

2016 Open Enrollment



District Personnel Manual Bulletin No. 21A-14 & 21B-24

Effective Date	Expiration Date	Related DPM Chapters
November 9, 2015	December 31, 2015	21

Overview

The District government strives to provide its employees a competitive benefits package and access to the most up-to-date information concerning those benefits. This bulletin outlines the information, the process, and guidelines for this year's open enrollment season, which runs from **November 9, 2015 to December 14, 2015 at 5 pm (EST)**.

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Covered Employees

1. **Federal Employee Health Benefits (FEHB).** The FEHB is applicable to individuals first employed by the District government on or before September 30, 1987; and individuals first employed by the District government prior to October 1, 1987 in benefits eligible positions, who subsequently terminate such employment and become reemployed with the District government on or after October 1, 1987.
2. **District of Columbia Employee Health Benefits (DCEHB).** The DCEHB is applicable to individuals first employed by the District government on or after October 1, 1987 in benefits eligible positions.
3. **Benefits Eligible Positions.** Employees in a “benefits eligible positions” are also eligible to participate in some of the other benefit programs (i.e., HCFSAs, DCFSAs, STD, LTD, Vision and Dental, or Commuter Benefit Programs).

Provisions Concerning the FEHB and DCEHB Programs

1. Employees who are currently enrolled in a health plan and do not wish to make a change in their present coverage do not need to take any action during open season. However, employees are encouraged to review their benefits to ensure that they have proper coverage.
2. Employees participating in the FEHB or DCEHB Programs must elect to participate in the premium conversion at the time of election, unless they elect to waive participation. There are tax benefits for participating in premium conversion, and employees may cancel or change to a “Self Only” plan only during annual open enrollment, or when a Qualifying Life Event (QLE) occurs. Premium conversion tax benefits allow an employee to allot a portion of his or her salary back to the employer, which the employer then uses to pay the employee’s health insurance coverage. This allotment is made on a pre-tax basis, which means that the money is not subject to federal income, Medicare, or Social Security Taxes.
3. Eligible employees not enrolled may enroll during open season.
4. Eligible employees may enroll or switch health plans or options during open season.
5. Eligible employees may enroll themselves and “eligible family members” in a health plan offered under the FEHB or DCEHB Programs.
6. The effective date of coverage for enrollments and changes for the FEHB and DCEHB is the first full pay period on or after **January 10, 2016**.

Documentation for Dependent Coverage

1. An employee who is enrolling or changing to “Self + 1” or “Family” under the DCEHB, or “Self + 1” or “Family” under the FEHB shall submit the following **proof of eligibility** of a family member(s) to the DCHR’s Benefits & Retirement Administration, as applicable:
2. Spouse (*Provide a copy of one (1) of the following*):
 - a. Most recently filed Form 1040 U.S. Individual Income Tax Return with the filing status marked either (2-Married filing jointly or 3-Married filing separately). The financial information and dependents’ social security numbers may be blacked out;
 - b. Proof of shared residence (example: a utility bill) and marriage certificate*;
 - c. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate*;
 - d. Petition for dissolution of marriage (divorce); or

- e. Legal separation notice.
3. **State-Registered Domestic Partner or Legal Union Partner** (*Provide a copy of one of the following*):
- a. Proof of shared residence (example: a utility bill) and certificate/card of state-registered domestic partnership¹;
 - b. Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership²;
 - c. Petition for invalidity (annulment) of domestic partnership or legal union;
 - d. Petition for dissolution of domestic partnership or legal union; or
 - e. Legal separation notice of domestic partnership or legal union.
4. **Child(ren)** (*Provide a copy of one of the following*):
- a. Most recently filed Form 1040 U.S. Individual Income Tax Return that includes the child(ren) as a dependent(s). The financial information and dependents' social security numbers may be blacked out;
 - b. Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner³;
 - c. Certificate or decree of adoption;
 - d. Court-ordered parenting plan;
 - e. Medical Support Notice;
 - f. Original Foster child certification **and** a copy of documentation of regular and substantial support of the child (See Section 5 for examples of documentation of regular and substantial support);
 - g. Disabled Child: Medical verification of disability prior to age 26;
 - h. Legal Custody: Copy of Court Order granting legal custody; or
 - i. Step Child: Birth Certificate⁴, Copy of Marriage Certificate, Divorce Decree or Custody Papers.

You can submit one copy of your tax return if it includes all family members that require verification.

5. More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained.
- a. Evidence of eligibility as a dependent child for benefits under other State or Federal programs;

¹ If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

² If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.

³ If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

⁴ If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB or FEHB coverage.

- b. Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
 - c. Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
 - d. Evidence of goods or services which show regular and substantial contributions of considerable value.
6. Employees must submit the above supporting documentation **by January 11, 2016**, of health benefits enrollment/change. Failure to submit supporting documentation **may** result in cancellation of health benefits.

