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DC Department of Human Resources

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DC Government Employee Benefits Guide 2018

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Welcome

Are you enrolling in your District Government benefits for the first time? Making changes to your current benefits? You're in the right place!

The following sections contain information on a range of employee benefit and related topics, including:

- Enrollment
- Benefits at a Glance
- Premium Rates
- Wellness Resources
- High-Level Benefits Overview
- DCHR & Provider Contacts

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

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Enrollment

- Federal Employee Health Benefits Program (FEHB)
- District of Columbia Employee Health Benefits Program (DCEHBP)
- Open Enrollment 2018
- What's New for 2018
- How to Enroll
- ALEX, the Virtual Benefits Counselor

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 $2,650 for the 2018 Benefit Period. The maximum annual election for a Dependent Care Flexible Spending Account is $5,000 for the 2018 Benefit Period. The minimum annual election for the flexible spending accounts is $100 for the 2018 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.

2018 Premium Rates for Federal Employees

2018 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 2018, so you understand how they impact your 2018 benefits.
- Review your current benefit choices. Ask yourself, "does this coverage meet my expected needs?" If not, "what should I change?"
- Log in to Employee Self Service at *https://ess.dc.gov* to enroll in 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

Open Enrollment 2018

Open Enrollment for your 2018 benefits **begins Monday, November 13** and **ends on Monday, December 11, 2017 at 5:00 p.m. EST**. This is your opportunity to review your current benefit elections and make any necessary changes.

If you are satisfied with your current benefits and have no new dependents to add, then you do not have to take any action this year. Your elections will carry over to the 2018 plan year; however, the costs will reflect the 2018 contribution amounts.

Coverage Effective Dates

For employees paid biweekly, changes made during Open Enrollment will be effective **January 7, 2018**. For employees paid semi-monthly (some DCPS and UDC), changes will be effective **January 1, 2018**.

Contact the DCHR Benefits & Retirement Administration

DCHR Benefits and Retirement Administration call volumes are highest during the first two and the last three days of the Open Enrollment period. Call volumes are lowest early morning (8:00 a.m. to 10:00 a.m.) or late afternoon (2:00 p.m. to 5:00 p.m.) Tuesday through Thursday.

The DCHR Benefits and Retirement Administration can be reached Monday through Friday from 8:30 a.m. to 5:00 p.m. at the following:

Phone: 202.442.7627
Email: *dchr.benefits@dc.gov*

One Judiciary Square
441 4th Street, NW, Suite 340 North
Washington, DC 20001
Judiciary Square Metro Station, Red Line

Enrollment

What's New for 2018

2018 DC Employee Healthcare Benefits Providers (DCEHBP) Employee Premium Costs

As health care costs continue to rise, so do the costs for the District of Columbia Government. Therefore, your costs for coverage will increase again in 2018. The District will take on the majority of the increase, but some of the 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 prescription drugs.

Increased 2018 Pre-Tax Contribution Limit for Health Care FSAs

The 2018 pre-tax contribution limit for Health Care Flexible Spending Accounts is $2,650. This is a $50 increase over the 2017 limit. The limit is effective January 1, 2018. Learn more on *page 34*.

Increased 2018 Pre-Tax Commuter Benefit Limits

The maximum monthly pre-tax limit for mass transit and parking will increase from $255 in 2017 to $260 in 2018. BRiWeb enrollment will automatically be updated to reflect the updated limits in 2018. Learn more on *page 35*.

Increased 2018 Retirement Plan Contribution Limits

The 2018 elective deferral limit for 457(b) plans increased to $18,500. This is a $500 increase from 2017. The 2018 Age 50 Catch-Up Limit is $24,500 and the Pre-Retirement Catch-Up Limit is $37,000. Learn more on *page 37*.

Enrollment

How to Enroll

Enrollment changes can be made through Employee Self Service (ESS) You can access ESS on any computer with an internet connection at *https://ess.dc.gov*. Employees who need assistance or computer access can visit the DCHR Customer Service Center at One Judiciary Square, 441 4th Street, NW, on the wlobby level.

The following program is **not available** for enrollment through ESS:

- DC College Savings Plan

Enrollment Resources

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

Coverage Effective Dates

- Outside of Open Enrollment, elections made within 31 days of new hire or a qualifying life event 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.

