

September 2016

**To: FCPS Employees/Retirees Eligible for Health Benefits**

**From: Office of Benefit Services**

**Re: Important Information Regarding Your Benefits**

It is that time of year! FCPS' Open Enrollment (OE) for 2017 will begin October 11<sup>th</sup> and continue until November 11<sup>th</sup>. This is the first of several OE communications and contains two major components:

- Pre-open enrollment benefits statement, which lists your projected plan enrollment for calendar year 2017, and
- Required legal notices describing protections that apply to your FCPS-sponsored health benefits.

**Please review these materials carefully, and take action during open enrollment if you wish to make changes.** More information regarding open enrollment and changes for 2017 will be distributed in the coming days.

Choosing health coverage is an important decision. To help you make informed choices, each health vendor provides a number of resources to assist you with understanding the benefits and coverage available under the plans. Links to these resources can be found at [www.fcps.edu](http://www.fcps.edu) (search keyword "Open Enrollment"). You may also contact the Human Resources (HR) Client Service Center either via email at [HRConnection@fcps.edu](mailto:HRConnection@fcps.edu) or via phone at 571-423-3000.

Also, please note that in compliance with the Affordable Care Act, Language Assistance Services are available for participants who need assistance understanding provisions of their health plan. The reverse side of this letter provides instructions in multiple languages on how to obtain assistance.

Regards,

FCPS Office of Benefit Services

## Language Assistance Services

### ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 571-423-3200.

### AMHARIC (አማርኛ)

አዳምጥ : አማርኛ, ከክፍያ ነፃ የቋንቋ እርዳታ አገልግሎቶች, የሚናገሩ ከሆነ, ለእርስዎ የሚገኙ ናቸው . 571-423-3200 ይደውሉ .

### ARABIC (العربية)

تنبيه: إذا كنت تتكلم العربية ، وخدمات المساعدة اللغوية ، مجانا ، تتوفر لك . قم لك 3200-423-571 .

### BENGALI (বাংলা)

দৃষ্টি আকর্ষণ: আপনি বাংলা , ভাষা সহায়তা সেবা, নিখরচা কথা বলতে পারেন, আপনার জন্য উপলব্ধ . 571-423-3200 কল .

### CHINESE (繁體中文)

注意 : 如果你说中国话 , 语言协助服务 , 免费的 , 都可以给你 . 拨打571-423-3200 .

### FRENCH (Français)

ATTENTION : Si vous parlez français , les services d'assistance de langues, gratuitement , sont à votre disposition. Appelez 571-423-3200 .

### GERMAN (Deutsch)

ACHTUNG: Wenn Sie Deutsch sprechen , Sprachassistentendienste sind kostenlos, zur Verfügung. Rufen Sie 571-423-3200 .

### HINDI (हिंदी)

ध्यान दें: आप हिंदी , भाषा सहायता सेवाओं, नि: शुल्क बोलते हैं, तो आप के लिए उपलब्ध हैं । 571-423-3200 बुलाओ।

### IBO (Igbo asusu)

Ntị : Ọ bụrụ na ị na-ekwu okwu n'ala Igbo , asụsụ aka ọrụ , n'efu , dị ka gị. Akpọ 571-423-3200 .

### KOREAN (한국어)

주의 : 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 571-423-3200 를 호출합니다.

### KRU (Bàsòò-wùdù-po-nyò)

Dè dẹ nìà kẹ dyédé gbo: Ọ jù kẹ m̀ Bàsòò-wùdù-po-nyò jù ní, níí, à wuḍu kà kò dọ po-poò béin m̀ gbo kpáa. Dá 571-423-3200.

### PERSIAN FARSI (فارسی)

توجه: اگر شما فارسی صحبت می کنید ، خدمات کمک زبان رایگان در دسترس شما هستند . پاسخ 3200-423-571 .

### RUSSIAN (Русский)

ВНИМАНИЕ : Если вы говорите России , переводческие услуги , бесплатно , доступны для вас . Звоните 571-423-3200 .

### SPANISH (Español)

ATENCIÓN : Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame a 571-423-3200.

### TAGALOG (Tagalog)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 571-423-3200.

### URDU (اُردو)

توجه: اگر آپ اردو بولتے ہیں تو ، مفت زبان کی مدد کی خدمات آپ کو دستیاب ہیں . 3200-423-571 پر کال کریں .

