare HMO-DC Before Tx

Coverage: Self

After Tax Amount is \$0.00

Before Tax Amount is \$000.00

Benefit Plan : **Dental**

New: Cigna Dental HMO

Coverage: Self

After Tax Amount is \$0.00

Before Tax Amount is \$0.00

Benefit Plan : **Vision**

New: Quality Plan Admin

Coverage: Self

After Tax Amount is \$0.00

Before Tax Amount is \$0.00

Benefit Plan : **Domestic Partner Dental**

New: Waive

Coverage:

After Tax Amount is \$0.00

Before Tax Amount is \$0.00

Benefit Plan : **Domestic Partner Vision**

New: Waive

Coverage:

After Tax Amount is \$0.00

Before Tax Amount is \$0.00

Benefit Plan : **AFLAC - Supplemental Insurance**

New: Waive

Coverage:

After Tax Amount is \$0.00

Before Tax Amount is \$0.00

Benefit Plan : **Basic Life**

New: Waive

Coverage:

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After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Option B - Additional**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Option C - Family**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Option A - Standard**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Short-Term Disability**

New: STD - Waive
Coverage: 66.66% of Salary
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Long-Term Disability**

New: LTD - Waive
Coverage: 66.66% of Salary
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Tax Sheltered Annuity**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Section 457**

New: Waive
Coverage:
After Tax Amount is \$000.00
Before Tax Amount is \$0.00

Benefit Plan : **Flex Spending Health - U.S.**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Flex Spending Dependent Care**

New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Health Savings Account**

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New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Transit FSA**
New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$0.00

Benefit Plan : **Parking FSA**
New: Waive
Coverage:
After Tax Amount is \$0.00
Before Tax Amount is \$15.38

Summarized estimated costs for your new benefit choices.

Your Total Before Tax Amount is \$000.00
Your Total After Tax Amount is \$000.00
Your Total Amount is \$000.00

These costs do not include certain choices that are based on variable earnings. If you wish to change your elections you may do so while the event is still available.

If you have any questions, please contact the Benefits Office at 442-4700. If you are a DCPS employee, please contact 442-4090.

Sincerely,
DC Department of Human Resources (DCHR)

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. Please review the 2021 Pay Schedule for guidance.

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

DCPS Office	Email/ Why Contact	Phone Number	Fax Number
Employee Services	Benefits: dcps.benefits@k12.dc.gov Leave of Absence: dcps.loa@k12.dc.gov Retirement: dcps.retirement@k12.dc.gov	202.442.4090 Benefits/LOA: opt. #1 Retirement: opt. #5	Benefits: 202.442.5317 Retirement: 202.535.2112
Payroll Office	Paycheck errors, leave errors	202.442.5300	202.442.5306
PeopleSoft User ID and Password	Onboarding: dcps.onboarding@k12.dc.gov	202.442.4090 opt. #2	N/A
PeopleSoft Password Resets	HR Processing: dcps.pschangerequest@k12.dc.gov	N/A	N/A
IT Help Desk	Email login issues, lost passwords	202.442.5715	N/A

Union Contacts

Union Name	Phone Number
Washington Teachers' Union (WTU)	202.293.8600
Council of School Officers (CSO)	202.526.4700
American Federation of State, County and Municipal Employees (AFSCME) Local 2921 and Local 2401	202.234.6506
Teamsters	202.636.8170
American Federation of Government Employees (AFGE) Local 1403	202.737.8700

Health Benefits

Provider	Website	Member Services Contact	Group ID Number
Aetna Healthcare	www.aetna.com	888.238.6258	172614

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Kaiser Permanente	www.healthy.kaiserpermanente.org	301.468.6000	7029
Carefirst BCBS	https://www.carefirst.com/dcgov/	833-556-3163	PPO 5802833-DC10 HMO 5802837-DC10
United Healthcare	www.myuhc.com	866.633.2446	712971

Dental & Optical Plans

Provider	Website	Member Services Contact	Group ID Number
Cigna Dental Health	www.cigna.com	1.800.367.1037	2466814
Quality Plan Administrators	www.qualityplanadmin.com	202.722.2744 or 1.800.900.4112	100

Life Insurance

Provider	Website	Group ID number
The Standard	www.standard.com/mybenefits/dc	641332-B

Additional Benefits

Benefit Type	Administrator	Website	Phone Number
Flexible Spending Accounts: Healthcare, Dependent, and Commuter Transit/Parking	Benefit Resource, Inc.	www.BenefitResource.com	800.473.9595
Short Term/Long Term Disability	The Standard	www.standard.com/mybenefits/dc	800.426.4332
AFLAC Indemnity Plans	AFLAC	https://enrollment.aflac.com/AccountSites/D_F/DCGov/Stateselectionpage.aspx	202.379.4755
Travel Assistance	FrontierMEDEX (Group #9061)	www.medexassist.com/standard/standard1.aspx	800.527.0218
Employee Assistance Program	Inova	www.inova.org/eap	800-346-0110

Frequently Asked Questions

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 2021 are as follows:

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

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@k12.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 Provider Comparison Chart](#) 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 26 years old for coverage?

A. No, you are required to notify DCPS, in writing, when your dependents become 26. 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. Please note there are separate forms for TCC Elections for federal and district continued coverage.

Short/Long Term Disability Insurance

Q. Am I automatically enrolled in the short and long term disability plans?

A. No, participation in the plans is optional. You must enroll when first hired, during Benefits Open Enrollment, or within 31 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 31 days of a qualifying life event, if you have not filed a claim.

Q. How do I submit a short/long term disability claim?

A. To file a claim, contact The Standard 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 \$2,700 per year for healthcare expenses, up to \$5,000 per year (single parent or married and filing taxes jointly) or \$2,500 per person if married and filing taxes separately, for dependent care expenses and up to \$3,180 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 Benefit 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 not be available until after May 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 > Benefit Events > Commuter Benefits > Benefits Enrollment > 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?

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, we have been 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 30 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. You must consult with one of the approved 457(b) and/or 403(b) representatives first. Approved vendor contact information can be found on the [Approved 403\(b\) and 457\(b\) Vendor List](#).

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.

Q. How do I take out a loan or hardship withdrawal from my 403(b) plan?

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**, 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. If you fall into one of the categories outlined above, you are eligible to participate in the 457(b) plan immediately upon employment.

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.