DC Government
Employee Benefits Guide
2022
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Welcome

Are you enrolling in your employee benefits for the first time or making changes to your current benefits?

The following sections contain information on your DC Government employee benefits, including:

- Available Benefits
- Premium Rates
- Enrollment
- Wellness Resources
- Contact Information
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

Disclaimer

This Guide is not a contract. Its purpose is to provide summary information about employee benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and benefits provider materials for details of each benefit. Every effort has been made to ensure that the information contained in this Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy.
Enrollment

- Federal Employee Health Benefits
- District of Columbia Employee Health Benefits
- Open Enrollment 2022
- What’s New for 2022
- How to Enroll
- ALEX, the Virtual Benefits Counselor
Enrollment

DISTRICT OF COLUMBIA EMPLOYEE HEALTH BENEFITS PROGRAM (DCEHB)

Benefits for Employees Hired On or After October 1, 1987

- Review the changes for 2022, so you understand how they impact your benefits for the coming plan year.
- 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
FEDERAL EMPLOYEE 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). 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 $2,850 for the 2022 Benefit Period. The maximum annual election for a Dependent Care Flexible Spending Account is $5,000 for the 2022 Benefit Period. The minimum annual election for the flexible spending accounts is $100 for the 2022 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.

2022 Premium Rates for Federal Employees

2022 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.
WHAT'S NEW FOR 2022

Pre-Tax Contribution Limit for HSA Contribution Limit

- The 2022 limit for Health Savings Accounts (HSA) individual coverage is $3,650.
- The 2022 limit for Health Savings Accounts (HSA) family coverage is $7,300.

Please Note: HSA contributions are only for employees enrolled in the Aetna CDHP health insurance plan. Learn more at Aetna CDHP with HSA plan documents web page.

Pre-Tax Contribution Limit for Health Care FSAs

The 2022 pre-tax contribution limit for Health Care Flexible Spending Accounts (FSA) is $2,850. Deductions start with the pay period that begins on December 19, 2021. Learn more on page 34.

Pre-Tax Commuter Benefit Limits

The 2021 maximum monthly pre-tax contribution limit for mass transit and parking is $280. Deductions start with the pay period that begins on December 19, 2021. Learn more on page 35.

Retirement Plan Contribution Limits

- The 2022 elective deferral limit for 457(b) plans is $20,500.
- The 2022 Age 50 Catch-Up Limit is $6,500 ($27,000 total)
- The Pre-Retirement Catch-Up Limit is $20,500 ($41,000 total).
Deductions start with the pay period that begins on December 19, 2021. Learn more on page 37.
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.

The DC College Savings Plan is **not available** for enrollment through ESS. Learn more on page 36.

Coverage Effective Dates

**Open Enrollment 2022**


- For employees paid biweekly, changes made during Open Enrollment will be effective **January 2, 2022**.
- For employees paid semi-monthly (some DCPS and UDC), changes made during Open Enrollment will be effective **January 1, 2022**.

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

Monday through Friday; 8:30 a.m. to 5:00 p.m.

- 202.442.7627
- dchr.benefits@dc.gov
ALEX, THE 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 to 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.

Benefits at a Glance

- Eligibility
- Dependents
- Medical
- Dental
- Vision
- Premium Rates
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 personnel 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

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.
**MEDICAL BENEFITS**

*District of Columbia Employee Health Benefits Program (DCEHB)*

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


*Health Care Providers & Plans*

- Aetna HMO, PPO, CDHP
- Carefirst HMO or PPO
- Kaiser Permanente HMO
- UnitedHealthcare Choice Open Access

**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](http://dchr.dc.gov/page/dependent-eligibility-verification).
Benefits at a Glance

2022 PREMIUM RATES: MEDICAL

Biweekly Employee Premium Contribution Rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$38.73</td>
<td>$100.85</td>
<td>$98.21</td>
<td>$86.60</td>
<td>$97.80</td>
<td>$82.83</td>
<td>$94.78</td>
</tr>
<tr>
<td>Self +1</td>
<td>$76.13</td>
<td>$198.23</td>
<td>$193.05</td>
<td>$170.61</td>
<td>$186.80</td>
<td>$158.21</td>
<td>$181.03</td>
</tr>
<tr>
<td>Family</td>
<td>$111.92</td>
<td>$291.42</td>
<td>$283.81</td>
<td>$250.28</td>
<td>$286.55</td>
<td>$242.69</td>
<td>$277.71</td>
</tr>
</tbody>
</table>


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**2022 PLAN RATES: DENTAL**

- **Provider:** Cigna Dental
- **Dental HMO:** Available at no cost to employees; the District pays 100% of premium costs.
- **Dental PPO:** The District pays a portion of premium costs.