Flexible Spending Programs

1. The District government offers the Health Care Flexible Spending Account (HCFSA) Program and the Dependent Care Flexible Spending Account (DCFSa) Program. Eligible employees interested in participating in either of the programs must elect to participate for the 2016 plan year.
2. Eligible employees may enroll in or re-enroll in the HCFSa or DCFSa electronically during the open season, by close of business on **Monday, December 14, 2015, at 5 pm (EST)**. Late enrollments will not be accepted during the year.
3. Employees may enroll and elect up to a maximum of \$2,550 for health care and a maximum of \$5,000 for dependent care. Once enrolled, employees **may not** change their election, unless there is a qualifying event, such as: change in marital status, change in the number of dependents, etcetera.
4. Eligible employees who choose to re-enroll will be allowed to carryover up to \$500 of unused end-of-the-year balance into the 2016 plan year.
5. Employees who choose to enroll or re-enroll in the HCFSa or the DCFSa, or both, will have funds deducted from their paycheck beginning the first paycheck after January 10, 2016.

Short and Long-Term Disability Insurance Programs

Eligible employees interested in participating in the Short-Term or Long-Term Disability Programs must enroll electronically during the open season enrollment period (November 9 through December 14, 2015, at 5 pm (EST)). Deductions for both disability programs are done on an after-tax basis.

Vision, Dental and Commuter Benefit Programs

1. Eligible employees interested in participating in the Vision and Dental Benefit Programs must enroll electronically during the open season enrollment period (November 9 through December 14, 2015, at 5 pm (EST)).
2. Employees may also enroll at any time in the Commuter Benefits Program, which allows up to a maximum of \$250 per month for parking and \$130 per month for transit in pre-tax contributions. Once enrolled, an employee may make changes to the amount deducted not to exceed the maximum amount or cancel.

AFLAC Indemnity Plans

Eligible employees interested in participating in the AFLAC Indemnity Plans (AFLAC) must enroll during the open season enrollment period (November 9 through December 14, 2015, at 5 pm (EST)) through an AFLAC representative. Employees already enrolled may make changes or cancel the plan during this period. Deductions for AFLAC are done on an after-tax basis. Employees may visit with an AFLAC representative at one of the open enrollment events or call (202) 442-9718.

Failure to Enroll

An employee who is eligible to participate in the District government's benefits programs addressed in this bulletin, but fails to enroll during open season will only be permitted to enroll after the enrollment period if he or she has a **Qualifying Life Event** such as the birth of a child, marriage, etc.; or during next year's open enrollment.

ESS Process

1. Eligible employees must enroll or make enrollment changes through the Employee Self Service (ESS) portal in the PeopleSoft System no later than December 14, 2015, at 5 pm (EST). Employees can access ESS as follows:
 - a. Go to your website browser and enter <https://ess.dc.gov>;
 - b. Click on **Self Service**;
 - c. Click on **Benefit Enrollment**;
 - d. Click on **Select Button** (Highlighted in Yellow);
 - e. Begin selection of benefit plan offer listings (i.e., Health, Dental, Vision, etc.);
 - f. After benefit selections have been made, Click on **Continue Button** at bottom of page;
 - g. Return to bottom of page and click on **Continue Button** again;
 - h. Return to bottom of page and click on **Submit Button**; and
 - i. **Retain Email Confirmation** that will be sent to your government email box after clicking on Submit Button.
2. Employees must submit copies of the email confirmation and the supporting documentation, as outlined in Submission of Documentation for Dependent Coverage section in this bulletin, to the DCHR's Benefits and Retirement Administration, at 441 4th Street, N.W., Suite 340N, Washington, D.C. 20001, or via email at dchr.benefits@dc.gov, **within 30 days** of health benefits enrollment/change. Moreover, be aware that the submission of fraudulent documentation **may result** in disciplinary action up to and including removal and a lapse in coverage, and criminal prosecution.

Responsibilities

Agency Human Resource Advisors are responsible for performing the following:

1. Notifying agency employees of the open season enrollment period, and
2. Informing agency employees that they must complete the online registration process at <https://ess.dc.gov> in the PeopleSoft System to enroll or make changes to their benefits during the open season enrollment period.

Applicability

The provisions of this bulletin apply to those District government agencies which are subordinate to the Mayor's personnel authority. Other personnel authorities or independent agencies may adopt any or all of these provisions to provide guidance to employees under their respective jurisdictions

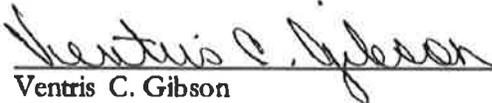
Definitions

As used in this bulletin-

- A “benefits eligible position” means: (1) a full-time or part-time permanent position; (2) a term position of at least 13 months; or (3) an “at-will” indefinite position. For all three (3) categories of benefits eligible positions an employee must work at least twenty (20) hours per workweek.
- An “eligible family member” means: (a) spouse; (b) domestic partner; (c) children under the age of 26, including legally adopted children, stepchildren, foster children, and recognized natural (born out of wedlock) children.

