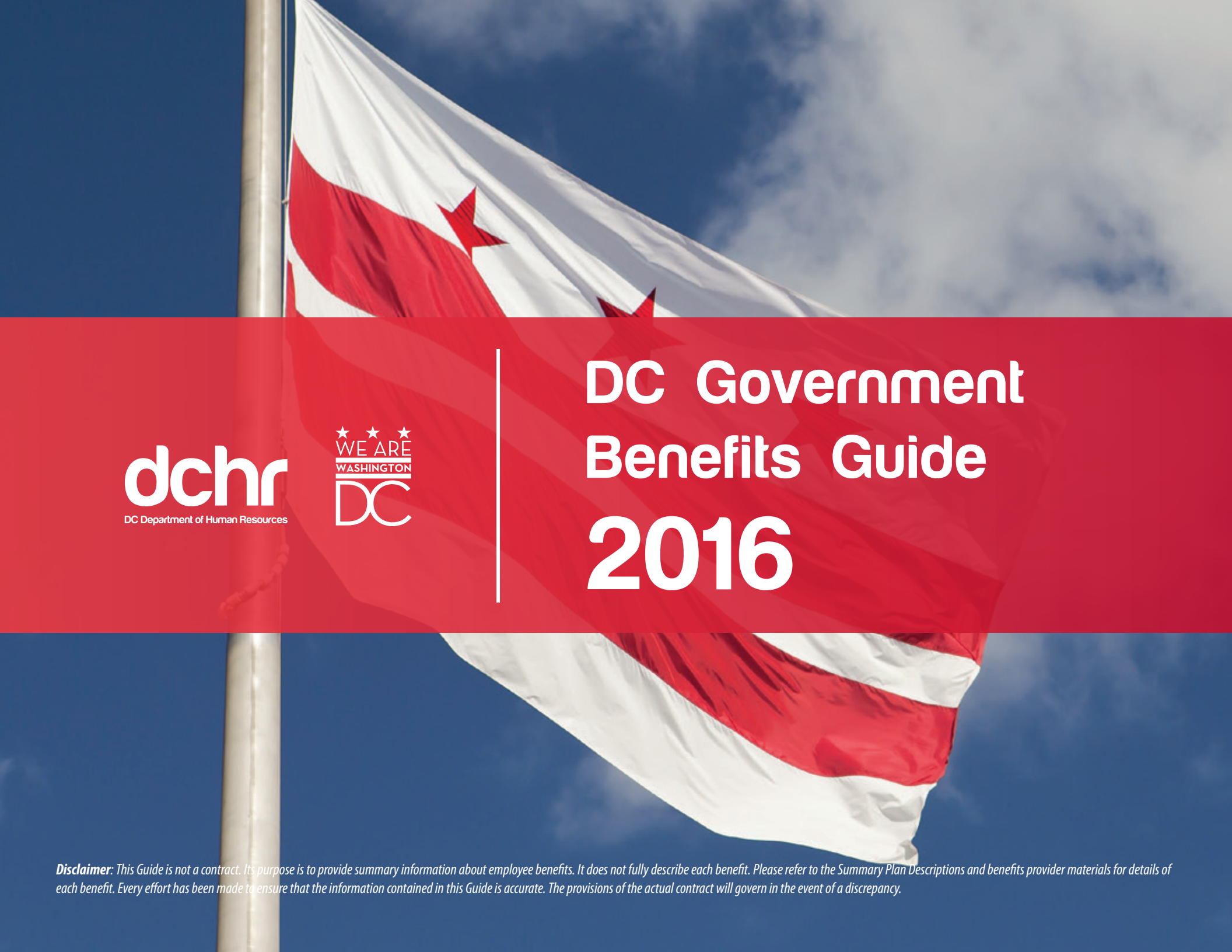

dchr
DC Department of Human Resources

WE ARE WASHINGTON DC

DC Government Benefits Guide 2016

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Table of Contents

Welcome 3

About this Guide 4

Enrollment 5

Federal Employees' Health Benefits Program (FEHB) 6

District of Columbia Employee Health Benefits Program (DCEHBP) 7

How to Enroll 8

What's New for 2016 9

Open Enrollment 11

Open Enrollment Fairs 12

Benefits at a Glance 13

Eligibility 14

Dependent Eligibility 14

Medical Benefits 15

2016 Plan Rates: Medical 16

2016 Plan Rates: Dental 17

2016 Plan Rates: Vision 18

Benefits You Can Enroll In 19

Benefits You Can Enroll In: 30 Days of Hire, Qualifying Life Event, Open Enrollment 20

Benefits You Can Enroll In Anytime 21

Wellness Resources 22

Provider Resources 23

Department of Parks and Recreation Fitness Center Deduction 24

High-Level Benefits Overview 25

Medical Benefits 26

Plan Comparisons at a Glance 27

Dental Benefits 32

Vision Benefits 33

Short-Term Disability Insurance 34

Long-Term Disability Insurance 35

Federal Employees' Group Life Insurance 36

Indemnity Coverage 37

Employee Assistance Program 38

Flexible Spending Accounts 39

Commuter Benefits 40

Civil Service Retirement for Employees Hired Before October 1, 1987 41

401(a) Defined Contribution Pension Plan for Employees Hired on or After October 1, 1987 41

457(b) Deferred Compensation Plan 42

Retirement Plans at a Glance 43

Annual & Sick Leave 44

Family & Medical Leave 45

Contacts 46

DCHR Benefits & Retirement Administration 47

Plan Providers: Insurance 47

Plan Providers: Work & Life Benefits 48

Welcome

Enrolling for the first time or making changes to your current benefits?
You're in the right place!