### VIETNAMESE (Tiếng Việt)

Chú ý : Nếu bạn nói tiếng Việt , các dịch vụ hỗ trợ ngôn ngữ , miễn phí, có sẵn cho bạn . Gọi 571-423-3200 .

### YORUBA (èdè Yorùbá)

AKIYESI: Bi o ba nsọ èdè Yorùbá ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 571-423-3000.

## FCPS Group Health Plans' Commitment to Privacy

### Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective Date: April 14, 2003 / Amended Date: April 18, 2005 / July 13, 2012 / May 21, 2013 / August 30, 2013 / February 25, 2015

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

Fairfax County Public Schools (FCPS) Group Health Plan (the "Plan" or "we") is committed to protecting the privacy of your "protected health information." Protected health information, which is referred to as "medical information" in this Notice, is information that identifies you and relates to your physical or mental health or to the provision or payment of health services for you. We create, receive, and maintain your medical information when the Plan provides health benefits to you and your covered dependents. We are required to provide you with certain rights related to your medical information.

We have the following legal obligations under federal health privacy law—the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the related regulations to:

- Maintain the privacy of your medical information.
- Provide you with this Notice of our legal duties and privacy practices with respect to your medical information.
- Abide by the terms of this Notice currently in effect.

This Notice becomes effective as of the effective date of your health coverage and will remain in effect unless and until we publish a revised Notice.

### Who Will Follow This Notice

This Notice discusses the practices of the Plan regarding your medical information and the standards to which it will hold any third parties (such as health insurance companies) that assist in the administration of the Plan.

## Summary of the Plan's Privacy Policies

### The Plan's Uses and Disclosures of Your Medical Information

Generally, you must provide a written authorization to us in order for us to use or disclose your medical information. However, we may use and disclose your medical information without your authorization for administering the Plan and for processing claims. We also may disclose your medical information without your authorization for other purposes as permitted by the federal health privacy law, such as health and safety, law enforcement, or emergency purposes. The law also requires us to disclose medical information when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

### Your Federal Rights under HIPAA Regarding Your Medical Information

Under 45 CFR Parts 160 and 164 (Standard for Privacy of Individually Identifiable Health Information), you have several rights regarding medical information. You have the right to:

- Inspect, access, and/or copy your medical information.
- Request that your medical information be amended.
- Request an accounting of certain disclosures of your medical information.
- Request certain restrictions related to the use and disclosure of your health information.
- Request to receive your medical information through alternative means or location for receiving confidential communications.

### Information Subject to This Notice

This notice of Privacy Practices applies to FCPS' Health Plans covered by HIPAA regulations, for example, health benefits plans, dental plans, vision plan, pharmacy benefit programs, and flexible medical spend account, collectively the "Plan." We, as the Plan, create, receive, and maintain certain medical information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. We obtain this medical information from applications and other forms that you may complete, through conversations you may have with our benefits administrative staff and health care professionals, and from reports and data provided to us by health care service providers, insurance companies, and other third parties.

The medical information we have about you includes, among other things, your name, address, phone number, birth date, Social Security number, and health claims information. This is the information that is subject to the privacy practices described in this Notice. This Notice does not apply to medical information created, received, or maintained by FCPS on behalf of the non-health employee benefits that it sponsors, including disability benefits and life insurance benefits. This Notice also does not apply to medical information that FCPS requests, receives, and maintains about you for employment purposes, such as employment testing or determination of your eligibility for medical leave benefits or disability accommodations.

- Request an electronic copy of your electronic medical records.
- Request a restriction of information sharing regarding services you pay for yourself
- Request notification upon a breach of your unsecured Protected Health Information
- File a complaint with the Plan or the secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated or a breach has occurred
- Receive a paper copy of this Notice.