Inquiries

Inquiries concerning the provisions of the DPM bulletin can be directed to the Benefits & Retirement Administration, DCHR, by calling (202) 442-7627 or via email at dchr.benefits@dc.gov.



Ventris C. Gibson
Acting Director, Department of Human Resources

10-28-15
Date

- Attachment 1 – DCSF No. 21-03, Certification for Foster Children (Rev. 10-2015)
- Attachment 2 – 2016 Government of the District of Columbia Health Benefit Plan Premiums
- Attachment 3 – Non-Postal Premium Rates for the Federal Employee Health Benefits Program

Attachment 1 – Certification for Foster Children



CERTIFICATION FOR FOSTER CHILDREN

This is to certify that I have been informed of the following requirements for coverage of a foster child in the Federal Employee's Health Benefits Program or the District Employee's Health Benefits Program:

- The child must be under age 26 (if the child is age 26 or older, he/she can be covered if he/she is incapable of self-support because of a disabling condition that began before age 26. I must provide documentation of this to the D.C. Department of Human Resources (DCHR);
- The child must currently live with me;
- I must currently be the primary source of financial support for the child;
- The parent-child relationship must be with me, not the biological parent. This means that I exercise parental authority, responsibility, and control. I care for, support, discipline, and guide the child. I make the decisions about the child's education and health care; and
- I must expect to raise the child into adulthood.

I understand that if the child moves out of my home to live with a biological parent, he/she loses coverage and cannot ever again be covered as a foster child unless the biological parent dies, is imprisoned, or becomes incapable of caring for the child due to a disability, or unless I obtain a court order taking parental responsibility away from the biological parent.

This is to certify that _____ (name of child) lives with me; I am the primary source of financial support for this child; I have a regular parent-child relationship with this child, as described above; and I intend to raise this child into adulthood.

I have provided DCHR proof of my regular and substantial support for _____ (name of child) by providing more than one (1) of the following:

- Evidence of eligibility as a dependent child for benefits under other State or Federal programs;
- Proof of inclusion of the child as a dependent on the enrollee's income tax returns;
- Canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; or
- Evidence of goods or services which show regular and substantial contributions of considerable value.

I will immediately notify DCHR and the health benefits carrier if this child moves out of my home, or ceases to be financially dependent on me.

Print Name of Employee

Social Security Number

Signature of Employee

Date

Subscribed and sworn (or affirmed) before me this _____ of _____
Day Month Year

Signature of Officer

(SEAL)

DCSF No. 21-03 (Rev. 10-2015)

Attachment 2 –Government of the District of Columbia Health Benefit Plan Premiums

2016 Government of the District of Columbia Health Benefit Plan Premiums

DC Employee Health Benefits (Employees Hired After 10/1/1987)

Carrier	Plan	Family Status	Total		Monthly		Total		Bi-Weekly		Bi-Weekly	
			2016 Rate	Monthly District Contribution	Employee Contribution	2016 Rate	District Contribution	Employee Contribution	District Contribution	Employee Contribution		
Aetna	HMO	Self	\$ 640.63	\$ 480.47	\$ 160.16	\$ 295.68	\$ 221.76	\$ 73.92				
		Self + 1	\$ 1,259.28	\$ 944.46	\$ 314.82	\$ 581.22	\$ 435.92	\$ 145.30				
		Family	\$ 1,851.27	\$ 1,388.45	\$ 462.82	\$ 854.43	\$ 640.82	\$ 213.61				
Aetna	PPO	Self	\$ 707.42	\$ 530.57	\$ 176.86	\$ 326.50	\$ 244.88	\$ 81.63				
		Self + 1	\$ 1,390.58	\$ 1,042.94	\$ 347.65	\$ 641.82	\$ 481.37	\$ 160.45				
		Family	\$ 2,044.30	\$ 1,533.23	\$ 511.08	\$ 943.53	\$ 707.66	\$ 235.88				
Aetna	CDHP	Self	\$ 306.60	\$ 229.95	\$ 76.65	\$ 141.51	\$ 106.13	\$ 35.38				
		Self + 1	\$ 602.68	\$ 452.01	\$ 150.67	\$ 278.16	\$ 208.62	\$ 69.54				
		Family	\$ 886.00	\$ 664.50	\$ 221.50	\$ 408.92	\$ 306.69	\$ 102.23				
Kaiser	HMO	Self	\$ 562.79	\$ 422.09	\$ 140.70	\$ 259.75	\$ 194.81	\$ 64.94				
		Self + 1	\$ 1,074.93	\$ 806.20	\$ 268.73	\$ 496.12	\$ 372.09	\$ 124.03				
		Family	\$ 1,648.97	\$ 1,236.73	\$ 412.24	\$ 761.06	\$ 570.80	\$ 190.27				
UHC	HMO/Choice	Self	\$ 609.36	\$ 457.02	\$ 152.34	\$ 281.24	\$ 210.93	\$ 70.31				
		Self + 1	\$ 1,163.87	\$ 872.90	\$ 290.97	\$ 537.17	\$ 402.88	\$ 134.29				
		Family	\$ 1,785.40	\$ 1,339.05	\$ 446.35	\$ 824.03	\$ 618.02	\$ 206.01				