Contact the DCHR Benefits & Retirement Administration

The DCHR Benefits and Retirement Administration can be reached Monday through Friday from 8:30 a.m. to 5:00 p.m. at the following:

202.442.7627 | *dchr.benefits@dc.gov*

One Judiciary Square, 441 4th Street, NW, Suite 340 North
Judiciary Square Metro Station, Red Line, 4th Street Exit

Enrollment

Meet ALEX, Virtual Benefits Counselor

Find the great-fit benefit plans you and your family will love with ALEX®, the virtual benefits counselor. ALEX is an easy-to-use online tool that will help you get the right amount of coverage for your needs. ALEX will ask questions about your health care needs (your answers remain anonymous) and educate you about the plans that are the best fit. Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much.

How long does it take go through ALEX?

Most users spend about 7 minutes with ALEX, but the actual duration will depend on your needs. Also, you can always save your place in ALEX and return later simply by providing your email address.

How can I make the most of my ALEX experience?

ALEX is best experienced on a desktop computer with sound (either headphones or speakers), but you can also use it on an Android or iOs (Apple) mobile devices.

How does ALEX calculate recommendations?

ALEX estimates the total yearly out-of-pocket costs (your premium contributions and the costs for the services you plan to use) for each plan and suggests plans with the lowest overall cost to you based on your personal preferences. ALEX's cost data is based on health insurance plan design features and average procedure cost data.

Visit ALEX at *www.myalex.com/dchr/2018*.

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**

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.

Dependents

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 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

2018 Plan Rates: Medical

The following charts list the biweekly rates you will pay for your benefits coverage from January 7 through December 31, 2018.

Biweekly Employee Rates: Medical Plans

	Aetna HMO	Aetna CDHP	Aetna PPO	Kaiser Permanente HMO	UnitedHealthcare HMO Choice
Self Only	$87.53	$49.91	$89.58	$68.32	$81.60
Self +1	$172.05	$98.10	$176.09	$130.50	$155.86
Family	$252.93	$144.23	$258.87	$200.19	$239.10

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Benefits at a Glance

2018 Plan Rates: Dental

- Provider: Cigna Dental
- **Dental HMO**: Available at **no cost** to employees; District pays 100% of premium costs.
- **Dental PPO**: 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	$26.92	$0.00
Self +1	$38.20	$0.00
Family	$49.54	$0.00

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 26**. 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.

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

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Benefits at a Glance

2018 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.

Dependent Coverage

Eligible family members include your spouse and unmarried, dependent **children under age 26**. 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.

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

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Benefits You Can Enroll In

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

Benefits You Can Enroll In

Benefits You Can Enroll In: New 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
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/Accident Advantage – Individual Hospital Confinement – Individual Specified Health Event	You pay the full cost of coverage. Premiums are deducted from your paycheck on a pre- or after-tax basis.	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
College 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

DCHR's Workplace Wellness Plan provides the foundation for District agencies to develop activities and modify work environments and policies to support employee health and well-being.

- Workplace Wellness Plan
- Health Care Provider Resources

Wellness Resources

DCHR's Workplace Wellness Plan provides the foundation for District agencies to develop activities and modify work environments and policies to support employee health and well-being. In addition, positive benefits are likely to accrue to families of employees, resulting in better health for the community.

DCHR's workplace wellness policy addresses the following priorities:

- Prevent, detect and reduce modifiable risk factors for chronic conditions most affecting employees.
- Employee quality of life and District Government health care costs.
- Create a healthy workplace culture.
- Build support and collaboration.

If you enroll in a medical plan with the District, you 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 and resources to help manage chronic conditions, including:

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

For more information, 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.

