

# Benefits at a Glance



Arlington  
Public  
Schools

## Plan Year 2020

### Medical Coverage

#### Plans Offered

- Cigna Open Access High
- Cigna Open Access Low
- Kaiser Permanente HMO

### Dental Coverage

Delta Dental of Virginia

### Vision Coverage

Vision Service Plan (VSP)

### Group Term Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance

Employees who are members of the Virginia Retirement System are covered by the VRS group term life insurance program. The life insurance benefit is 2 x times your annual base salary.

### Optional Life Insurance and AD&D Insurance

VRS member employees may also purchase additional coverage for themselves, their spouse, and their dependent children.

### Disability Insurance

Disability insurance provides income replacement in the event of a non-work related illness or injury. VRS Hybrid Plan members are eligible for disability benefits after 12-months of continuous APS service.

### Long Term Care Insurance

Long Term Care coverage, provided by Genworth Life Insurance Co., is available for employees. Family members are also eligible, including spouse, adult children, siblings, parents, parents-in-law, grandparents, and grandparents-in-law.

### Flexible Spending Accounts (FSAs)

- Health Care FSA
- Dependent Care FSA
- Parking FSA and Transit FSA

### Virginia Retirement System (VRS)

#### VRS Hybrid Plan Members

The VRS Hybrid Plan combines the features of a Defined Benefit plan and a Defined Contribution plan. Benefits-eligible employees with no previous VRS service credit, whose VRS membership date is on or after January 1, 2014, are automatically enrolled as Hybrid Plan members. A mandatory employee contribution applies equal to 5% of your annual salary; 4% funds your Defined Benefit plan and 1% funds your Defined Contribution plan.

VRS Hybrid Plan members can save additional money (up to 4% of your annual base salary) deposited into a Defined Contribution plan. You will receive an employer match on voluntary employee contributions. Go to [www.varetire.org/hybrid](http://www.varetire.org/hybrid) to learn more.

#### VRS Plan 1 and VRS Plan 2 Members

VRS Plan 1 and VRS Plan 2 are Defined Benefit plans. A mandatory employee contribution applies, equal to 5% of your annual salary. If you were previously a member of VRS and you have not received a refund of your member contributions, you will be placed back into your previous VRS Plan. If you are uncertain if you remained in VRS, please contact VRS directly at 1-888-827-3847.

### Optional Supplemental Retirement Plan

APS offers several voluntary retirement plans to help you achieve your retirement goals. 403(b), ROTH 403(b), 457, and ROTH 457 plans are offered through Lincoln Financial Group and AXA Advisors/PlanMember Services.

#### School Board Match Program

The Supplemental Retirement Plan includes a School Board Match Program. For Benefits-Eligible Employees, the School Board matches up to 0.4% of your base salary, or up to \$240 per year, whichever is greater.

## Employee Assistance Program (EAP)

The Arlington EAP provides services to employees of Arlington County Government and Arlington Public Schools and their family members. The EAP works with employees and family members who have problems which may affect job performance; these can be problems at home or on the job. The EAP adheres to strict laws of confidentiality. There is no charge for EAP services.

## APS Wellness

APS Wellness promotes health, productivity, and happiness through employee wellness initiatives such as Active for Life, The Biggest Loser, Healthy Habits, and volleyball, kickball, and bowling tournaments.

## Paid Leave

### Annual leave

12-Month employees earn annual leave of 14 to 28 days each fiscal year, depending on years of service with APS.

### Personal leave

3 days are advanced to all 10 and 11-Month employees at the beginning of the school year. A maximum balance of 3 days may be carried over with the remainder transferred to sick leave balance.

### Sick leave

Employees who earn annual/personal leave also earn sick leave for each month worked. Sick leave may be used for personal illness or the illness or death of a family member. There is no limit to the amount of sick leave you may accrue.