The following sections contain information on a range of useful topics, including:

- Enrollment
- Benefits at a Glance
- Wellness Resources
- DCHR and Provider Contacts
- High-Level Benefits Overview

About this Guide

The DC Department of Human Resources (DCHR) manages benefits programs that enable the District to attract, support and retain a well-qualified and diverse workforce. DCHR is committed to providing the highest level of customer care in administering employee benefits.

This guide provides comprehensive information about your benefits as a DC Government employee. Use this guide as your go-to resource for:

- Enrolling in benefits for the first time
- Making changes or updating your benefits during Open Enrollment or a qualifying life event
- Learning more about your benefits throughout the year

DCHR Benefits & Retirement Administration

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(202) 442-7627

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http://dchr.dc.gov

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Enrollment

- Federal Employee Health Benefits Program (FEHB)
- District of Columbia Employee Health Benefits Program (DCEHBP)
- How to Enroll
- What's New for 2016

Enrollment

Federal Employees' Health Benefits Program (FEHB)

Benefits for Employees first Hired Before October 1, 1987

- Enroll in a flexible spending account, a health care and/or dependent care account under the Federal Flexible Spending Account Program (FSAFEDS). Unlike with other programs, **employees MUST reenroll in FSAFEDS each year to participate**. Enrollments DO NOT carry over from year to year.

Please Note: The maximum annual election for a Health Care Flexible Spending Account and the Limited Expense Health Care Flexible Spending Account is $2,550 for the 2016 Benefit Period. The maximum annual election for a Dependent Care Flexible Spending Account is $5,000 for the 2016 Benefit Period. The minimum annual election for the flexible spending accounts is $100 for the 2016 Benefit Period.

- Enroll in, change, or cancel an existing enrollment in a dental plan under the Federal Employees Dental Vision Program (FEDVIP) Program.
- Enroll in, change, or cancel an existing enrollment in a vision plan under the FEDVIP Program.
- Enroll in, change, or cancel an existing enrollment in a health plan under the FEHB Program.

2016 Premium Rates for Federal Employees

2016 FEHB and FEDVIP premium rates and enrollment forms can be found on the US Office of Personnel Management (OPM) website at *www.opm.gov/insure*.

Enrollment

District of Columbia Employee Health Benefits Program (DCEHBP)

Benefits for Employees hired on or after October 1, 1987

- Review the changes for 2016, so you understand how they impact your 2016 benefits.
- Review your current benefit choices. Ask yourself, "does this coverage meet my expected needs?" If not, "what should I change?"
- Log on to Employee Self Service at *https://ess.dc.gov* to enroll for new plans or make changes to your current coverage.

Outside of the regular enrollment period, you can only change your benefits if you experience a *qualified life event*. Qualified life events include:

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

Enrollment

How to Enroll

All enrollment changes are to be made through Employee Self Service (ESS). You can access ESS on any computer with an internet connection at *https://ess.dc.gov*.

The following programs are **not available** for enrollment through ESS:

- Aflac Cancer Insurance, Hospital Confinement, Personal Sickness, Personal Accident, Specify Health Event
- Calvert 529 College Savings Plan

Please visit *http://dchr.dc.gov/page/employee-benefits* for enrollment information.

Coverage Effectice Dates

- Elections made within 30 days of new hire will be effective following the first pay period in which a payroll deduction is made to pay for the benefit.
- Flexible Spending Account (FSA) coverage begins following the first pay period in which a payroll deduction was made to pay for the benefit.

Need Help?

Download our *How to Enroll in Your DC Government Benefits Guide* for step-by-step instructions.

Enrollment

What's New for 2016

2016 DC Employee Healthcare Benefits Providers (DCEHBP) Employee Premium Costs

As health care costs across the nation continue to rise, so do the costs in the District of Columbia Government. Therefore, your costs for coverage will increase again in 2016. The District will take on the majority of this increase, but some of this cost will be shared with employees. We can work together to help keep cost increases at a minimum by using network doctors, wellness resources and generic instead of brand-name prescription drugs.

Federal Employees Health Benefits Self Plus One Enrollment Type

The Office of Personnel Management (OPM) will implement a new enrollment type, *Self Plus One*, under the Federal Employees Health Benefits (FEHB) Program. The effective date for this new enrollment type will be **January 1, 2016**. Therefore, Open Enrollment 2016 will include Self Plus One in the available enrollment choices. Previously, the only enrollment types available were *Self Only* and *Self and Family*. **Please Note: You must actively change from Self and Family to Self Plus One; DCHR or OPM will not automatically change your enrollment.** For more information, visit OPM online at *www.opm.gov/healthcare-insurance/special-initiatives/self-plus-one*.