**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](http://dchr.dc.gov/page/dependent-eligibility-verification).

**Biweekly Employee Premium Contribution Rates**

<table>
<thead>
<tr>
<th></th>
<th>Cigna DPPO</th>
<th>Cigna DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only</td>
<td>$26.71</td>
<td>$0.00</td>
</tr>
<tr>
<td>Self +1</td>
<td>$37.91</td>
<td>$0.00</td>
</tr>
<tr>
<td>Family</td>
<td>$49.16</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

2022 PLAN RATES: VISION

- Provider: Quality Plan Administrators, Inc.
- 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](http://dchr.dc.gov/page/dependent-eligibility-verification).
Benefits You Can Enroll In

- New Hire
- Qualifying Life Event
- Open Enrollment
- Voluntary Coverage Available for Enrollment in at Anytime
## Benefits You Can Enroll In

### BENEFITS YOU CAN ENROLL IN: NEW HIRE, QUALIFYING LIFE EVENT, OPEN ENROLLMENT

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Options</th>
<th>Who Pays</th>
<th>How to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
<td>- Aetna HMO, PPO, CDHP</td>
<td>- You pay a portion of the cost of coverage; the remaining cost is shared with the District.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td>- Carefirst HMO, PPO</td>
<td>- Premiums are deducted from your paycheck on a pre-tax basis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Kaiser Permanente HMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- UnitedHealthcare Choice Open Access</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Savings Accounts (HSAs)</strong></td>
<td>- Aetna Consumer Driven Health Plan Savings Account (CDHP HSA)*.</td>
<td>- Contributions are deducted from your paycheck on a pre-tax basis.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td>- Cigna DHMO</td>
<td>- DHMO is 100% employer paid.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td>- Cigna DPPO</td>
<td>- You pay a portion of the cost of coverage for the DPPO.</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>- Quality Plan Administrators, Inc.</td>
<td>- 100% employer paid.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td><strong>Life</strong></td>
<td>- The Standard Insurance Company</td>
<td>- You pay 2/3 the total cost of the monthly premium; the District pays the remaining 1/3.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Optional upgrades are available</td>
<td>*Only Available for New Hires</td>
</tr>
<tr>
<td><strong>Disability</strong></td>
<td>- The Standard Insurance Company</td>
<td>- You pay the full cost of coverage.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td>- Short Term</td>
<td>- Premiums are deducted from your paycheck on an after-tax basis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Long Term</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Benefits You Can Enroll In

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Options</th>
<th>Who Pays</th>
<th>How to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supplemental Indemnity</strong></td>
<td>Aflac</td>
<td>You pay the full cost of coverage.</td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td>– Individual Cancer/Accident Advantage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Individual Hospital Confinement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Individual Specified Health Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td><strong>Benefit Resource, Inc.</strong></td>
<td><strong>Contributions are deducted from your paycheck on a pre-tax basis.</strong></td>
</tr>
<tr>
<td></td>
<td>– Health Care FSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Dependent Care FSA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## BENEFITS YOU CAN ENROLL IN ANYTIME

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Options</th>
<th>Who Pays</th>
<th>How to Enroll</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retirement</strong></td>
<td><strong>457(b) Deferred Compensation Plan</strong></td>
<td><strong>Contributions are deducted from your paycheck on a pre-tax basis.</strong></td>
<td>PeopleSoft</td>
</tr>
<tr>
<td><strong>Commuter</strong></td>
<td><strong>Benefit Resource, Inc.</strong></td>
<td><strong>Contributions are deducted from your paycheck on a pre-tax basis.</strong></td>
<td>PeopleSoft</td>
</tr>
<tr>
<td></td>
<td>– Transit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Parking</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>College Savings Plan</strong></td>
<td><strong>DC College Savings Plan (Section 529)</strong></td>
<td><strong>Contributions are deducted from your paycheck on a pre-tax basis.</strong></td>
<td>Outside of PeopleSoft/ Enroll directly online</td>
</tr>
<tr>
<td><strong>Employee Assistance Plan</strong></td>
<td><strong>Inova EAP</strong></td>
<td><strong>100% employer paid for the first five sessions.</strong></td>
<td>Automatically Enrolled</td>
</tr>
</tbody>
</table>
The District Government’s Workplace Wellness Plan provides the foundation for District agencies to develop activities, work environments and policies that support employee health and well-being.