### Contact Information

If you have any questions or concerns about the Plan's privacy practices or about this Notice or if you want to obtain additional information about the Plan's privacy practices, contact:

#### HIPAA Compliance Officer

Fairfax County Public Schools  
Department of Human Resources  
Office of Equity & Employee Relations  
8115 Gatehouse Road  
Falls Church, VA 22042  
Phone: (571) 423-3065 or 877-702-5137  
Fax: 571-423-5058

## Detailed Notice of the Plan's Privacy Practices

### **This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access to This Information. Please Review it carefully.**

### **How the Plan May Use and Disclose Health Information About You**

Except as described in this section, as provided for by federal health privacy law, or as you have otherwise authorized, we only use or disclose your health information for administering the Plan and processing health claims. The uses and disclosures that do not require your authorization are described below with specific examples of such disclosures.

Please note that most of the medical information about you will be handled by the insurance companies and business associates that administer the Plan, not the FCPS Office of Benefits Services. Occasionally, however, the Office of Benefits Services will receive or maintain such information. The Plan's contracts with these insurance companies require them to protect the privacy of your medical information. The purpose of this Notice is to advise you about how the Plan and the business associates that work for the Plan may use that information.

#### **For Treatment**

We are not aware of any circumstances under which FCPS will be providing treatment information about you to health care providers. In the event that such inquiries are made, however, we may use or disclose medical information about you to facilitate medical treatment or services by providers. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

#### **For Payment**

We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate your coverage. Our business associates may confer with your health care provider to determine whether a particular treatment is medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or pre-certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.

#### **For Health Care Operations**

We may use and disclose medical information about you to run the Plan efficiently and in the best interests of all its participants. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; or conducting or arranging for medical reviews, legal services, audit services, and the fraud and abuse detection program.

#### **Disclosures to Health Plan Sponsor**

We do not disclose your medical information to the Plan Sponsor (FCPS). We may share de-identified aggregate information with the Plan Sponsor for plan administration purposes including, but not limited to quality assurance, monitoring, or auditing functions. FCPS will not use your medical information for non-Plan purposes or for purposes not covered by this Notice, such as employment decisions.

#### **Disclosures to Business Associates**

We may disclose certain medical information, without your authorization, to our "business associates." Business associates are third parties that assist us in the Plan's operations, such as insurance companies. For example, we may share your claims

information with business associates that provide claims processing services to the Plan, and we may disclose your medical information to our business associates for actuarial and audit purposes and legal services. We enter into contracts with these business associates to ensure that they protect the privacy of your medical information.

#### **As Required by Law: Lawsuits and Disputes**

We may disclose medical information about you when required to do so by federal, state, or local law and by related judicial and administrative proceedings. For example, we may disclose your medical information in response to a subpoena, discovery request, court or administrative order, or other legal process.

#### **Health or Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. We also may disclose your health information for public health activities such as preventing or controlling disease, injury, or disability; reporting births and deaths; or reporting child abuse or neglect.

#### **Emergency Situations**

We may use or disclose your medical information to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

#### **Others Involved in Your Care**

In limited circumstances, we may use or disclose your medical information to a family member, close personal friend, or others whom we have verified are involved in your care or payment for your care. For example, your medical information may be disclosed if you are seriously injured and unable to discuss your case with us. Also, in certain circumstances, we may advise a family member or close personal friend about your general condition, location (such as in the hospital), or death.

#### **Personal Representatives**

Your medical information may be disclosed to people whom you have authorized to act on your behalf or to people who have a relationship with you that gives them the right to act on your behalf. Examples of personal representatives are parents for minors and those who have power of attorney for adults.

#### **Treatment and Health-Related Benefits Information**

Our business associates and we may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, and education.

#### **Research**

We do not use your medical information for research purposes.

#### **Organ and Tissue Donation**

If you are an organ donor, we may use or disclose your medical information to an organ donor or procurement organization to facilitate an organ or tissue donation transplantation.

#### **Deceased Individuals**

The medical information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

#### **Military and Veterans**

If you are a member of the armed forces or a veteran, we may release medical information about you in order to comply with laws and regulations related to military service or veterans' affairs. We

may also release medical information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We do not release your medical information for workers' compensation program without your authorization.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.

### **Data Breach Notification Purposes**

We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

### **Law Enforcement**

- To help law enforcement officials in their law enforcement duties.
- To respond to a court order, subpoena, warrant, summons, or similar process.
- To identify or locate a suspect, fugitive, material witness, or missing person.
- To provide information about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
- To provide information about a death that may be the result of criminal conduct.
- To provide information about criminal conduct on FCPS property.
- In emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, protection of public officials, and other national security activities authorized by law.

