



# Your Benefits

Effective July 2024 - June 2025

# Table of Contents

<b><u>Making Benefit Selections</u></b>	<b>3</b>
<b><u>Helpful Terms &amp; Resources</u></b>	<b>4</b>
<b><u>Contact Information</u></b>	<b>5</b>
<b><u>Medical Benefits</u></b>	<b>6</b>
<b><u>Virtual Visits</u></b>	<b>7</b>
<b><u>Dental Benefits</u></b>	<b>8</b>
<b><u>Vision Benefits</u></b>	<b>9</b>
<b><u>Health Savings Account (HSA)</u></b>	<b>10</b>
<b><u>Flexible Spending Accounts (FSA)</u></b>	<b>11</b>
<b><u>Voluntary Benefits</u></b>	<b>12</b>
<b><u>Employee Assistance Program (EAP)</u></b>	<b>13</b>



# Making Benefit Selections

## Eligibility

### For you

You are eligible for benefits as a full-time employee working at least **30 hours** per week.

### Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

#### Your Spouse

- You may cover your legal spouse (from whom you are not legally separated or divorced).

#### Your children

- Unmarried/married dependent children (including stepchildren, legally adopted children and children placed with you for adoption and guardianship) to their 26th birthday, regardless of student or residence status.
- Unmarried/married dependent children (not their spouse or dependents) who are physically or mentally disabled. Proof of disability is required.

## How to enroll

### Enrolling in benefits is easy!

- Read your materials, including this benefits guide, and make sure you understand all the options available.
- Contact HR for the enrollment forms.
- Fill out any necessary personal information.
- Make your benefit choices.
- If you have questions or concerns, please contact your HR department.



## Enrolling in coverage

Your benefit plans are in effect July 1 – June 30 next year. In general, there are **three times** you can make benefit selections:

### ① When you're first eligible

New hires become eligible for coverage on the **first of the month following 30 days of their date of hire**. You must make your election to enroll within 30 days of your eligibility date.

### ② At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from **July 1, 2024 – June 30, 2025** unless you have a qualifying life event.

### ③ If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- change in marital status
- change in number of dependents due to birth, adoption, death, or divorce
- change in employment status for yourself or your spouse
- special enrollment rights, such as marriage, birth, adoption or loss of other coverage

**Changes to your benefit elections must be consistent with the related status change and documentation may be required. You must notify Human Resources within 30 days of the life event date in order make changes to your benefit elections during the plan year.**

# Helpful Terms & Resources

## We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

### Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

*Medical: balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

### Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

### Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

### Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

### In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

### Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

### Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

### Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).

### Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

### Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Rockbridge County Public Schools (RCPS).



How to handle medical bills (4:46)



[Download now](#)





Getting Started

# Contact Information



Questions? The Advanced Resolutions Team (ART), is here to help you with claims, ID cards, coverage questions, and more!

1-866-802-6311

[art@onedigital.com](mailto:art@onedigital.com)

Monday - Friday, 8am-5pm EST

Benefit	Carrier	Contact Information
Medical, Vision, and EAP	The Local Choice	1.888.642.4414 <a href="http://www.anthem.com/tlc">www.anthem.com/tlc</a>
Dental	Delta Dental	1.800.237.6060 <a href="http://www.deltadental.com">www.deltadental.com</a>
Health Savings Account (HSA)	HealthEquity	1.866.346.5800 <a href="http://www.healthequity.com">www.healthequity.com</a>
Flexible Spending Account (FSA)	HealthEquity	1.866.346.5800 <a href="http://www.healthequity.com">www.healthequity.com</a>
Accident Insurance and Critical Illness	Transamerica	1.800.251.7254 <a href="http://www.transamerica.com">www.transamerica.com</a>
Air Ambulance Benefits	AirMedCare Network	Chris Koon 1.276.266.6661 <a href="mailto:christopher.koon@gmr.net">christopher.koon@gmr.net</a>
Voluntary Products	Aflac	Judy McCullough 1.434.851.2241 <a href="mailto:judy_mccullough@us.aflac.com">judy_mccullough@us.aflac.com</a>
Account Manager	OneDigital	Conner Jackson 1.540.400.8800 ext. 3 <a href="mailto:conner.jackson@onedigital.com">conner.jackson@onedigital.com</a>



# Medical insurance

Select from two medical options through The Local Choice.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



[Preventive Care List](#)



**Key Advantage 1000**



**High Deductible Plan**

**In-network care**

[See plan details](#)

[See plan details](#)