New Provider for Flexible Spending Account & Commuter Benefits

The District will offer a new provider, Benefit Resource, Inc., for Flexible Spending and Commuter Benefits Accounts. This provider will allow participants to use a single debit card to directly access funds saved through pre-tax spending account deductions. This debit card can be used to pay for eligible health care, transit and parking costs and is accepted at WMATA kiosks for direct purchases and reloading SmartTrip cards. Reimbursement checks can also be issued when a claim is filed for eligible expenses, including FSA dependent care costs. *For more, see page 39.*

Enrollment

Aetna CDHP: Out of Pocket Change

Aetna's CDHP HSA plan requires a change to the in-network out-of-pocket maximum (OOPM) beginning January 1, 2016, according to US Department of Health and Human Services (HHS) guidelines. The change does not apply to the out-of-network maximum.

Current 2015 HSA Benefit	IN	OON
Deductible	$1,300, $2,600 family	$2,500, $5,000 family
OOPM	$6,450, $12,900 family	$6,450, $12,900 family
Proposed 2016 HSA Benefit	**IN**	**OON**
Deductible	$1,300, $2,600 family	$2,500, $5,000 family
OOPM	$3,425, $6,850 family	$6,450, $12,900 family

Affordable Care Act Benefits Expansion: Coverage for Temporary & Intermittent Employees

Eligibility for health care benefits has been extended to include some temporary and intermittent employees. Temporary and intermittent employees who work for at least 90 days within a 12-month evaluation period and are paid at least 30 hours per week (or 120 hours per month) are **eligible to participate only in an HMO health care plan**. For more information about expanded coverage under the ACA, please visit *http://dchr.dc.gov/page/affordable-care-act-benefits-expansion*.

Benefits at a Glance

- Eligibility
- Medical, Dental & Vision Benefits
- Plan Rates

Benefits at a Glance

Eligibility

DC Government employees eligible to receive benefits include:

- All full-time permanent employees
- Part-time permanent employees who generally work at least 30 hours per week
- Employees with temporary full-time appointments of at least 13 months who are employed by agencies under authority of the Mayor
- Temporary and intermittent employees who work for at least 90 days within a 12-month evaluation period and are paid at least 30 hours per week (or 120 hours per month) are **eligible to only participate in an HMO health care plan**

Several of the District's independent agencies also participate in benefits programs provided to agencies under full authority of the Mayor.

Eligible employees may enroll in plans during the designated annual Open Enrollment period or within 31 days of their initial employment.

Changes to plans can be made within 30 days of a qualifying life event. Health, vision, dental and life insurance coverage begins the first full pay period after the election; for Flexible Spending Accounts, coverage begins following the first pay period in which a payroll deduction was made to pay for the benefit; other benefits programs may have additional requirements.

Dependent Eligibility

You are required to provide documentation to verify coverage eligibility for the dependents that you add during Open Enrollment. You must also submit dependent eligibility verification. Failure to comply will result in a cancelation of health care coverage for that dependent.

For more on enrolling dependents, including your spouse, state-registered domestic partner or legal union partner, child(ren) and/or foster child(ren), please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

Benefits at a Glance

Medical Benefits

District of Columbia Employee Health Benefits Program (DCEHBP)

- For all employees hired after October 1, 1987.
- The cost is shared by the employee and the District.
- All employees must pay employee contribution premiums.

Additional information can be found at *http://dchr.dc.gov/page/employee-benefits*.

Health Care Providers

- Aetna HMO, PPO, CDHP
- Kaiser Permanente HMO
- UnitedHealthcare HMO Nationwide Choice

Dependent Coverage

Family members eligible for coverage under Self Plus One or Self and Family enrollment are your spouse (including a valid common law marriage) and **children under age 26**, including legally adopted children, recognized natural (born out of wedlock) children and stepchildren (including children of same-sex domestic partners). A child is eligible for coverage under your Self Plus One enrollment (if they are the designated covered family member) or Self and Family enrollment, if a state-issued birth certificate lists you as a parent of that child. Under certain circumstances, you may also continue coverage for a disabled child 26 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

Benefits at a Glance

2016 Plan Rates: Medical

The following charts list the biweekly rates you will pay for your benefits coverage from January 10 through December 31, 2016.

Biweekly Employee Rates: Medical Plans

	Aetna HMO	Aetna CDHP	Aetna PPO	Kaiser Permanente HMO	UnitedHealthcare HMO Choice
Self Only	$73.92	$35.38	$81.62	$64.94	$70.31
Self +1	$145.30	$69.54	$160.45	$124.03	$134.29
Family	$213.61	$102.23	$235.88	$190.26	$206.01

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Benefits at a Glance

2016 Plan Rates: Dental

- Provider: Cigna Dental
- DHMO: District pays 100% of premium costs.
- DPPO: District pays a portion of premium costs for eligible Compensation Units 1 and 2 Collective Bargaining Agreement employees.