## Other Leave (may be paid or unpaid)

- Family and Medical Leave (FML)
- Military Leave
- Professional Leave
- Leave of Absence
- Religious Observation Leave
- Civil Leave
- Study Leave

## Scholarships

The School Board funds scholarships to eligible employees pursuing courses of study that are related to their job responsibilities. Payments are based on the University of Virginia undergraduate tuition rate. Funds are budgeted annually and may be limited.

## Retiree Medical and Dental Benefits

Employees who are enrolled in an APS sponsored medical and/or dental insurance plan may be eligible to retain their coverage upon retirement.

## The Children's School

School system employees are eligible to enroll their children in The Children's School, an employee-owned cooperative day care facility that provides day care for infants through five-year-olds during the school year.

## Holidays

APS provides employees with 13 paid holidays each year.



# Medical Coverage at a Glance (2020 Plan Year)

	Kaiser Permanente HMO		Cigna Open Access Low Option	Cigna Open Access High Option
In-Network Benefits	You Pay		You Pay	You Pay
Provider Network	Providers located in Kaiser Permanente Medical Centers		National Provider Network	National Provider Network
Primary Care Physician (PCP) referral required to see Specialist?	Yes		No	No
PCP Required?	Yes		No	No
PCP Office Visit	\$15 copay		\$30 copay	\$20 copay
Specialist Office Visit	\$20 copay		\$60 copay	\$40 copay
Mental Health Provider Office Visit	\$15 copay		\$30 copay	\$20 copay
Annual Deductible	None		\$400 Individual / \$800 Family	\$300 Individual / \$600 Family
Annual Out-of-Pocket Maximum	\$2,250 Individual / \$4,500 Family		\$3,000 Individual / \$6,000 Family	\$3,000 Individual / \$6,000 Family
Inpatient Hospitalization, Facility	Covered 100%		After deductible, \$250 copay and 20% coinsurance	After deductible, \$250 copay and 10% coinsurance
Outpatient Hospitalization, Facility	\$20 copay		After deductible, \$100 copay and 20% coinsurance	After deductible, \$100 copay and 10% coinsurance
Emergency Room, Facility <i>(waived if admitted)</i>	\$50 copay		\$250 copay	\$200 copay
Urgent Care Visit	\$20 copay		\$50 copay	\$50 copay
Retail Pharmacy <i>(up to a 30-day supply)</i>	<i>at Kaiser Medical Center</i>	<i>at Participating Retail Pharmacy</i>	\$4 copay	\$4 copay
Generic	\$20 copay	\$30 copay		
Preferred Brand	\$30 copay	\$50 copay		
Non-Preferred Brand	\$45 copay	\$65 copay	35% <i>(Minimum \$35; Maximum \$50)</i>	\$25 copay
			50% <i>(Minimum \$50; Maximum \$100)</i>	\$45 copay
Out-of-Network Benefits	You Pay		You Pay	You Pay
Annual Deductible	No Benefits Available		\$800 Individual / \$1,600 Family	\$750 Individual / \$1,500 Family
Annual Out-of-Pocket Maximum	No Benefits Available		\$5,000 Individual / \$10,000 Family	\$3,750 Individual / \$7,500 Family
Coinsurance <i>(% of allowed amount you pay for most services)</i>	No Benefits Available		40%*	30%*
Your Cost of Coverage				
The semi-monthly payroll deductions listed below apply to Medical coverage in effect from January 1, 2020 through December 31, 2020. The deductions listed below are based on 24 pay checks per year. If you are a 10-month employee and elected to receive 20 pay checks per year, Reserve Deduction amounts will also apply.				
<b>Individual Coverage</b>				
30 – 40 hours <i>(full-time)</i>	\$ 65.76		\$ 75.70	\$ 136.53
15 – 29 hours <i>(part-time)</i>	\$ 182.33		\$ 183.43	\$ 281.59
<b>Individual + Spouse Coverage</b>				
30 – 40 hours <i>(full-time)</i>	\$ 159.31		\$ 201.77	\$ 322.54
15 – 29 hours <i>(part-time)</i>	\$ 386.03		\$ 406.59	\$ 609.24
<b>Individual + Child(ren) Coverage</b>				
30 – 40 hours <i>(full-time)</i>	\$ 143.77		\$ 182.55	\$ 291.83
15 – 29 hours <i>(part-time)</i>	\$ 348.37		\$ 367.87	\$ 551.23
<b>Family Coverage</b>				
30 – 40 hours <i>(full-time)</i>	\$ 277.98		\$ 331.91	\$ 550.37
15 – 29 hours <i>(part-time)</i>	\$ 587.34		\$ 602.68	\$ 915.15

\* You may also be responsible for 100% of any amounts charged that exceed Cigna's allowed amounts.