**Annual Deductible (DED)**

\$1,000 per person  
\$2,000 family max

\$3,200 per person  
\$6,400 family max

**Out-of-pocket maximum**

\$5,000 per person  
\$10,000 family max

\$5,000 per person  
\$10,000 family max

**Pre-tax account availability**

Flexible Spending Account (FSA)

Health Spending Account (HSA)

**Preventive care**

100% covered

100% covered

**Primary care visit**

\$25 copay

20% coinsurance after deductible

**Specialist visit**

\$40 copay

20% coinsurance after deductible

**Urgent care**

\$40 copay

20% coinsurance after deductible

**Emergency room**

20% coinsurance after deductible

20% coinsurance after deductible

**Inpatient hospital care**

20% coinsurance after deductible

20% coinsurance after deductible

**Prescription drugs**

**(30 days | 90 days)**

**(30 days | 90 days)**

**Tier 1**

\$10 copay | \$20 copay

**Tier 2**

\$30 copay | \$60 copay

**Tier 3**

\$45 copay | \$90 copay

**Tier 4**

\$55 copay | \$110 copay

20% coinsurance after deductible  
for all tiers

**Out-of-network care**

**Balance billing applies**

**Balance billing applies**

**Annual deductible**

\$2,000 / \$4,000

Combine w/ in-network ded.

**Out-of-pocket maximum**

\$9,000 / \$18,000

\$10,000 / \$20,000

**See your plan documents for out-of-network benefits.**

*The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.*

## Medical Benefits

# Virtual Visits

### Telehealth: virtual health care that fits your schedule

It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through The Local Choice includes access to virtual care through **LiveHealth Online**.



#### Benefits of Virtual Care

- Talk to a doctor anytime, anywhere you happen to be
- Receive quality care via phone, video or mobile app
- Prompt treatment and quick call back
- A network of doctors that can treat every member of the family
- Prescriptions sent to pharmacy of choice if medically necessary
- Dermatology visits for skin problems
- Virtual Visits are less expensive than the ER or urgent care

#### Get the Care You Need

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Urinary tract infections



#### Enrolling is easy!

Enroll for free:

1.888.548.3432

[www.livehealthonline.com](http://www.livehealthonline.com)

Download the free LiveHealth Online mobile app!

## Download the app now!

[apple.com](http://apple.com)



[play.google.com/store](http://play.google.com/store)



## Dental Benefits

# Dental Insurance

Your dental coverage is through Delta Dental of VA.

The dental plan provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, and fillings. With Delta Dental of VA, you have access to an unmatched dual network to ensure that care is convenient for you and your family.



[Learn about dental care categories](#)



### Comprehensive Dental

	In-Network
Annual Deductible (DED)	\$25 per person \$75 family max
Annual Maximum Benefit	\$1,500 per person
Preventive Care	100% covered
Basic Care	DED then you pay 20%
Major Care	DED then you pay 50%
Orthodontia (Child and Adult) \$1,500 Lifetime Maximum	50%, deductible does not apply

*Out-of-Network benefits mirror the in-network benefits; however, you will have higher out-of-pocket expenses if you see an out-of-network provider. When going out-of-network, the reimbursement level is based on usual & customary charges. You may be balance-billed if your provider charges more than the usual & customary. Please see your plan documents for Out-of-Network benefits.*



**Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays). **Please note:** If you see a Delta Dental participating dentist, your dentist will submit claim forms for you. If you see an Out-of-Network dentist, you may need to submit the claim forms yourself.

*The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.*



## Vision Benefits

# Vision Insurance

**Your vision coverage is through The Local Choice.**

The plan offers preventive care through regular eye exams and provide coverage for corrective materials, such as glasses and contact lenses.



### Key Advantage 1000

### HDHP

Annual eye exam (every 12 months)	\$40 copay	\$15 copay
Frames (every 12 months)	Up to \$100 retail allowance	Up to \$100 retail allowance
Lenses (every 12 months) <ul style="list-style-type: none"><li>• Single</li><li>• Bifocal</li><li>• Trifocal</li></ul>	\$20 copay \$20 copay \$20 copay	\$20 copay \$20 copay \$20 copay
Contact lenses (every 12 months) <ul style="list-style-type: none"><li>• Elective</li><li>• Medically Necessary</li></ul>	Up to \$250 retail allowance  100% covered	Up to \$250 retail allowance  100% covered



**Stay in-network to avoid balance billing** (the difference between what an out-of-network provider charges and the amount your insurance pays).

*The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.*

# Health Savings Account (HSA)

An HSA administered by **HealthEquity** is paired with a High Deductible Health Plan (HDHP).