Biweekly Employee Rates: Dental Plans

	Cigna DPPO	Cigna DHMO
Self Only	$28.09	$0.00
Self +1	$39.87	$0.00
Family	$51.71	$0.00

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 22**. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

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Benefits at a Glance

2016 Plan Rates: Vision

- Provider: Quality Plan Administrators
- Vision coverage is available at no cost to eligible employees.
- The District pays 100% of the vision premium.

Coverage Tiers: Vision

	2016
Self Only	$0.00
Self +1	$0.00
Family	$0.00

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 22**. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

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Benefits You Can Enroll In

- 30 Days of Hire/Qualifying Life Event/ Open Enrollment
- Voluntary Coverage You Can Enroll in at Anytime

Benefits You Can Enroll In

Benefits You Can Enroll In: 30 Days of Hire, Qualifying Life Event, Open Enrollment

Benefit	Options	Who Pays	How to Enroll
Medical	▪ Aetna HMO, PPO, CDHP HSA ▪ Kaiser Permanente HMO ▪ UnitedHealthcare HMO Nationwide Choice	You pay a portion of the cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	PeopleSoft
Health Savings Accounts (HSAs)	▪ Aetna Consumer Driven Health Plan Savings Account (CDHP HSA)* **You must be enrolled in the Aetna CDHP to be eligible.*	You can choose to contribute funds from your paycheck to your HSA on a pre-tax basis.	PeopleSoft
Dental	▪ Cigna DHMO ▪ Cigna DPPO	▪ Cigna DHMO is 100% employer paid. ▪ You pay a portion of the cost of coverage for the Cigna DPPO. Premiums are deducted from your paycheck on a pre-tax basis.	PeopleSoft
Vision	▪ Quality Plan Administrators	100% employer paid.	PeopleSoft
Life	▪ The Standard Insurance Company	You pay 2/3 the total cost of the monthly premium and the District pays 1/3. Optional upgrades are available	**NOT AVAILABLE FOR OPEN ENROLLMENT**
Disability	▪ The Standard Insurance Company – Short Term – Long Term	You pay the full cost of coverage. Premiums are deducted from your paycheck on an after-tax basis.	PeopleSoft

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Benefits You Can Enroll In

Benefit	Options	Who Pays	How to Enroll
Supplemental Indemnity	▪ Aflac – Individual Cancer/Specified-Disease – Individual Hospital Confinement/Sickness – Individual Specified Health Event	You pay the full cost of coverage. Premiums are deducted from your paycheck on a pre-tax basis.	Outside of PeopleSoft
Flexible Spending Accounts (FSAs)	▪ Benefit Resource, Inc. – Health Care FSA – Dependent Care FSA	Contributions are deducted from your paycheck on a pre-tax basis.	PeopleSoft

Benefits You Can Enroll In Anytime

Benefit	Options	Who Pays	How to Enroll
Retirement Plans	▪ 457(b) Deferred Compensation	Contributions are deducted from your paycheck on a pre-tax basis.	PeopleSoft
Commuter	▪ Benefit Resource, Inc. – Transit – Parking	You can choose to contribute funds from your paycheck on a pre-tax basis.	PeopleSoft
Savings Plan	▪ DC College Savings Plan (Section 529)	Contributions are deducted from your paycheck on a pre-tax basis.	Outside of PeopleSoft
Employee Assistance Plan (EAP)	▪ Inova	100% employer paid for the first five sessions.	Automatically enrolled, but must call for services.

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Wellness Resources

- Provider Resources

Wellness Resources

Provider Resources

If you enroll in a medical plan with the District of Columbia, you will also have access to wellness resources through your plan provider, including programs that can help you:

- Quit Smoking
- Get more exercise
- Improve your diet with nutritional counseling
- Lose weight

In addition, disease management programs offer support, tools and information to help manage chronic conditions, including:

- Asthma
- Congestive heart failure
- Diabetes
- Hypertension (high blood pressure)

Want More Wellness?

For more detailed information about these and other available wellness programs and opportunities, please visit *http://dchr.dc.gov/page/employee-wellness*.

High-Level Benefits Overview

Your benefits are an important part of your overall compensation. The District of Columbia Government offers a comprehensive array of benefits to protect your health, your family and your way of life, including:

- Medical Benefits & Plan Comparisons
- Dental Benefits
- Vision Benefits
- Employee Insurance
- Work & Life Benefits
- Employee Retirement
- Employee Leave

Health Benefits

Medical Benefits

District of Columbia Employee Health Benefits Program (DCEHBP)

Eligible employees hired on or after October 1, 1987 have the following health plan choices:

- Aetna HMO, PPO or CDHP
- Kaiser Permanente HMO
- UnitedHealthcare HMO

Your health insurance premium cost is shared with the District, which contributes up to 75 percent toward the total cost. All health insurance premium deductions are made on a pre-tax basis, unless a specific Pre-Tax Benefits Waiver Form is requested. The waiver is available online at *http://dchr.dc.gov* or at the DCHR Employee Service Center located at 441 4th Street, NW, Suite 340 North, Washington, DC 20001.