Attachment 3 – Non-Postal Premium Rates for the Federal Employee Health Benefits Program

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Biweekly premium rates			2015 Total Monthly Premium			2016 Monthly premium rates			
Plan - Option - Enrollment Code	2016 Total Biweekly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2015 Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
District of Columbia Aetna Direct											
CDHP Self	N61	210.05	218.45	163.84	54.61	2.10	455.11	473.31	354.98	118.33	4.55
CDHP Self & Family	N62	474.42	550.93	413.20	137.73	19.13	1027.91	1193.68	895.26	298.42	41.44
CDHP Self Plus One	N63	-	479.08	359.31	119.77	-	-	1038.01	778.51	259.50	-
District of Columbia Aetna HealthFund CDHP and Value Plan											
CDHP Self	F51	272.01	298.88	213.37	85.51	15.51	589.36	647.57	462.30	185.27	33.60
CDHP Self & Family	F52	617.70	681.47	488.50	192.97	23.84	1338.35	1476.52	1058.42	418.10	51.65
CDHP Self Plus One	F53	-	674.72	461.02	213.70	-	-	1461.89	998.88	463.01	-
Basic Self	F54	243.50	250.64	187.98	62.66	1.79	527.58	543.05	407.29	135.76	3.87
Basic Self & Family	F55	552.96	573.93	430.45	143.48	5.24	1198.08	1243.52	932.64	310.88	11.36
Basic Self Plus One	F56	-	562.68	422.01	140.67	-	-	1219.14	914.36	304.78	-
District of Columbia Aetna HealthFund HDHP											
HDHP Self	224	226.86	240.15	180.11	60.04	3.33	491.53	520.33	390.25	130.08	7.20
HDHP Self & Family	225	496.83	529.73	397.30	132.43	8.22	1076.47	1147.75	860.81	286.94	17.82
HDHP Self Plus One	226	-	519.34	389.51	129.83	-	-	1125.24	843.93	281.31	-
District of Columbia Aetna Open Access											
High Self	JN1	426.78	442.85	213.37	229.48	4.71	924.69	959.51	462.30	497.21	10.21
High Self & Family	JN2	955.97	995.60	488.50	507.10	-0.30	2071.27	2157.13	1058.42	1098.71	-0.66
High Self Plus One	JN3	-	985.75	461.02	524.73	-	-	2135.79	998.88	1136.91	-
Basic Self	JN4	265.88	275.96	206.97	68.99	2.52	576.07	597.91	448.43	149.48	5.46
Basic Self & Family	JN5	594.52	621.16	465.87	155.29	6.66	1288.13	1345.85	1009.39	336.46	14.43
Basic Self Plus One	JN6	-	608.98	456.74	152.24	-	-	1319.46	989.60	329.86	-
District of Columbia CareFirst BlueChoice											
High Self	2G1	309.39	321.77	213.37	108.40	1.02	670.35	697.17	462.30	234.87	2.21
High Self & Family	2G2	696.01	764.50	488.50	276.00	28.56	1508.02	1656.42	1058.42	598.00	61.88
High Self Plus One	2G3	-	643.53	461.02	182.51	-	-	1394.32	998.88	395.44	-