### **Genetic Information Nondiscrimination Act (GINA)**

We do not use or disclose genetic information for underwriting purposes or for any other reason.

### **Other Uses and Disclosures for Fund-raising and Marketing Purposes**

We do not use your medical information for fund-raising and marketing purposes.

### **Any Other Uses and Disclosures Require Your Express Written Authorization**

Uses and disclosures of your medical information other than those described above will be made only with your express written authorization. You may revoke your authorization in writing. If you do so, we will not disclose the medical information covered by the revoked authorization except to the extent the Plan has already relied on your authorization. You also should understand that insurance laws might affect your ability to revoke your authorization.

Once your medical information has been disclosed pursuant to your authorization, the federal health privacy protections may no longer apply to the disclosed medical information, and that information may be redisclosed by the recipient without your or our knowledge or authorization.

### **Your Federal Rights under HIPAA Regarding Your Medical Information**

Under 45 CFR Parts 160 and 164 (Standards for Privacy of Individually Identifiable Health Information), you have several

rights regarding medical information that the Plan creates, receives, and maintains about you. You should address such requests to exercise your rights to:

### **HIPAA Compliance Officer**

Fairfax County Public Schools  
Department of Human Resources  
Office of Equity & Employee Relations  
8115 Gatehouse Road, Suite 2500  
Falls Church, VA 22042  
Phone: 571-423-3065 or 877-702-5137  
Fax: 571-423-5058

### **Your Individual Rights**

You have the following individual rights regarding medical information we maintain about you:

#### **Right to Access**

You have the right to request healthcare records. This right is not absolute. You have the right to obtain and review a copy of your protected health information in the Plan's or its Business Associates designated record set that may be used to make decisions about your Plan benefits. You must submit your request in writing to the Compliance Officer at the address above. If you request a copy of the information, we may charge a fee for the costs of copying and mailing that information.

We may deny your request to inspect and copy that health information in certain very limited circumstances, such as certain psychotherapy notes and information compiled for certain legal proceedings. If you are denied access to health information, we will inform you in writing, and in certain circumstances you may request that the denial be reviewed.

#### **Right to Your Medical Records**

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you may request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format your request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable fee for the labor associated with transmitting the electronic medical record.

#### **Right to Request That Your Medical Information Be Amended**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Compliance Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan.
- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the information that you would be permitted to inspect or copy.
- Is accurate and complete.

#### **Right to an Accounting of Disclosures**

You have the right to request an "accounting of disclosures" made

by the Plan or its Business Associates. An accounting of disclosures is a list of disclosures of your medical information that we have made. The maximum accounting period is six years. The accounting that the Plan or its Business Associates provide will not include disclosures made before April 14, 2003; disclosures made for treatment, payment or health care operations; disclosures made earlier than six years before the date of your request; and disclosures made to you or pursuant to your written request. The accounting will tell you the person to whom your medical information was disclosed, the date of the disclosure, a description of the information disclosed, and the purpose of the disclosure.

To request an accounting of disclosures, you must submit your request in writing to the Compliance Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accountings. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

#### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. We are under no obligation to agree to requests for restrictions. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Compliance Officer. You must include with your request: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse). We will notify you in writing as to whether we agree to your request for restrictions.

#### **Right to Request a Restriction for Services Paid Out-of-Pocket**

You have the right to request a restriction to share information about your treatment for services you pay for yourself.

#### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain confidential way or at specific or certain agreed upon location. For example, you can ask that we contact you only at work or by mail.

To request confidential communications by alternative means or at an alternative location, you must make your request in writing to the Compliance Officer. Your request should state the reason(s) for your request and the alternative means by which or the location at which you would like to receive your health information. If you believe that the disclosure of all or part of your health information by non-confidential communications could endanger you, your request should state that. The Plan will accommodate reasonable requests and notify you appropriately.

#### **Right to Receive Notice of a Breach**

You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

#### **Rights About Fundraising Communication**

We do not use or disclose your Protected Health Information for marketing and fundraising purposes. You have the right to opt out of fundraising communications, and your Protected Health Information cannot be sold without your permission.