To select the health plan that's right for you and your family, evaluate your options by comparing benefits, evaluating the network of providers and considering the plan's costs and quality.

Dependent Coverage

Dependents eligible for coverage under Self Plus One or Self and Family enrollment are your spouse (including a valid common law marriage) and **children under age 26**, including legally adopted children, recognized natural (out of wedlock) children and stepchildren (including children of same-sex domestic partners). A child is eligible for coverage under Self Plus One enrollment (if they are the designated covered family member) or Self and Family enrollment if a state-issued birth certificate lists you as a parent of that child. Under certain circumstances, you may also continue coverage for a disabled child 26 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

Health Benefits

Plan Comparisons at a Glance

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Calendar-Year Deductible					
Employee Only	$1,300	$750	NONE	NONE	NONE
Family	$2,600	$1,500	NONE	NONE	NONE
Out-of-Pocket Maximum (per calendar year) *Please Note: Some benefits do not apply toward the out-of-pocket maximum					
Employee Only	$3,425	$1,500	$3,500	$3,500	$3,500
Family	$6,850	$3,000	$9,400	$9,400	$9,400
Inpatient Services					
Inpatient Hospital	Covered 85% after deductible	Covered 100% after deductible	$100 per admission	Waived if admitted as inpatient	$100 copay per Inpatient Stay
Hospice Care	Covered 85% after deductible	Covered 100% after deductible	Covered 100%	No charge	No charge
Skilled Nursing Facility	N/A	N/A	$100 per admission	$100/admission	$100 copay per Inpatient Stay

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Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Outpatient Services					
Office Visits	Covered 85% after deductible	$15 copay; deductible waived	Office hours: $10 copay;	$10/visit (Primary); $20 (Specialist)	$10/visit (Primary); $20 (Specialist)
X-rays, Laboratory Tests	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 Immunization	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	$100 per admission	$50/visit	$50 copay per date of service
Short-Term Rehabilitation (physical, occupational or speech therapy)	Covered 85% after deductible	15% after deductible	$20 copay	$20/visit	$20 copay per outpatient visit
Chiropractic Care	NOT COVERED	NOT COVERED	NOT COVERED	$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

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Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Emergency Services					
Emergency Room Services and Supplies	Covered 85% after deductible	$100 copay/waived if admitted	$50 copay	$50/visit	$50/visit
Ambulance	Covered 85% after deductible	100% covered; 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 services	No charge	$10 copay
Hospital (for mother)	15%; after deductible	Covered 100% after deductible	$100 per stay copay for Facility services	$100/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
Medical Equipment					
Durable Medical Equipment	Covered 85% after deductible	Covered 80% after deductible	50%	50% coinsurance	50% coinsurance

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Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Mental Health					
Inpatient Care	Covered 85% after deductible	Covered 100% after deductible	$100 per admission copay	$100/admission	$100 copay per Inpatient Stay
Outpatient Care	Covered 85% after deductible	$15 copay; deductible waived	$10 per visit	Individual: $10/visit; Group: $5/visit	$10 copay per visit
Substance Abuse					
Inpatient Care	N/A	N/A	$100 per admission	$100/admission	$100 copay per Inpatient Stay
Outpatient Care	N/A	N/A	$10 per visit	Individual: $10/visit; Group: $5/visit	$10 copay per visit

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Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Prescription Drugs					
Generic	$10 copay; Mail Order: $20 copay	$10 copay; Mail Order: $20 copay	$20 copay; Mail Order: $8 copay	Plan Pharmacy: $10; Participating Pharmacy: $20; Mail Order: $8	Retail: $20 copay; Mail Order: $16 copay
Preferred Brand Drugs	$30 copay; Mail Order: $60 copay	$20 copay; Mail Order: $40 copay	$40 copay; Mail Order: $18 copay	Plan Pharmacy: $20; Participating Pharmacy: $40; Mail Order: $18	Retail: $40 copay; Mail Order: $36 copay
Non-Preferred Brand Drugs	$30 copay; Mail Order: $120 copay	$40 copay; Mail Order: $80 copay	$55 copay; Mail Order: $33 copay	Plan Pharmacy: $35; Participating Pharmacy: $55; Mail Order: $33	Retail: $55 copay; Mail Order: $66 copay

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Health Benefits

Dental Benefits

District of Columbia Employee Health Benefits Program (DCEHBP)

The District provides comprehensive dental coverage for all non-union employees and union employees covered by the Compensation Unit 1 and 2 Collective Bargaining Agreement. The District pays 100 percent of premium costs. The District Government dental insurance provider is Cigna Dental Health, Inc.

Cigna DHMO

The District pays for 100 percent of the premium costs for the Dental HMO benefit.

Cigna PPO

Employees can choose to upgrade to the Dental PPO plan, which offers coverage for out-of-network providers.