Non-Postal Premium Rates for the Federal Employees Health Benefits Program											
Health Management Organizations (HMO)		2016 Total Biweekly Premium			2016 Biweekly premium rates			2015 Total Monthly Premium	2016 Monthly premium rates		
Plan - Option - Enrollment Code		Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	2015 Total Monthly Premium	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	
Standard Self	2G4	276.57	213.37	74.26	-0.30	599.24	623.20	462.30	160.90	-0.65	
Standard Self & Family	2G5	622.18	488.50	194.90	21.29	1348.06	1480.70	1058.42	422.28	46.12	
Standard Self Plus One	2G6	-	431.45	143.82	-	-	1246.42	934.82	311.60	-	
District of Columbia CareFirst BlueChoice											
HDHP Self	B61	267.85	204.91	68.30	1.34	580.34	591.96	443.97	147.99	2.91	
HDHP Self & Family	B62	597.46	486.86	162.29	12.93	1294.50	1406.49	1054.87	351.62	28.00	
HDHP Self Plus One	B63	-	409.82	136.61	-	-	1183.93	887.95	295.98	-	
District of Columbia Kaiser Foundation Health Plan Mid-Atlantic States											
High Self	E31	279.94	213.37	72.11	-5.82	606.54	618.54	462.30	156.24	-12.61	
High Self & Family	E32	643.87	488.50	179.51	-15.79	1395.05	1447.36	1058.42	388.94	-34.21	
High Self Plus One	E33	-	461.02	184.15	-	-	1397.87	998.88	398.99	-	
Standard Self	E34	181.53	161.22	53.74	8.36	393.32	465.75	349.31	116.44	18.11	
Standard Self & Family	E35	417.50	377.26	125.75	21.38	904.58	1089.86	817.40	272.46	46.32	
Standard Self Plus One	E36	-	364.35	121.45	-	-	1052.57	789.43	263.14	-	
District of Columbia M.D. IPA											
High Self	JP1	314.55	213.37	82.50	-30.04	681.53	641.05	462.30	178.75	-65.09	
High Self & Family	JP2	725.30	488.50	341.12	64.39	1571.48	1797.51	1058.42	739.09	139.51	
High Self Plus One	JP3	-	433.37	144.46	-	-	1251.97	938.98	312.99	-	
District of Columbia United Healthcare Insurance Company, Inc. (Choice HMO)											
High Self	LR1	New Plan 245.13	183.85	61.28	New Plan	New Plan	531.12	398.34	132.78	New Plan	
High Self & Family	LR2	New Plan 687.35	488.50	198.85	New Plan	New Plan	1489.26	1058.42	430.84	New Plan	
High Self Plus One	LR3	New Plan 478.74	359.06	119.68	New Plan	New Plan	1037.27	777.95	259.32	New Plan	
District of Columbia UnitedHealthcare Insurance Company											
Basic Self	L91	244.32	212.71	159.53	-7.90	529.36	460.87	345.65	115.22	-17.12	
Basic Self & Family	L92	543.61	447.34	149.11	13.21	1177.82	1292.31	969.23	323.08	28.63	
Basic Self Plus One	L93	-	311.57	103.86	-	-	900.10	675.08	225.02	-	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Fee-for-Service Plans (FFS)		2015 Total Biweekly Premium			2016 Biweekly premium rates			2015 Total Monthly Premium		2016 Monthly premium rates		
Plan - Option - Enrollment Code					Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment	Total Premium	Gov't Pays	Empl. Pays	Change in empl. payment
Nationwide APWU Health Plan												
High Self	471	258.69	293.37	213.37	80.00	15.33	560.50	635.64	462.30	173.34	33.22	
High Self & Family	472	584.92	704.10	488.50	215.60	69.37	1267.33	1525.55	1058.42	467.13	150.30	
High Self Plus One	473	-	616.09	461.02	155.07	-	-	1334.86	998.88	335.98	-	
CDHP Self	474	185.24	207.76	155.82	51.94	5.63	401.35	450.15	337.61	112.54	12.20	
CDHP Self & Family	475	416.73	498.62	373.97	124.65	20.47	902.92	1080.34	810.26	270.08	44.35	
CDHP Self Plus One	476	-	457.07	342.80	114.27	-	-	990.32	742.74	247.58	-	
Nationwide Blue Cross and Blue Shield Service Benefit Plan												
Standard Self	104	293.04	313.55	213.37	100.18	9.15	634.92	679.36	462.30	217.06	19.83	
Standard Self & Family	105	661.88	726.74	488.50	238.24	24.93	1434.07	1574.60	1058.42	516.18	54.01	
Standard Self Plus One	106	-	692.33	461.02	231.31	-	-	1500.05	998.88	501.17	-	
Nationwide Blue Cross and Blue Shield Service Benefit Plan												
Basic Self	111	253.62	273.94	205.46	68.48	5.08	549.51	593.54	445.16	148.38	11.00	
Basic Self & Family	112	593.86	652.70	488.50	164.20	15.74	1286.70	1414.18	1058.42	355.76	34.09	
Basic Self Plus One	113	-	621.77	461.02	160.75	-	-	1347.17	998.88	348.29	-	
Nationwide Compass Rose Health Plan												
High Self	421	279.49	291.49	213.37	78.12	0.64	605.56	631.56	462.30	169.26	1.39	
High Self & Family	422	642.51	699.57	488.50	211.07	17.13	1392.11	1515.74	1058.42	457.32	37.11	
High Self Plus One	423	-	641.27	461.02	180.25	-	-	1389.42	998.88	390.54	-	
Nationwide Foreign Service Benefit Plan												
High Self	401	240.67	252.70	189.53	63.17	3.00	521.45	547.52	410.64	136.88	6.52	
High Self & Family	402	593.00	625.16	468.87	156.29	8.04	1284.83	1354.51	1015.88	338.63	17.42	
High Self Plus One	403	-	618.98	461.02	157.96	-	-	1341.12	998.88	342.24	-	