- Workplace Wellness
- Health Care Plan Resources
Workplace Wellness

The District of Columbia Government believes healthy, productive employees are the cornerstone of a robust, efficient workforce. DCHR is committed to the improvement of employee health and well-being through balanced, effective combinations of wellness programs and insurance benefits to support a healthy workforce.

DCHR’s workplace wellness policy addresses the following priorities:

- Preventing, detecting and reducing modifiable risk factors for chronic conditions most affecting employees.
- Employee quality of life and healthy workplace culture
- Health care costs

In partnership with health care vendors, DCHR coordinates regular on-demand and onsite health and wellness seminars, weight-loss and smoking cessation programs, cooking demonstrations, fitness classes and more at agency worksites across the District.

Health Care Provider Resources

If you enroll in a District Government health care plan, you have access to wellness resources through your plan provider, including programs that can help you:

- Quit smoking
- Increase your physical activity and fitness level
- Improve your diet and nutrition
- Lose weight

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

- Diabetes
- Heart disease
- High blood pressure

For more information, visit [http://dchr.dc.gov/page/employee-wellness](http://dchr.dc.gov/page/employee-wellness).
Your benefits are an important part of your overall compensation. The District of Columbia Government offers a comprehensive benefits package that supports and protects your health, wellbeing, family, finances and lifestyle.

- Medical
- Dental
- Vision
- Life & Disability Insurance
- Work & Life
- Retirement
- Leave
MEDICAL BENEFITS

District of Columbia Employee Health Benefits Program (DCEHB)

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

- Aetna HMO, PPO or CDHP
- Carefirst HMO or PPO
- Kaiser Permanente HMO
- UnitedHealthcare Choice Open Access

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.

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Calendar-Year Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$1,400</td>
<td>None</td>
<td>$750</td>
<td>None</td>
<td>$750</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Family</td>
<td>$2,800</td>
<td>None</td>
<td>$1,500</td>
<td>None</td>
<td>$1,500</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (per calendar year)</strong> <em>Please Note: Some benefits do not apply toward the out-of-pocket maximum.</em></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Employee Only</td>
<td>$3,425</td>
<td>$3,500</td>
<td>$1,500</td>
<td>$3,500</td>
<td>$3,500</td>
<td>$3,500</td>
<td>$3,500</td>
</tr>
<tr>
<td>Family</td>
<td>$6,850</td>
<td>$9,400</td>
<td>$3,000</td>
<td>$9,400</td>
<td>$9,400</td>
<td>$9,400</td>
<td>$9,400</td>
</tr>
<tr>
<td><strong>Inpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>85% after deductible</td>
<td>$100 copay per admission</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>85% after deductible</td>
<td>100%</td>
<td>85% after deductible</td>
<td>$100 copay per admission</td>
<td>85% after deductible</td>
<td>100%</td>
<td>100% (no visit limit)</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>85% after deductible; limited to 60 days per year</td>
<td>$100 copay</td>
<td>85% after deductible; limited to 60 days per year</td>
<td>$100 copay per admission</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>$100 copay (60 days per year)</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP Office Visits</td>
<td>85% after deductible</td>
<td>$10 copay</td>
<td>$15 copay</td>
<td>$10 copay</td>
<td>$15 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>85% after deductible</td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>$15 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Virtual/Video Visits</td>
<td>85% after deductible</td>
<td>$10 copay for PCP; $20 copay for Specialist</td>
<td>$15 copay</td>
<td>$10/20 copay</td>
<td>$15 copay</td>
<td>No charge</td>
<td>$10 copay</td>
</tr>
</tbody>
</table>