A Health Savings Account (HSA) is a way for you to save pretax dollars that can be used to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions and vision and dental expenses. In order to contribute to an HSA, you must be enrolled in **RCPS TLC \$3,200 HSA medical plan**.

## HSA Contributions

	If you cover yourself only	If you cover dependents
2024 IRS maximum contribution	\$4,150	\$8,300

**55 or older?** You can contribute an extra **\$1,000** per year in catch-up contributions.

## RCPS HSA Contributions

RCPS contributes annually to your account.

- **Individual:** \$360
- **Individual + Spouse:** \$720 *if your spouse is enrolled and also an eligible employee of RCPS*

## Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be enrolled in RCPS TLC \$3,200 medical plan,
- not be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- not be anyone else's tax dependent, and
- not be eligible for or enrolled in Medicare A or B, Tricare, or VA benefits.

## HSA funds

### Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-healthcare expenses are subject to tax penalties.

**Keep your receipts!**

### Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free, and come out tax-free when you use them for qualified health expenses. You may also invest the funds in your HSA once a minimum cash balance is attained.

### In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.

If you are contributing to an HSA for the first time, you will receive an email from **HealthEquity**, with information about setting up your account, and how to obtain a debit card to pay for medical expenses or invest your funds.

Alternatively, visit [www.healthequity.com](https://www.healthequity.com) or contact Health Equity at 1.866.346.5800 to inquire about opening an HSA account.



Learn how HSAs can help you save for today and tomorrow.



## Tax-Advantaged Accounts

# Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through **HealthEquity**.

Health and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

HealthEquity

Eligible expenses



## Health Care

### Health Care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2024 maximum contribution	\$3,200
---------------------------	---------

Annual rollover amount	\$550
------------------------	-------

### Limited Purpose FSA

Pay for eligible **dental** and **vision** expenses when you're also contributing to an HSA.

2024 maximum contribution	\$3,200
---------------------------	---------

Annual rollover amount	\$550
------------------------	-------

Enrolled in an **HDHP** plan and eligible for HSA contributions? You're not eligible for a health care FSA; you can contribute to a limited purpose FSA instead.

## Dependent Care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2024 maximum contribution	\$5,000
---------------------------	---------

Married filing separately: contribute up to \$2,500 per person.

Only the amount you've **actually contributed** is available for use at any one time.

**Estimate carefully!** Unused funds will be forfeited at the end of the year per IRS regulations.

If you are contributing to an FSA for the first time, you will receive an email from **HealthEquity**, with information about setting up your account, and how to obtain a debit card to pay for medical expenses or invest your funds.

Alternatively, visit [www.healthequity.com](https://www.healthequity.com) or contact Health Equity at 1.866.346.5800 to inquire about opening an HSA account.

*The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.*

## Additional Benefits

# Voluntary Benefits

Be prepared and protect your life from the unexpected through **Transamerica**.

Voluntary Benefits provide tax-free cash benefits when you're sick or hurt, to help with any expenses you may incur. You can pay for these voluntary programs through payroll deductions on a post-tax basis. All three plans below offer guaranteed issue (no medical questions asked) and flexibility to use the benefit money for any purpose you like.

### Accident Insurance

[See plan details](#)



Accident Insurance coverage pays you a cash benefit for specific covered accidents and injuries that happen after your coverage effective date. The benefit amount depends on the type of injury you have and the treatment you receive. The money is yours to use as you choose.

The plan includes a **\$150 Wellness Benefit per covered person, per calendar year**, that helps pay for preventive care and other health screenings.

**Refer to the carrier benefit summaries for additional coverage information.**

**Access the Enrollment Form Here!**

[Enrollment Form](#)



### Critical Illness

[See plan details](#)



Critical Illness coverage pays a lump-sum benefit in the event you are diagnosed with a covered critical illness of specified disease.

The plan includes a **Wellness Benefit - receive \$50 per covered person, per calendar year**, for a health screening or diagnostic test.

Available coverage amounts are:

- Employees: \$10,000 or \$20,000
- Spouses: \$10,000 or \$20,000
- Child(ren): \$5,000 or \$10,000

If a spouse/dependent is covered under the employee's plan, they can elect 50% of the employee's coverage.

**Refer to the carrier benefit summaries for additional coverage information.**

Protect your family and your finances through **RCPS** and administered by **AirMedCare Network**.



### Air Ambulance Benefit

[See plan details](#)



In a medical emergency every second counts, especially when transporting patients who are far away from appropriate medical treatment. No one knows that better than AirMedCare Network (AMCN). AMCN providers respond to scene calls and provide hospital-to-hospital transports—carrying seriously ill or injured patients to the nearest appropriate medical facility.