Non-Postal Premium Rates for the Federal Employees Health Benefits Program															
Fee-for-Service Plans (FFS)		2015 Total Biweekly Premium				2016 Biweekly premium rates				2015 Total Monthly Premium			2016 Monthly premium rates		
Plan - Option - Enrollment Code						Total Premium	Govt Pays	Empl. Pays	Change in empl. payment		Monthly Premium	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide GEHA Benefit Plan															
High Self	311	296.26	313.72	213.37	100.35	6.10	641.90	462.30	217.43	13.22	679.73	462.30	217.43	13.22	68.68
High Self & Family	312	673.80	745.43	488.50	256.93	31.70	1459.90	1058.42	556.68	68.68	1615.10	1058.42	556.68	68.68	-
High Self Plus One	313	-	690.18	461.02	229.16	-	-	1495.39	496.51	-	1495.39	998.88	496.51	-	5.95
Standard Self	314	196.18	207.16	155.37	51.79	2.75	425.06	336.64	112.21	23.72	448.85	336.64	112.21	23.72	-
Standard Self & Family	315	446.12	489.91	367.43	122.48	10.95	966.59	796.10	265.37	-	1061.47	796.10	265.37	-	-
Standard Self Plus One	316	-	445.39	334.04	111.35	-	-	965.01	241.25	-	965.01	723.76	241.25	-	-
Nationwide GEHA High Deductible Health Plan															
HDHP Self	341	203.47	216.01	162.01	54.00	3.13	440.85	351.02	117.00	6.79	468.02	351.02	117.00	6.79	24.99
HDHP Self & Family	342	464.72	510.85	383.14	127.71	11.53	1006.89	830.13	276.71	24.99	1106.84	830.13	276.71	24.99	-
HDHP Self Plus One	343	-	464.42	348.32	116.10	-	-	1006.24	251.56	-	1006.24	754.68	251.56	-	-
Nationwide MHBHP - Consumer Option															
HDHP Self	481	256.90	259.47	194.60	64.87	0.65	556.62	421.64	140.55	1.40	562.19	421.64	140.55	1.40	11.28
HDHP Self & Family	482	582.10	602.92	452.19	150.73	5.21	1261.22	979.75	326.58	11.28	1306.33	979.75	326.58	11.28	-
HDHP Self Plus One	483	-	574.22	430.67	143.55	-	-	1244.14	311.03	-	1244.14	933.11	311.03	-	-
Nationwide MHBHP - Std															
Standard Self	454	294.66	279.93	209.95	69.98	-22.67	638.43	454.89	151.63	-49.11	606.52	454.89	151.63	-49.11	-136.83
Standard Self & Family	455	674.36	650.55	487.91	162.64	-63.15	1461.11	1057.15	352.38	-136.83	1409.53	1057.15	352.38	-136.83	-
Standard Self Plus One	456	-	637.79	461.02	176.77	-	-	1381.88	383.00	-	1381.88	998.88	383.00	-	-
Nationwide MHBHP - Value Plan															
Standard Self	414	227.44	236.60	177.45	59.15	2.29	492.79	384.47	128.16	4.96	512.63	384.47	128.16	4.96	16.01
Standard Self & Family	415	542.24	571.80	428.85	142.95	7.39	1174.85	929.18	309.72	16.01	1238.90	929.18	309.72	16.01	-
Standard Self Plus One	416	-	560.59	420.44	140.15	-	-	1214.61	303.65	-	1214.61	910.96	303.65	-	-

Non-Postal Premium Rates for the Federal Employees Health Benefits Program												
Fee-for-Service Plans (FFS)		2015 Total Biweekly Premium			2016 Biweekly premium rates			2015 Total Monthly Premium		2016 Monthly premium rates		
Plan - Option - Enrollment Code		Total Premium	Govt Pays	Empl. Pays	Change in empl. payment	Total Premium	Govt Pays	Empl. Pays	Total Premium	Govt Pays	Empl. Pays	Change in empl. payment
Nationwide NALC												
High Self	321	278.95	213.37	72.55	-4.39	285.92	213.37	72.55	604.39	462.30	157.19	-9.51
High Self & Family	322	604.27	476.06	158.68	2.98	634.74	476.06	158.68	1309.25	1031.45	343.82	6.47
High Self Plus One	323	-	461.02	162.28	-	623.30	461.02	162.28	-	998.88	351.60	-
CDHP Self	324	200.24	150.18	50.06	0.00	200.24	150.18	50.06	433.85	325.39	108.46	0.00
CDHP Self & Family	325	434.79	434.80	108.70	0.00	434.80	326.10	108.70	942.05	706.55	235.52	0.01
CDHP Self Plus One	326	-	434.79	326.09	108.70	-	-	-	-	706.54	235.51	-
Nationwide NALC Value Option												
Basic Self	KM1	172.40	129.30	43.10	0.00	172.40	129.30	43.10	373.53	280.15	93.38	0.00
Basic Self & Family	KM2	374.38	280.79	93.60	0.01	374.39	280.79	93.60	811.16	608.39	202.79	0.00
Basic Self Plus One	KM3	-	280.79	93.59	-	374.38	280.79	93.59	-	608.37	202.79	-
Nationwide Panama Canal Area Benefit Plan												
High Self	431	222.72	238.66	179.00	3.98	238.66	179.00	59.66	482.56	387.83	129.27	8.63
High Self & Family	432	464.88	498.18	373.64	8.32	498.18	373.64	124.54	1007.24	809.54	269.85	18.04
High Self Plus One	433	-	476.34	357.26	119.08	-	-	-	-	774.05	258.02	-
Nationwide Rural Carrier Benefit Plan												
High Self	381	292.49	298.34	213.37	-5.51	298.34	213.37	84.97	633.73	462.30	184.10	-11.94
High Self & Family	382	557.72	577.71	433.28	5.00	577.71	433.28	144.43	1208.39	938.78	312.93	10.83
High Self Plus One	383	-	566.37	424.78	141.59	-	-	-	-	920.36	306.78	-
Nationwide SAMBA												
High Self	441	339.89	347.16	213.37	-4.09	347.16	213.37	133.79	736.43	462.30	289.88	-8.86
High Self & Family	442	800.46	833.19	488.50	-7.20	833.19	488.50	344.69	1734.33	1058.42	746.83	-15.60
High Self Plus One	443	-	763.76	461.02	302.74	-	-	-	-	998.88	655.93	-
Standard Self	444	243.16	253.76	190.32	2.65	253.76	190.32	63.44	526.85	412.36	137.45	5.74
Standard Self & Family	445	555.35	583.65	437.74	7.07	583.65	437.74	145.91	1203.26	948.44	316.14	15.33
Standard Self Plus One	446	-	558.27	418.70	139.57	-	-	-	-	907.19	302.40	-