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 22**. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

Health Benefits

Vision Benefits

District of Columbia Employee Health Benefits Program (DCEHBP)

The District provides comprehensive optical coverage for all non-union employees and union employees covered by the Compensation Unit 1 and 2 Collective Bargaining Agreement. The District pays 100 percent of premium costs. The plan is administered by Quality Plan Administrators

The DC Vision Health Care Plan will pay expenses incurred for the services of a licensed ophthalmologist, optometrist or optician, acting within the scope of his license for visual care services and supplies listed as Vision Expense Benefits in the Schedule of Benefits provided that:

- Such services are rendered and supplies furnished, while the individual is covered under the Plan.
- Payment for any one service or supply will not exceed the lesser of the fee actually charged or the maximum amount payable for such services as indicated in the Schedule of Benefits.

Payment will not be made for more than:

- One complete eye examination in any consecutive 12-month period
- One pair of lenses (including contact lenses) in any consecutive 12-month period
- One set of frames in any consecutive 12-month period

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 22**. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

For more information, please visit *http://dchr.dc.gov/page/dependent-eligibility-verification*.

Employee Insurance

Standard Insurance Company is the District Government disability insurance provider. Deductions for both disability programs are done on an after-tax basis. This assures that any payments you receive from the program are not taxed.

Short-Term Disability Insurance

All benefits-eligible employees may enroll in the Short-Term Disability Insurance Program. Short-term disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 20-day elimination period. Income is replaced at 66 2/3 percent of the employee's base pay and coverage lasts for six months. This program is designed to lessen the financial burden employees may incur from an extended non-work-related injury or illness. Short-term disability insurance specifically addresses absences from work due to one's own health-related reasons. If you have a qualifying medical condition, this insurance provides a partial replacement of your income.

Key Features:

- Weekly disability benefits of $15-$1,154
- Income coverage of up to 66 2/3 percent of your salary
- Worldwide coverage
- Waiver of premium if you become disabled

Short-Term Disability Premium Rates

Employee Age on Calendar Year	Biweekly Premium Rate Per $100 of Monthly Covered Payroll
Age 17-49	$0.39
Age 50-69	$0.52

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Employee Insurance

Long-Term Disability Insurance

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance Program. Long-term disability insurance provides income replacement that may be used in conjunction with your annual or sick leave. This program has a 180-day elimination period. Income is replaced at 66 2/3 percent of your pre-disability earnings, reduced by deductible income. If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins as indicated in the Standard Insurance Long-Term Disability table.

Key Features:

- Monthly LTD benefit of $100-$7,500
- 180-day elimination period
- Worldwide coverage
- Waiver of premium while disabled

Long-Term Disability Premium Rates

Employee Age on Calendar Year	Biweekly Premium Rate Per $100 of Monthly Covered Payroll
Age less than 25	$0.16
Age 25-29	$0.20
Age 30-34	$0.24
Age 35-39	$0.30
Age 40-44	$0.43
Age 45-49	$0.65
Age 50-54	$0.96
Age 55-59	$1.28
Age 60-64	$1.36
Age 65 and above	$1.46

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Employee Insurance

Federal Employees' Group Life Insurance

Employees hired before October 1, 1987, are eligible for Federal Employees' Group Life Insurance (FEGLI), which is administered by the US Office of Personnel Management. Term life insurance provides coverage equal to an employee's annual salary rounded to the next thousand, plus an additional $2,000.

The cost of your monthly premium is shared with the District. You pay two-thirds of the total cost and the District pays one-third. Additional life insurance levels are available for employees and their dependents at a low cost.

Optional Plan	Additional Coverage	Premium Amount
Option A Standard	$10,000 coverage	Cost determined by age
Option B Additional	Coverage up to five times the employee's annual salary	Cost determined by age and employee's salary
Option C Family	$5,000 for eligible spouse and $2,500 for each eligible child.	Cost determined by age

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Employee Insurance

Indemnity Coverage

Indemnity plans are a type of medical insurance that reimburse the patient and/or provider as expenses are incurred. Aflac is the District Government indemnity plan provider.

Aflac directly pays cash benefits to the designated employee (unless assigned elsewhere) in the event of illness or injury. This acts like a safety net for you and your family – you can use the funds to help cover expenses that major medical does not.

Aflac indemnity plans include:

- Individual Cancer/Specified-Disease Insurance
- Individual Hospital Confinement Sickness Indemnity Insurance
- Individual Specified Health Event Insurance

Work & Life Benefits

Employee Assistance Program

Inova Employee Assistance Program (EAP) 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.

District employees can log onto the Inova Employee Assistance member site at *www.inova.org/eap* to access the web portal to your Inova EAP and Work-Life services. Employees will have access to articles and helpful web links on a range of topics such as Parenting, Aging, Career and Workplace Education, Health, Wellness and other daily living topics.