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### Health Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services, cont.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-rays, Lab Tests</td>
<td>85% after deductible</td>
<td>100%</td>
<td>Covered 100% if part of an office visit; 85% after deductible otherwise</td>
<td>100%</td>
<td>85% after deductible</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine Exams</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine Immunization</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Surgery (plan facility)</td>
<td>85% after deductible</td>
<td>$50 copay</td>
<td>85% after deductible</td>
<td>$50 copay</td>
<td>85% after deductible</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Short-Term Rehab (physical, occupational or speech therapy)</td>
<td>85% after deductible; limited to 60 visits per year</td>
<td>$10 copay</td>
<td>85% after deductible</td>
<td>$10 copay</td>
<td>85% after deductible</td>
<td>$20 copay (60 visits per year)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>85% after deductible; limited to 20 visits per year</td>
<td>$10 copay; limited to 20 visits per year</td>
<td>85% after deductible</td>
<td>$10 copay</td>
<td>85% after deductible</td>
<td>$20 copay; limited to 20 visits per year</td>
<td>$10 copay (60 visits per year)</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>85% after deductible; limited to 10 visits per year</td>
<td>$10 copay; limited to 10 visits per year</td>
<td>$15 copay; limited to 10 visits per year</td>
<td>Not Covered (except when approved or authorized by Plan for Anesthesia)</td>
<td>Not Covered (except when approved or authorized by Plan for Anesthesia)</td>
<td>$20 copay; limited to 20 visits per year</td>
<td>$20 copay (12 visits per year)</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>85% after deductible; limited to 60 visits per year</td>
<td>100%</td>
<td>85% after deductible; limited to 90 visits per year</td>
<td>100%</td>
<td>85% after deductible</td>
<td>100%</td>
<td>100% (60 visits per year)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room Services &amp; Supplies</td>
<td>85% after deductible</td>
<td>100%</td>
<td>85% after deductible</td>
<td>85% after deductible</td>
<td>100% ($100 copay waived if admitted)</td>
<td>$50 copay</td>
<td>$100 copay; waived if admitted</td>
</tr>
<tr>
<td>Ambulance</td>
<td>85% after deductible</td>
<td>100%</td>
<td>100%; deductible waived</td>
<td>100%</td>
<td>100%</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Maternity Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits (mother)</td>
<td>100%</td>
<td>20 copay</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital (mother)</td>
<td>85% after deductible</td>
<td>100%</td>
<td>85% after deductible</td>
<td>100% ($100 copay per admission)</td>
<td>85% after deductible</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Office Visits (infant)</td>
<td>Routine 100% deductible waived</td>
<td>Routine covered at 100%</td>
<td>Routine 100% deductible waived</td>
<td>100%</td>
<td>85% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>85% after deductible</td>
<td>50%</td>
<td>85% after deductible</td>
<td>50% of allowed</td>
<td>85% after deductible</td>
<td>50% coinsurance</td>
<td>50% coinsurance</td>
</tr>
</tbody>
</table>

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## Health Benefits

### Mental Health

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>85% after deductible</td>
<td>$100 copay per admission</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>85% after deductible</td>
<td>$15 copay</td>
<td>$5 copay</td>
<td>$10 copay per visit</td>
<td>100%</td>
<td>Individual: $10 per visit; Group: $5 per visit</td>
<td>$10 copay per visit</td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Care</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>85% after deductible</td>
<td>$100 copay per admission</td>
<td>85% after deductible</td>
<td>$100 copay</td>
<td>$100 copay per admission</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>85% after deductible</td>
<td>$15 copay</td>
<td>$5 copay</td>
<td>$10 copay per visit</td>
<td>100%</td>
<td>Individual: $10 per visit; Group: $5 per visit</td>
<td>$10 copay per visit</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Retail: $10 copay (after deductible); Mail Order: $20 copay (after deductible)</td>
<td>$20 copay (Retail &amp; Mail Order)</td>
<td>$20 copay (Retail &amp; Mail Order)</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>Kaiser $10 copay; Participating Pharmacies $20 copay</td>
<td>Retail: $20 copay; Mail Order: $16 copay</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>Retail: $30 copay (after deductible); Mail Order: $60 copay (after deductible)</td>
<td>$40 copay (Retail &amp; Mail Order)</td>
<td>$40 copay (Retail &amp; Mail Order)</td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Kaiser $20 copay; Participating Pharmacies $40 copay</td>
<td>Retail: $40 copay; Mail Order: $36 copay</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>Retail: $60 copay (after deductible); Mail Order: $120 copay (after deductible)</td>
<td>$55 copay (Retail &amp; Mail Order)</td>
<td>$55 copay (Retail &amp; Mail Order)</td>
<td>$55 copay</td>
<td>$55 copay</td>
<td>Kaiser $35 copay; Participating Pharmacies $55 copay</td>
<td>Retail: $55 copay; Mail Order: $66 copay</td>
</tr>
</tbody>
</table>