Attachment 4 – DC Benefits Enrollment Guide



2016

**DC Government
Benefits Enrollment
Guide**





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How to Enroll in Your DC Government Benefits

Open Enrollment for your 2016 benefits **begins Monday, November 9, 2015 and ends Monday, December 14, 2015 at 5:00 p.m. EST.** This is your opportunity to review your current benefit elections and make any necessary changes. All enrollment changes are to be made through Employee Self Service (ESS). You can access ESS on any computer with an internet connection at <https://ess.dc.gov>.

The following program is **not available for Open Enrollment 2016:**

- Group Life Insurance

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

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

Elections Effective Dates

- For employees who are paid biweekly, changes made during Open Enrollment will be effective **January 10, 2016.**
- For employees who are paid semi-monthly (some DCPS and UDC), changes made during Open Enrollment will be effective **January 1, 2016.**
- Elections made within 30 days of new hire will be effective following the first pay period in which a payroll deduction is made to pay for the benefit.

How to Enroll: Instructions

1. Log in to **Employee Self Service (ESS)** at <https://ess.dc.gov>.

Please Note: ESS is accessible online through PeopleSoft on *any* computer. Computers are available for employee use at the DCHR Customer Care Center located at 441 4th Street, NW in the lobby of One Judiciary Square.

DC.gov

PeopleSoft ESS Signon

User ID:

Password:

Sign In

[Forgot your password?](#)

[Sign-up for PeopleSoft Self-Service](#)

User Agreement

COMPUTER SECURITY AND CONFIDENTIALITY AGREEMENT

By entering my Username and Password to access this system, I

2. From the Main Menu, **select Self Service** under the Menu options on the upper-left side.

DC.gov

Welcome

Portal Home Worklist Performance Trace Add to Favorites Sign Out

Favorites Main Menu

My Page Managerial Self Service

Menu

- My Favorites
- Self Service**
- Managerial Self Service
- Workforce Administration
- Set Up HRMS
- DC Customizations
- Worklist
- Reporting Tools
- PeopleTools
- Change My Password
- My Personalizations

Current Leave Summary

Absence	Quantity
PN	52.00
SH	
SI	23.00
TO	

Details

Upcoming Training

You are not currently enrolled in any courses in the next 30 days.
[Explore Courses](#)