AMCN is America's largest air ambulance membership network. Expenses for emergency air medical transport can put stress on your finances. With an AMCN membership, you will have no out-of-pocket expenses if flown by an AMCN provider. Membership fees cover not just yourself, but anyone who resides within the household.

**Refer to the carrier benefit summaries for additional coverage information.**

*The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.*





## Work/Life Benefits

# Employee Assistance Program (EAP)

Care for your mind – and your life – with support through The Local Choice.

Rockbridge County Public Schools offers employees and their dependent(s) an Employee Assistance Programs (EAP) at no cost to you. Through our EAP, we make sure you have 24/7 access to resources and consultants to assist with personal life challenges.



Everyone needs support sometimes.

The Employee Assistance Programs (EAP) is a confidential service with access to guidance and resources at no cost for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online or over the phone. 24/7/365.

---

### EAP features:

- **Confidential.** No one at RCPS will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at **no cost**.
- **Face-to-face visits.** When needed, each person can receive up to 4 **face-to-face** (or virtual) visits with a licensed counselor per issue per year. **At no cost.**



### TLC Employee Assistance Program (EAP)

For 24/7 Support  
855.223.9277

[www.anthemEAP.com](http://www.anthemEAP.com)

Go to "EAP Member Login", type in "Commonwealth of Virginia" as the company name, and choose the Local Choice.



Anthem

# Say hi to Sydney

Anthem's new app is simple,  
smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney**  
Download the app today!



## Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

## Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

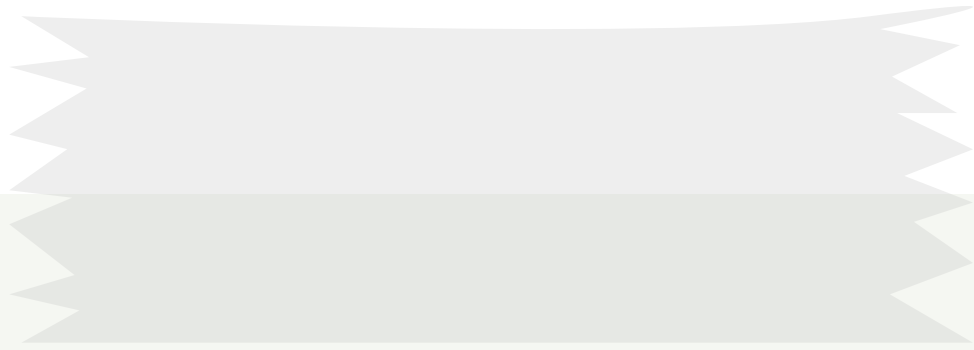
### With just one click, you can:

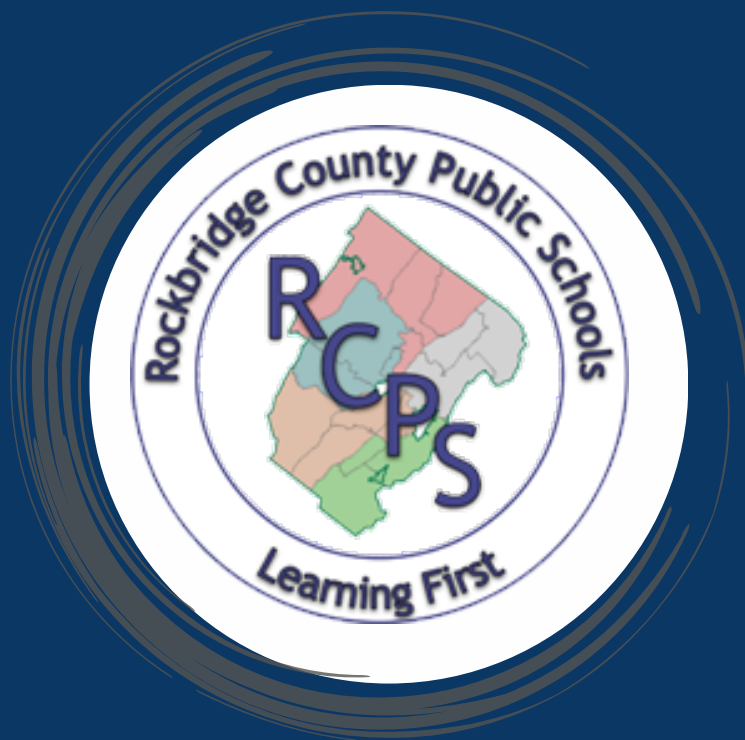
- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

### Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

# Notes





# 2024-2025 Benefits