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## Health Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna CDHP</th>
<th>Aetna HMO</th>
<th>Aetna PPO</th>
<th>Carefirst HMO</th>
<th>Carefirst PPO</th>
<th>Kaiser Permanente</th>
<th>UnitedHealthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infertility Treatment</strong></td>
<td>Diagnosis &amp; treatment of underlying medical condition covered same as any other expense. Artificial insemination, ovulation induction and Advanced Reproductive Technology are excluded</td>
<td>Diagnosis and treatment of the underlying medical condition covered same as any other expense. 50% no deductible, no copay. 3 cycles maximum per live birth and $100,000 maximum per lifetime for invitro fertilization</td>
<td>Diagnosis and treatment of the underlying medical condition covered same as any other expense. 50% after deductible, no copay for artificial insemination and ovulation induction limited to 6 separate attempts per lifetime. Advanced Reproductive Technology limited to 3 attempts per lifetime</td>
<td>50% for AI &amp; infertility</td>
<td>50% for AI and Infertility</td>
<td>Infertility Diagnosis &amp; Testing: 50% coins Infertility Assistive Reproductive Technology Infertility Diagnosis &amp; Testing: 50% coins Infertility Assistive Reproductive Technology: 50% coins $100,000 ben max/life, 3 procedures/life</td>
<td>Limited to $30,000 per Covered Person per lifetime. 50% co-insurance Prior Authorization is required.</td>
</tr>
<tr>
<td><strong>Applied Behavior Analysis (ABA Services)</strong></td>
<td>Covered 85% after deductible</td>
<td>Covered 100%; no deductible or copay</td>
<td>Covered 100%; no deductible or copay</td>
<td>$50 copay</td>
<td>85% after deductible</td>
<td>$10 copay</td>
<td>$10 copay for Outpatient visit</td>
</tr>
</tbody>
</table>

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Disability & Life Insurance

The 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

<table>
<thead>
<tr>
<th>Employee Age on Calendar Year</th>
<th>Biweekly Premium Rate Per $100 of Monthly Covered Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 17-49</td>
<td>$0.47</td>
</tr>
<tr>
<td>Age 50-69</td>
<td>$0.61</td>
</tr>
</tbody>
</table>
Disability & Life 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-$5,000
- 180-day elimination period
- Worldwide coverage
- Waiver of premium while disabled

Long-Term Disability Premium Rates

<table>
<thead>
<tr>
<th>Employee Age on Calendar Year</th>
<th>Biweekly Premium Rate Per $100 of Monthly Covered Payroll</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age less than 25</td>
<td>$0.17</td>
</tr>
<tr>
<td>Age 25-29</td>
<td>$0.21</td>
</tr>
<tr>
<td>Age 30-34</td>
<td>$0.25</td>
</tr>
<tr>
<td>Age 35-39</td>
<td>$0.32</td>
</tr>
<tr>
<td>Age 40-44</td>
<td>$0.47</td>
</tr>
<tr>
<td>Age 45-49</td>
<td>$0.70</td>
</tr>
<tr>
<td>Age 50-54</td>
<td>$1.04</td>
</tr>
<tr>
<td>Age 55-59</td>
<td>$1.38</td>
</tr>
<tr>
<td>Age 60-64</td>
<td>$1.47</td>
</tr>
<tr>
<td>Age 65+</td>
<td>$1.58</td>
</tr>
</tbody>
</table>
**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 monthly premium cost 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 an available benefit for Open Enrollment 2022. It is only available for new hires.

Dependents up to age 21 may be eligible for life insurance coverage. Optional life insurance is available at a low cost for employees and their dependents, but employees pay the full cost.