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 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	15% coinsurance	0% coinsurance	$100 per admission	Waived if admitted as inpatient	$100 copay per inpatient stay
Hospice Care	Covered 85% after deductible	0% coinsurance	Covered 100%	No charge	No charge
Skilled Nursing Facility	Covered 85% after deductible	Covered 85% after deductible	$100 per admission	$100 per 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;	Primary: $10 per visit; Specialist: $20 per visit	Primary: $10 per visit; Specialist: $20 per visit
X-rays, Laboratory Tests	Covered 85% after deductible	Covered 100% if part of 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 85% after deductible	$100 per admission	$50 per visit	$50 copay per date of service
Short-Term Rehabilitation (physical, occupational or speech therapy)	Covered 85% after deductible	Covered 15% after deductible	$20 copay	$20 per visit	$20 copay per outpatient visit
Chiropractic Care	85% coinsurance after deductible, 20 visits per year	Covered 85% after deductible; no limits	Covered 85%; no deductible; 20 visits per year	$20 per visit	Limitations may apply
Acupuncture	NOT COVERED	NOT COVERED	NOT COVERED	$20 per visit	Limitations may apply
Home Health Care	Covered 85% after deductible	Covered 85% 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	$100 copay	$50 per visit	$100 per 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)	Covered 15% after deductible	Covered 85% after deductible	$100 per stay copay for facility services	$100 per admission	$100 copay per inpatient stay
Office Visits (for baby)	Covered 85% after deductible	Covered 100%; deductible waived	Covered 100%; deductible waived	No charge	$10 copay
Medical Equipment					
Durable Medical Equipment	Covered 85% after deductible	Covered 85% after deductible	Covered 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 85% after deductible	$100 per admission copay	$100 per admission	$100 copay per inpatient stay
Outpatient Care	Covered 85% after deductible	$15 copay; deductible waived	$10 per visit	Individual: $10 per visit; Group: $5 per visit	$10 copay per visit
Substance Abuse					
Inpatient Care	15% coinsurance	Covered 85% after deductible	$100 per admission	$100 per admission	$100 copay per inpatient stay
Outpatient Care	15% coinsurance	$15 copay; deductible waived	$10 per visit	Individual: $10 per visit; Group: $5 per visit	$10 copay per visit
Prescription Drugs					
Generic	$10 copay; Mail Order: $20 copay	$20 copay; Mail Order: $40 copay	$20 copay; Mail Order: $8 copay	Plan Pharmacy: $10; Participating Pharmacy: $20; Mail Order: $8	Retail: $20 copay; Mail Order: $16 copay
Preferred Brand Drugs	$30 copay; Mail Order: $60 copay	$40 copay; Mail Order: $80 copay	$40 copay; Mail Order: $18 copay	Plan Pharmacy: $20; Participating Pharmacy: $40; Mail Order: $18	Retail: $40 copay; Mail Order: $36 copay
Non-Preferred Brand Drugs	$60 copay; Mail Order: $120 copay	$55 copay; Mail Order: $110 copay	$55 copay; Mail Order: $33 copay	Plan Pharmacy: $35; Participating Pharmacy: $55; Mail Order: $33	Retail: $55 copay; Mail Order: $66 copay

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Employee Insurance

Standard Insurance Company is the District Government disability insurance provider. Deductions for both programs are done on an after-tax basis. 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 Benefit
Age 17-49	$0.49
Age 50-69	$0.64

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Employee Insurance

Long-Term Disability Insurance

All benefits-eligible employees may enroll in the Long-Term Disability (LTD) Insurance Program. LTD 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 by Standard Insurance.

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	$0.18
Age 25-29	$0.22
Age 30-34	$0.28
Age 35-39	$0.34
Age 40-44	$0.49
Age 45-49	$0.74
Age 50-54	$1.09
Age 55-59	$1.45
Age 60-64	$1.55
Age 65+	$1.66

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Employee Insurance

Group Life Insurance

The Standard Insurance Company is the District Government group life insurance provider. 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 the monthly premium is shared with the District. You pay two-thirds of the total cost and the District pays one-third. **Please Note**: Life insurance is **not available** for Open Enrollment 2018.

Dependents up to age 22 may be eligible for life insurance coverage through District Government plans. Optional life insurance is available at a low cost for employees and their dependents, but employees pay 100 percent of the cost.

Basic Coverage Biweekly Rates

- $0.065 per $1,000 of coverage

Optional Coverage Rates

Option A: "Standard" Biweekly Rates Per $10,000 Coverage		Option B: "Additional" Biweekly Rates Per $1,000 Coverage	
Age	**Amount**	**Age**	**Amount**
Under 35	$0.35	Under 35	$0.027
Age 35-39	$0.42	Age 35-39	$0.035
Age 40-44	$0.57	Age 40-44	$0.051
Age 45-49	$.92	Age 45-49	$0.088
Age 50-54	$1.49	Age 50-54	$0.149
Age 55-59	$3.00	Age 55-59	$0.310
Age 60+	$4.52	Age 60+	$0.473

Option C: "Family" Biweekly Rates			
Option	**Age <45**	**Age 45-54**	**Age 55+**
$10,000 spouse life & $10,000/child life	$0.77	$1.46	$3.53
$25,000 spouse life & $10,000/child life	$1.50	$3.22	$8.39
$50,000 spouse life & $10,000/child life	$2.69	$6.14	$16.46

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 voluntary insurance policies 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 Insurance
- Individual Hospital Confinement Insurance
- Individual Accident Advantage 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