## Dental Coverage at a Glance (2020 Plan Year)

Delta Dental of Virginia	In-Network	Out-of-Network*
Service / Feature	You Pay	You Pay
Provider Network	PPO or Premier Network	n/a
Calendar Year Deductible <i>waived for diagnostic and preventive care</i>	\$50 Individual / \$100 Family	
Diagnostic and Preventive Services <i>e.g., cleanings, oral exams</i>	Covered in full	Covered in full
Basic Services <i>e.g., fillings, root canals</i>	You pay 20% after deductible	You pay 20% after deductible
Major Services <i>e.g., crowns, dentures</i>	You pay 35% after deductible	You pay 35% after deductible
Orthodontic Services	You pay 50%	You pay 50%
Calendar Year Annual Maximum Benefit	\$1,500 per family member	
Orthodontic Lifetime Maximum	\$1,500 per family member	
<b>Your Cost of Coverage</b>		
The semi-monthly payroll deductions listed below apply to Dental coverage in effect from January 1, 2020 through December 31, 2020. The deductions listed below are based on 24 pay checks per year. If you are a 10-month employee and elected to receive 20 pay checks per year, Reserve Deduction amounts will also apply.		
<b>Individual Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 14.84
15 – 29 hours <i>(part-time)</i>		\$ 18.81
<b>Individual + Spouse Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 29.02
15 – 29 hours <i>(part-time)</i>		\$ 36.80
<b>Individual + Child(ren) Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 29.83
15 – 29 hours <i>(part-time)</i>		\$ 37.83
<b>Family Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 43.20
15 – 29 hours <i>(part-time)</i>		\$ 54.78

\* You may also be responsible for the full amount an out-of-network dentist charges in excess of the fee schedule.

## Vision Coverage at a Glance (2020 Plan Year)

Vision Service Plan (VSP)	In-Network	Out-of-Network
Service / Feature	You Pay	You Receive
Provider Network	VSP Signature Network	n/a
WellVision Exam <i>(every calendar year)</i>	\$10 copay	Reimbursement up to \$52
Lenses <i>(every calendar year)</i> <i>e.g., single vision, lined bifocal, lined trifocal</i>	\$20 copay	Reimbursement from \$55 to \$100
Frame <i>(every calendar year)</i>	\$150 allowance	Reimbursement up to \$70
Contacts <i>(instead of glasses, every calendar year)</i>	\$150 allowance	Reimbursement up to \$105
<b>VSP EasyOptions:</b> Members can choose one of the following enhanced options: additional \$100 frame allowance, additional \$50 contact lens allowance, fully covered progressive lenses, or fully covered anti-reflective coating.		
<b>Your Cost of Coverage</b>		
The semi-monthly payroll deductions listed below apply to Vision coverage in effect from January 1, 2020 through December 31, 2020. The deductions listed below are based on 24 pay checks per year. If you are a 10-month employee and elected to receive 20 pay checks per year, Reserve Deduction amounts will also apply.		
<b>Individual Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 4.54
15 – 29 hours <i>(part-time)</i>		\$ 4.54
<b>Individual + Spouse Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 7.27
15 – 29 hours <i>(part-time)</i>		\$ 7.27
<b>Individual + Child(ren) Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 11.70
15 – 29 hours <i>(part-time)</i>		\$ 11.70
<b>Family Coverage</b>		
30 – 40 hours <i>(full-time)</i>		\$ 11.70
15 – 29 hours <i>(part-time)</i>		\$ 11.70