**Basic Coverage Biweekly Rates**
- $0.065 per $1,000 of coverage

---

**Optional Coverage Rates**

<table>
<thead>
<tr>
<th>Option A: “Standard” Biweekly Rates Per $10,000 Coverage</th>
<th>Option B: “Additional” Biweekly Rates Per $1,000 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td><strong>Amount</strong></td>
</tr>
<tr>
<td>Under 35</td>
<td>$0.35</td>
</tr>
<tr>
<td>Age 35-39</td>
<td>$0.42</td>
</tr>
<tr>
<td>Age 40-44</td>
<td>$0.57</td>
</tr>
<tr>
<td>Age 45-49</td>
<td>$0.92</td>
</tr>
<tr>
<td>Age 50-54</td>
<td>$1.49</td>
</tr>
<tr>
<td>Age 55-59</td>
<td>$3.00</td>
</tr>
<tr>
<td>Age 60+</td>
<td>$4.52</td>
</tr>
</tbody>
</table>

**Option C: “Family” Biweekly Rates**

<table>
<thead>
<tr>
<th>Option</th>
<th>Age &lt;45</th>
<th>Age 45-54</th>
<th>Age 55+</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000 spouse life &amp; $10,000/child life</td>
<td>$0.77</td>
<td>$1.46</td>
<td>$3.53</td>
</tr>
<tr>
<td>$25,000 spouse life &amp; $10,000/child life</td>
<td>$1.50</td>
<td>$3.22</td>
<td>$8.39</td>
</tr>
<tr>
<td>$50,000 spouse life &amp; $10,000/child life</td>
<td>$2.69</td>
<td>$6.14</td>
<td>$16.46</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Optional Plan</th>
<th>Additional Coverage</th>
<th>Premium Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option A Standard</td>
<td>$10,000 coverage</td>
<td>Cost determined by age</td>
</tr>
<tr>
<td>Option B Additional</td>
<td>Coverage up to five times the employee’s annual salary</td>
<td>Cost determined by age and employee’s salary</td>
</tr>
<tr>
<td>Option C Family</td>
<td>$5,000 for eligible spouse and $2,500 for each eligible child.</td>
<td>Cost determined by age</td>
</tr>
</tbody>
</table>
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 may not be covered by your primary medical insurance.

Learn more at http://dchr.dc.gov/page/employee-benefits.
Work & Life Benefits

EMPLOYEE ASSISTANCE PROGRAM

Inova Employee Assistance Program (EAP) is a comprehensive, top-ranked international provider of employee assistance services. 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 their Inova EAP and Work-Life services web portal.

Login information:
Username: DCGOV
Password: DCGOV

Inova EAP resources include:
- Confidential counseling
- Legal services
- Financial services
- Savings center
- Identity theft services
- Webinar training
- Work-life referral services for child and elder care, home repairs, pet care, etc.
- Wellness coaching
- Lactation support
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 $570 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 pay for eligible out-of-pocket medical expenses on a pre-tax basis with deductions taken directly from your base salary. HCFSA deductions reduce the gross income on your Form W-2 for tax purposes. Contributions reimburse participants for covered expenses. The 2022 pre-tax contribution limit for HCFSAs is $2,850. 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 tax purposes. Contributions reimburse participants for covered expenses up to a maximum of $5,000 each year. All receipts for expenses must be submitted by March 31.
**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. 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, ridesharing 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.

Per IRS guidance, the **2022 maximum monthly pre-tax contribution limit for mass transit and parking is $280**.

*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, the **2022 maximum monthly pre-tax contribution limit for mass transit and parking is $280**.
Work & Life Benefits

COLLEGE SAVINGS PLAN

The DC College Savings Plan is a Section 529 plan created to help families prepare for the substantial cost of higher education. The plan offers special tax advantages that enable participants to maximize their savings potential.

A 529 plan is a tax-advantaged savings plan designed to encourage saving for future education costs. Tax-free withdrawals can be used toward qualified expenses such as:

- Tuition and mandatory fees
- Certain room and board costs during any academic period the beneficiary is enrolled at least half-time
- Computers
- Books, supplies and equipment required for enrollment/attendance
- Toolkits for apprenticeship or cosmetology school
- Certain expenses for special-needs students

DC College Savings Plan gives families a simple way to help save for rising college and vocational school costs. Features include:

- Significant tax advantages, from tax-deferred growth to tax-free qualified distributions
- Minimal initial investment of only $25 to open an account.
- Contribute by automatic deposit
- Flexible investment choices
- Easy online enrollment and management
Retirement

RETIREMENT PLANS AT A GLANCE

457(b) Deferred Compensation Plan
- DC Government does not contribute to this plan.
- Effective July 7, 2019, new and rehired eligible employees will be automatically enrolled as participants.
- Employees hired before July 7, 2019 who can contribute the minimum of $20 per pay period are eligible to participate.