#### **Right to a Paper Copy of the Privacy Notice**

You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request. Even if you agree to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this notice by mail, you should contact the Department of Human Resources, Office of Equity and Compliance at the below address. You may also obtain an electronic copy of this notice at the Plan's website.

#### **HIPAA Compliance Officer**

Fairfax County Public Schools  
Department of Human Resources  
Office of Equity & Employee Relations  
8115 Gatehouse Road, Suite 2500  
Falls Church, VA 22042  
Phone: 571-423-3065 or 877-702-5137  
Fax: 571-423-5058

#### **Changes to this Notice**

We reserve the right to change any of the privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all information that we maintain. The terms of the revised Notice may apply to medical information we already have about you as well as any information we receive in the future. If we materially change any of the privacy practices covered by this Notice, we will provide you with the revisions within 60 days and post the revised Notice on the Plan's website.

We will post a copy of the current Notice on the Plan's website at [www.fcps.edu](http://www.fcps.edu). That Notice will contain the effective date on the top right-hand corner. You should monitor the web site for revisions. Copies of the revised Notice will be made available to you upon your written request.

#### **Your Right to File a Complaint and Contact Information**

The Plan provides a process as required by HIPAA for you to make complaints regarding the Plan's policies and procedures or compliance with policies and procedures related to protecting the privacy of your health information. If you believe your privacy rights have been violated, you may file a complaint with the HIPAA Compliance Officer or with the Secretary of the Department of Health and Human Services. To file a complaint you must submit it in writing to the following:

#### **HIPAA Compliance Officer**

Fairfax County Public Schools  
Department of Human Resources  
Office of Equity & Employee Relations  
8115 Gatehouse Road, Suite 2500  
Falls Church, VA 22042  
Phone: 571-423-3065 or 877-702-5137  
Fax: 571-423-5058

#### **Office for Civil Rights**

U.S. Department of Health & Human Services  
150 S. Independence Mall West, Suite 372  
Philadelphia, PA 19106-3499  
Phone: (215) 861-4441 or (215) 861-4440 (TDD)  
Fax: (215) 861-4431

**You will not be retaliated against or discriminated against and no services, payments, benefits, or privileges will be withheld from you because you file a complaint with the Plan or the Secretary of the Department of Health & Human Services.**

## Continuation Coverage Rights Under COBRA

### Introduction

You are receiving this notice because you are eligible for coverage, enrolled in coverage, and/or changed coverage under an FCPS medical, dental and/or health care spending account plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

**This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### What is COBRA Continuation Coverage?

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

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

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

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

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

Your dependent children will become qualified beneficiaries if

they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies,
- The parent-employee's hours of employment are reduced,
- The parent-employee's employment ends for any reason other than his or her gross misconduct,
- The parent-employee becomes entitled to Medicare benefits (under Part A, Part B, or both),
- The parents become divorced, or
- The child stops being eligible for coverage under the plan as a "dependent child."

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

### When is COBRA Coverage Available?

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

### You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Plan Administrator. In addition, in the case of divorce, send a copy of the divorce papers. In the case of a dependent losing eligibility for coverage, send documentation supporting the loss of eligibility. For example, if the dependent reaches age 26, send a copy of his/her birth certificate/driver's license. If the dependent marries, send a copy of the marriage license.

### How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the

employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

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

#### **Disability Extension of 18-Month Period of Continuation Coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. **You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to the Plan Administrator.**

#### **Second Qualifying Event Extension for 18-Month Period of Continuation Coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to the Plan Administrator. In addition, send documentation supporting the existence of the second qualifying event.

#### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other more affordable coverage options for you and your family through the Health Insurance Marketplace,

Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You should compare your other coverage options with COBRA continuation coverage and choose the coverage that is best for you. For example, if you move to other coverage you may pay more out of pocket than you would under COBRA, because the new coverage may impose a new deductible.

When you lose job-based health coverage, it is important that you choose carefully between COBRA continuation coverage and other coverage options, because once you've made your choice, it can be difficult or impossible to switch to another coverage option.

#### **What is the Health Insurance Marketplace?**

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance, and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from **Medicaid** or the **Children's Health Insurance Program (CHIP)**. You can access the Marketplace for your state at [www.HealthCare.gov](http://www.HealthCare.gov).