Inova EAP resources include:

- Legal and Financial Tools
- Webinars
- Confidential Counseling
- Identity Theft Services
- Work-Life Referral

Work & Life Benefits

Flexible Spending Accounts

The District offers benefits-eligible employees two pre-tax flexible spending accounts (FSAs) — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to pay for eligible, out-of-pocket health and/or dependent care expenses. Every plan year you must designate the amount to be set aside in your FSAs. In 2014, the IRS modified the "Use-It-or-Lose-It" rule, which allows participants to carry over unused health care FSA funds from one year to the next. Participants may carry over up to $500 of their FSA balance into the next year. Benefit Resource, Inc. administers these accounts.

Health Care Flexible Spending Accounts

Health Care Flexible Spending Accounts (HCFSA) allow you to plan for and cover eligible out-of-pocket medical expenses on a pre-tax basis with deductions taken directly from your base salary. Deductions for the HCFSA reduce the gross income on your Form W-2 for federal and social security tax purposes. Deductions are put into a special account, which will be used to reimburse participants for covered expenses up to a maximum of $2,550 each year. All receipts for expenses must be submitted by March 31.

Dependent Care Flexible Spending Accounts

Dependent Care Flexible Spending Accounts (DCFSA) allow you to pay for eligible dependent care expenses on a pre-tax basis, with deductions taken directly from your base salary. Deductions reduce your gross income on your Form W-2 for federal and social security tax purposes. The deductions are put into a special account, which will be used to reimburse participants for covered expenses up to a maximum of $5,000 each year. All receipts for expenses must be submitted by March 31.

Work & Life Benefits

Commuter Benefits

All benefits-eligible employees may enroll in the Commuter Benefits Program. Commuter Benefits Accounts provide tax-exempt funds through a paycheck deduction that you can use to pay for eligible transit and parking services. Employees can sign up for a Commuter Benefits Account two to three business days after their first payroll deduction. Commuter Benefits Accounts are administered by Benefit Resource, Inc.

Transit Commuter Benefits Account

Enrolling in a Transit Commuter Benefits Account can save you up to 40 percent on commuting expenses – including Metro trains and buses, commuter trains, and more. Participants select the amount they would like to contribute for the month and their account is automatically funded with a pre-tax paycheck deduction. Afterward, participants may purchase regular daily, weekly or monthly transit passes with their BRI debit card.

Per IRS guidance, employees may deduct up to $255 each month for combined commuter highway vehicle transportation and transit passes.

Parking Commuter Benefits Account

Enrolling in a Parking Commuter Benefits Account can save you up to 40 percent on work-related parking expenses. Participants select the amount they would like to contribute for the month and their account is automatically funded with a pre-tax paycheck deduction.

Per IRS guidance, employees may deduct up to $255 per month for qualified parking.

Employee Retirement

Civil Service Retirement for Employees Hired Before October 1, 1987

Employees first hired by the District of Columbia Government before October 1, 1987 are subject to the provisions of the CSRS administered by the US Office of Personnel Management. Under each plan, you may choose to retire when you reach:

Optional Retirement	Voluntary Early Retirement
Age 55 and 30 years of service	50 and 20 years of service
Age 60 and 20 years of service	Any age and 25 years of service
Age 62 and 5 years of service	2 and 5 years of service

The pension of an employee who chooses Voluntary Early Retirement will be reduced by 2 percent for each year under age 55.

401(a) Defined Contribution Pension Plan for Employees Hired on or After October 1, 1987

The District Government's primary retirement plan for eligible employees first hired on or after October 1, 1987, is a "defined contribution" plan, with benefits based on 100 percent employer-provided contributions plus earnings over the course of the participant's working years. The District funds this plan; there is no employee contribution. The current employer-paid contribution is 5 percent of the base salary (5.5 percent for Corrections Officers). Employees must have one year of continuous service to participate, and they are fully vested in the Defined Contribution Pension Plan after five years of continuous service. ICMA-RC administers this plan.

Employee Retirement

DC 401(a) Vesting Schedule

Under the DC 401(a) Retirement Plan, vesting is the term used to define when you have a right to the value of your account under the Plan. Accounts are gradually vested based on the following schedule:

Years of Creditable Service	Percentage of Account that is Vested
Less than 2	0%
2	20%
3	40%
4	60%
5 or more	100%

457(b) Deferred Compensation Plan

All District Government employees are eligible to participate in the Deferred Compensation Program, an optional savings program that allows employees to tax-defer income and invest for the future. ICMA-RC administers this plan.

The portion of salary an employee contributes reduces the amount of taxable income in each paycheck. The Internal Revenue Service determines the annual maximum amount that can be deferred. You may also be eligible for increased annual contributions during the three years prior to the year you attain Normal Retirement Age under a special 457 catch-up provision or when you reach age 50 or older by the end of the calendar year.