401(a) Defined Contribution Pension Plan
- Employees hired on or after October 1, 1987.
- 100% employer funded.
- 5% of base salary (5.5 % for Corrections Officers) after one year of service.
- Must have one year of continuous service to participate.
- Fully vested after five years of continuous service.

Civil Service Retirement System (CSRS)
- Employees hired before October 1, 1987.
- Eligible employees contribute 7, 7.5 or 8% of pay to CSRS.
- Employing agency matches the employee’s CSRS contributions.
- They generally pay no Social Security retirement, survivor and disability (OASDI) tax, but must pay Medicare tax (currently 1.45% of pay).

Police Officers & Firefighters Plan
- Employee is automatically enrolled when they begin active duty as a police officer with the DC Metropolitan Police Department (MPD) or as a firefighter with the Fire and Emergency Medical Services Department (FEMS).
- 7% of base pay (hired before November 10, 1996) or 8% of base pay (hired on or after November 10, 1996).

Teachers Retirement Plan
- Employees classified ET automatically contribute 7% (hired prior to November 1, 1996) or 8% (hired on or after November 1, 1996) of their salary on a biweekly basis.
- Employees that are not classified ET do not contribute to this plan.
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

<table>
<thead>
<tr>
<th>Years of Creditable Service</th>
<th>Percentage of Account that is Vested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>40%</td>
</tr>
<tr>
<td>4</td>
<td>60%</td>
</tr>
<tr>
<td>5 or more</td>
<td>100%</td>
</tr>
</tbody>
</table>

457(B) DEFERRED COMPENSATION PLAN

All District Government employees are eligible to participate in the Deferred Compensation Plan, 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 IRS 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.

<table>
<thead>
<tr>
<th>Normal Limit</th>
<th>“Age 50” Catch-Up Limit</th>
<th>“Pre-Retirement” Catch-Up Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20,500</td>
<td>$6,500</td>
<td>$20,500</td>
</tr>
</tbody>
</table>

- The 2022 contribution limit for elective deferrals to a 457 deferred compensation plan is $20,500.
- The 2022 Age 50 Catch-Up Limit is $6,500 ($27,000 total).
- The 2022 Pre-Retirement Catch-Up Limit is $20,500 ($41,000 total).
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 Civil Service Retirement System (CSRS) administered by the US Office of Personnel Management.

CSRS-covered employees contribute 7, 7.5 or 8 percent of pay to CSRS. CSRS-covered employees who separated from the District and return to District service after April 1, 1986 must pay the Medicare tax (currently 1.45 percent of pay). CSRS-covered employees with no break in service pay no Medicare or Social Security retirement, survivor and disability (OASDI) tax. The employing agency matches the employee’s CSRS contributions.

Civil Service Retirement Options

<table>
<thead>
<tr>
<th>Optional Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 55 and 30 years of service</td>
</tr>
<tr>
<td>Age 60 and 20 years of service</td>
</tr>
<tr>
<td>Age 62 and 5 years of service</td>
</tr>
<tr>
<td>Disability Retirement: Any age and 5 years of service</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Years of Employment</th>
<th>Annual Leave Accrued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 3 Years</td>
<td>13 Days (4 hours/pay period)</td>
</tr>
<tr>
<td>3-15 Years</td>
<td>20 Days (6 hours/pay period)</td>
</tr>
<tr>
<td>15+ Years</td>
<td>26 Days (8 hours/pay period)</td>
</tr>
</tbody>
</table>

Sick Leave

Regular full-time employees accrue 13 days of sick leave annually (4 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 an 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 13 paid holidays:
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 & Retirement Administration
- Office of Pay & Retirement Services
- Plan Provider Contacts
  - Medical
  - Dental
  - Vision
  - Group Life & Disability
  - Indemnity Plans
  - Flexible Spending Accounts
  - Commuter Benefits
  - Employee Assistance Program
  - College Savings Plan
Contacts

Group Life & Disability

The Standard Insurance Company
Customer Contact Center
1 (888) 937-4783
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

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

401(a) & 457(b) 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