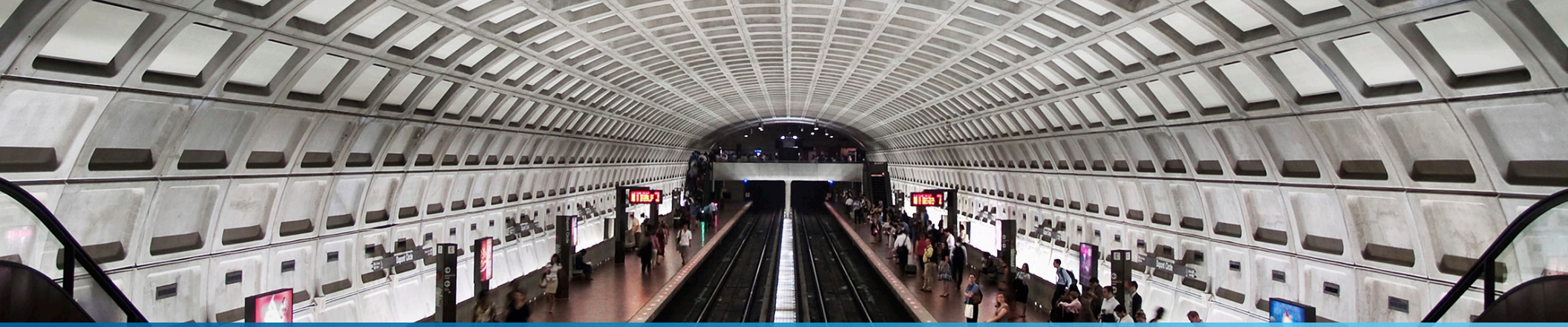
The District offers benefits-eligible employees two pre-tax flexible spending accounts (FSAs) — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. These accounts allow you to pay for eligible, out-of-pocket health and/or dependent care expenses. Every plan year you must designate the amount to be set aside in your FSAs. The IRS "Use-It-or-Lose-It" rule 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 $2,650 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 $260 each month for combined commuter highway vehicle transportation and transit passes. IRS regulations require the vendor-issued debit card be used for all mass transit expenses. Reimbursement claims cannot be substituted for mass transit expenses.

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 $260 per month for qualified parking. Claims for qualified parking and vanpooling expenses must be received by the FSA vendor within 180 days after the service is provided.

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:

Civil Service Retirement Options

Optional Retirement
Age 55 and 30 years of service
Age 60 and 20 years of service
Age 62 and 5 years of service
Disability Retirement: Any age 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.

Employee Retirement

401(a) Defined Contribution Pension Plan

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, they are fully vested in the 401(a) Plan after five years of continuous service. ICMA-RC administers this plan.

DC 401(a) Vesting 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.

Plan	Normal Limit	"Age 50" Catch-Up Limit	"Pre-Retirement" Catch-Up Limit
457	$18,500	$6,000	$37,000

The contribution limit for elective deferrals to a 457 deferred compensation plan increased to $18,500 for 2018. This is a $500 increase from 2017. Employees age 50 or older may contribute up to an additional $6,000, for a total of $24,500. Employees taking advantage of the pre-retirement catch-up limit may be eligible to contribute up to double the normal limit, for a total of $37,000.

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, employee-donated accumulated annual leave fund 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 & 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
- Office of Pay & Retirement Services
- 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 340 North, Washington, DC 20001
Monday Friday; 8:30 a.m. to 5:00 p.m. EST

(202) 442-7627
dchr.benefits@dc.gov
http://dchr.dc.gov

Office of Pay & Retirement Services

Payroll Concerns & Questions

441 4th Street, NW, Suite 410 South, Washington, DC 20001
(202) 741-8600
http://bit.ly/oprs-dc-gov

Plan Providers: Insurance

Medical

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

Kaiser Permanente Member Services
(301) 468-6000
https://my.kp.org/dcgovernment

United Healthcare Member Services
1 (800) 603-3923
http://dcgov.welcometouhc.com

Contacts

Dental

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

Vision

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

Group Life & Disability

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

Indemnity Plans

Aflac
(202) 442-9718
dcgovernment@us.aflac.com
https://enrollment.aflac.com/AccountSites/D_F/DCGov/Homepage.aspx

Contacts

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

Savings Plans

DC College Savings Plan
1 (800) 987-4859
clientservice@dccollegesavings.com
www.dccollegesavings.com

dchr

DC Department of Human Resources

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