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

#### **When can I enroll in Marketplace coverage?**

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

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

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

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period." However, if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period, and could end up without any health coverage in the interim.



Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended. **If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.**

#### **Can I enroll in another group health plan?**

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

#### **What factors should I consider when choosing coverage options?**

When considering your options for health coverage, you may want to think about:

- **Premiums:** Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.
- **Provider Networks:** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage.
- **Drug Formularies:** If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all of your COBRA payments for a period of time. In this scenario, you may want to contact the Department of

Labor at 1-866-444-3272 to discuss your options.

- **Service Areas:** Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance, or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

#### **For more information**

This notice does not fully describe COBRA continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Office of Benefit Services.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact FCPS Office of Benefit Services at (571) 423-3200, option 3, then option 2, or visit the website at [www.fcps.edu](http://www.fcps.edu), search keyword "benefit services".

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA web site at <https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's web site.)

#### **Keep Your Plan Informed of Address Changes**

In order to protect you and your family's rights, you should keep FCPS Payroll informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the FCPS.

## Medicare Prescription Drug (Medicare D) Plan

All FCPS medical plans include prescription drug coverage that is currently more comprehensive than the Medicare prescription drug plan. As an active employee, your FCPS medical coverage is primary to Medicare and you do not need to enroll in a Medicare Rx (Medicare D plan). For more information, see "Important Notice from Fairfax County Public Schools about Your Prescription Drug Coverage and Medicare" in the Employee Benefits Handbook.

## Women's Health and Cancer Rights Act

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

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits are subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. Find more information in each medical plan provider's summary plan document (on the FCPS Benefits website or through the plan provider).

## Medicaid & the Children's Health Insurance Program (CHIP) Offer Premium Assistance for Health Coverage for Children and Families

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a

"special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact:

- Department of Labor: [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).
- Medicaid: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) or call 800-432-5924
- CHIP: [www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm) or call 855-242-8282

## Fairfax County Public Schools 403(b) Universal Availability Notice

All Fairfax County employees (contracted and temporary hourly) are eligible to participate in the FCPS 403(b) plan. It is a tax-deferred retirement plan available to employees of public educational institutions and certain tax-exempt organizations. Go to [www.fcps.edu](http://www.fcps.edu) and search keyword "403b" for more information.

## Accommodations and Accessibility

FCPS complies with the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA). Persons needing an accommodation, auxiliary aid, or sign language services to participate in or access information regarding their FCPS benefits in person, should contact the Department of Human Resources' Office of Equity and Employee Relations (EER) at 571-423-3050 (voice) as far in advance as possible before the scheduled appointment/event. For Deaf and Hard of Hearing, dial 711 for access to Telecommunication Relay Services (TRS). Information regarding accessibility to information published on our website is available at <https://www.fcps.edu/about-fcps/policies-regulations-and-notices/web-accessibility-guidelines>.

## Summary of Benefits and Coverage

An updated Summary of Benefits and Coverage for each medical plan is available on each medical vendor's website. You can find these documents are:

- Aetna/Innovation Health: [www.ih-aetna.com/fcps](http://www.ih-aetna.com/fcps)
- CareFirst: [www.carefirst.com/fcps](http://www.carefirst.com/fcps)
- Kaiser Permanente: <http://my.kp.org/fcps>



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

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

### What is the Health Insurance Marketplace?

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

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

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

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

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

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Office of Benefit Services at 571-423-3200, option 3 or go online to [www.fcps.edu](http://www.fcps.edu) and search "medical insurance".

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

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

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Fairfax County Public Schools		4. Employer Identification Number (EIN) 54-0805373	
5. Employer address 8115 Gatehouse Road		6. Employer phone number 571-423-3000	
7. City Falls Church	8. State VA	9. ZIP code 22042	
10. Who can we contact about employee health coverage at this job? Department of Human Resources, Office of Benefit Services			
11. Phone number (if different from above) 571-423-3200, option 3		12. Email address HRConnection@fcps.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

All full-time and part-time employees in authorized positions who are eligible to participate in FCPS benefit programs and those working the minimum required number of hours.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

The eligible employee's spouse and child(ren), as defined in the Fairfax County Public Schools Employee Benefits Handbook

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.