Employee Retirement

Retirement Plans at a Glance

Plan Type	Employer Contribution	Employee Requirements
401(a) Defined Contribution Pension Plan for Employees Hired on or After October 1, 1987	100% Employer Funded; 5% of the base salary (5.5 % for Corrections Officers) after one year of service.	Must have one year of continuous service to participate; fully vested in the Defined Contribution Pension Plan after five years of continuous service.
457(b) Deferred Compensation Plan	N/A	Available through the Office of Finance and Treasury and open to all employees who can contribute the minimum of $20 per pay period.
Civil Service Retirement System (CSRS) for Employees Hired Before October 1, 1987	CSRS covered employees contribute 7, 7.5 or 8% of pay to CSRS and, while they generally pay no Social Security retirement, survivor and disability (OASDI) tax, they must pay the Medicare tax (currently 1.45% of pay). The employing agency matches the employee's CSRS contributions.	
Police Officers and Firefighters Plan	Employee required to make retirement contributions to the plan while employed by the Police or Fire Department: 7% of base pay (if hired before November 10, 1996) or 8% of base pay (if hired on or after November 10, 1996).	
Teachers Retirement Plan	Upon hire, employees classified ET begin automatically contributing 8% (if hired on or after November 1, 1996) or 7% (if hired prior to November 1, 1996) of their salary on a biweekly basis into this retirement plan. Employees that are not classified ET do not contribute to this plan.	

Employee Leave

Annual & Sick Leave

Eligible employees accrue annual and sick leave each pay period. Upon separation, an employee receives cash value for 100 percent of the remaining accrued annual leave.

Annual Leave

Regular full-time employees accrue annual leave accordingly:

Years of Employment	Annual Leave Accrued
0-2 Years	13 Days (4 hours/pay period)
3-15 Years	20 Days (6 hours/pay period)
15+ Years	26 Days (8 hours/pay period)

Sick Leave

Regular full-time employees accrue 13 days of sick leave annually (four hours per pay period) regardless of years of employment.

Part-Time & Executive Service Employees

Part-time employees who work at least 40 hours per pay period earn annual and sick leave at a proportional rate. Executive Service employees receive 26 days of universal leave per calendar year.

Annual Leave Bank

The Annual Leave Bank is a accumulated annual leave fund donated by employees for the use of other leave bank members. It prevents or limits income loss by employees who do not have sufficient paid leave to cover an absence. To receive leave from the leave bank, an employee must donate at least four hours of annual leave each year.

Holidays

Employees receive 11 paid holidays: New Year's Day; MLK, Jr. Birthday; Presidents Day; DC Emancipation Day; Memorial Day; Independence Day; Labor Day; Columbus Day; Veterans Day; Thanksgiving; Christmas Day.

Employee Leave

Family & Medical Leave

DC Family and Medical Leave Act

The DC Family and Medical Leave Act (DCFMLA) was made effective on October 3, 1990 and is applicable to employees whose actual work location is in the District of Columbia as of April 1, 1991. To be eligible, employees must have worked for the District for one year with no break in service and have worked at least 1,000 hours (DCFMLA) or 1,250 hours (FMLA) during the 12-month period immediately preceding the request for leave.

DCFMLA Statutory Medical Leave

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

DCFMLA Statutory Family Leave of Absence

The DCFMLA allows up to 16 weeks of unpaid leave in any 24-month period for specified reasons, as prescribed by the DCFMLA. The employee must provide documentation explaining the nature of the leave.

DC Paid Family Leave Program

Effective October 1, 2014, employees may receive up to eight weeks of paid leave for the birth or adoption of a child or to care for a family member with a serious health condition.

Contacts

- DCHR Benefits and Retirement Administration
- Plan Provider Contacts
  - Medical
  - Dental
  - Vision
  - Short- and Long-Term Disability
  - Indemnity Plans
  - Employee Assistance Program
  - Flexible Spending Accounts

Contacts

DCHR Benefits & Retirement Administration

441 4th Street, NW, Suite 340N North
Washington, DC 20001
(202) 442-7627

dchr.benefits@dc.gov
http://dchr.dc.gov

Plan Providers: Insurance

Medical

Aetna Member Services
1 (888) 238-6258
www.aetna.com

Kaiser Permanente Member Services
(301) 468-6000 (Metro)
https://healthy.kaiserpermanente.org

United Healthcare Member Services
1 (866) 633-2446
www.uhc.com

Dental

Cigna Dental Health, Inc.
1 (800) 367-1037
www.cigna.com

Vision

Quality Plan Administrators
(202) 722-2744 or 1 (800) 900-4112
http://qualityplanadmin.com

Contacts

Group Life & Disability

The Standard Insurance Company Customer Contact Center
1 (888) 937-4783
https://go.standard.com/mybenefits/dc

Indemnity Plans

Aflac
1 (800) 992-3522
https://enrollment.aflac.com/AccountSites/D_F/DCGov/Homepage.aspx

Plan Providers: Work & Life Benefits

Employee Assistance Program

Inova
1 (800) 346-0110
www.inova.org/eap

Flexible Spending Accounts & Commuter Benefits

Benefit Resource, Inc.
1 (800) 473-9595
www.benefitresource.com

Retirement Plans

ICMA-RC
1 (800) 669-7400
www.dcretire.com

dchr

DC Department of Human Resources

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