Employee Benefits

Districts Spotlight

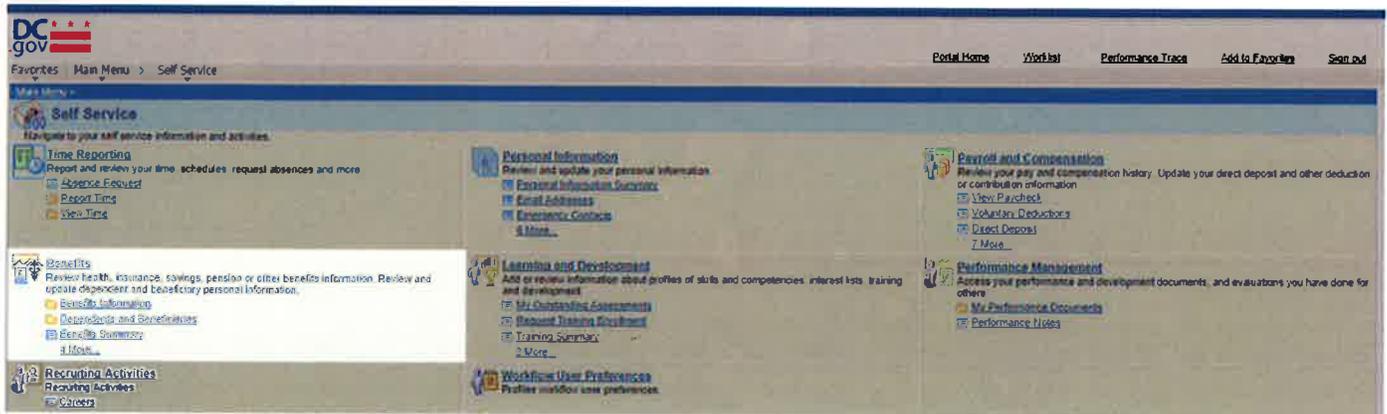
dchr

DC Department of Human Resources

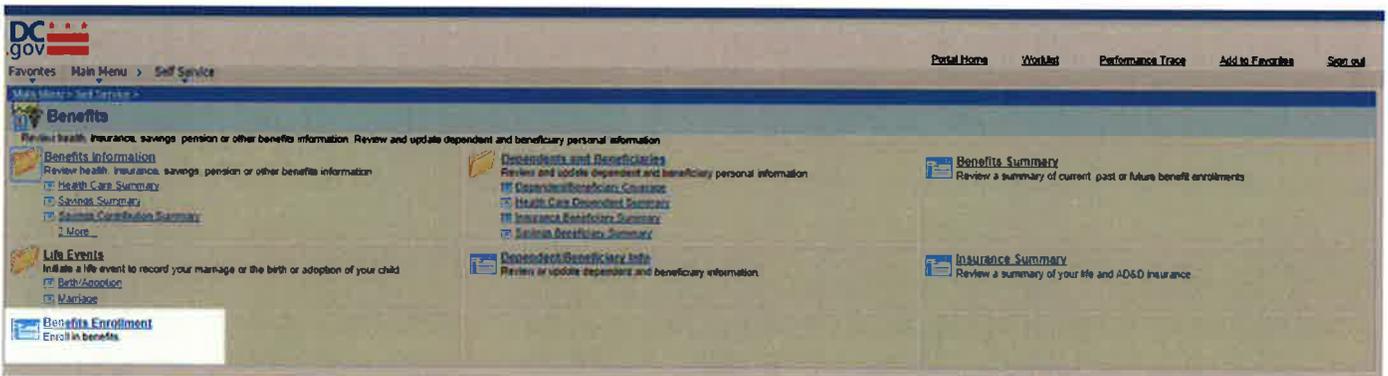
Paid Family Leave

Effective October 1, employees can 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. Detailed information is available at <http://dchr.dc.gov/leave>

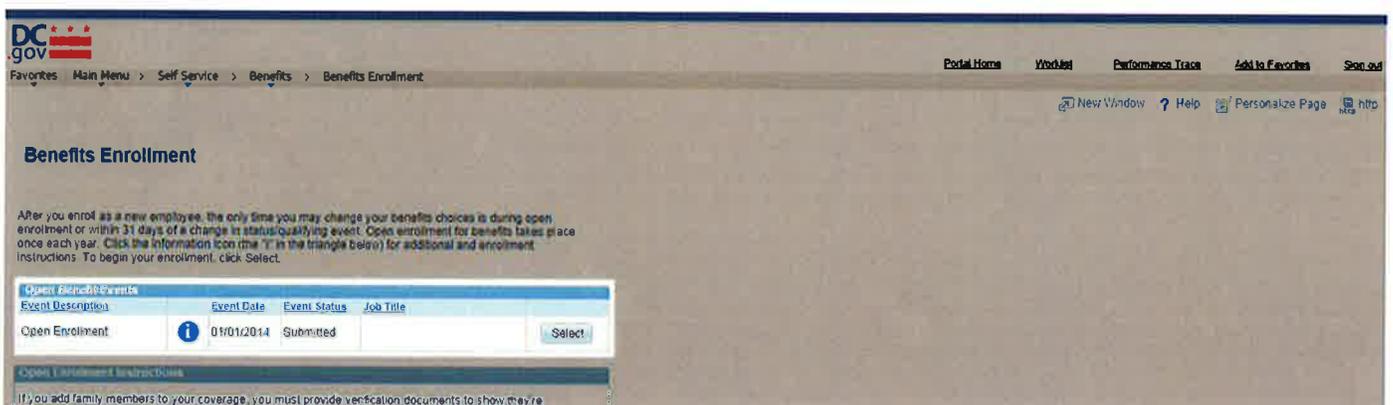
3. On the Self Service page, select the **Benefits** option on the left side, second row.



4. On the Benefits page, select the **Benefits Enrollment** option on the left side third row.



5. On the Benefits Enrollment page, select the **Open Enrollment** option listed under the Open Benefits Events Menu.

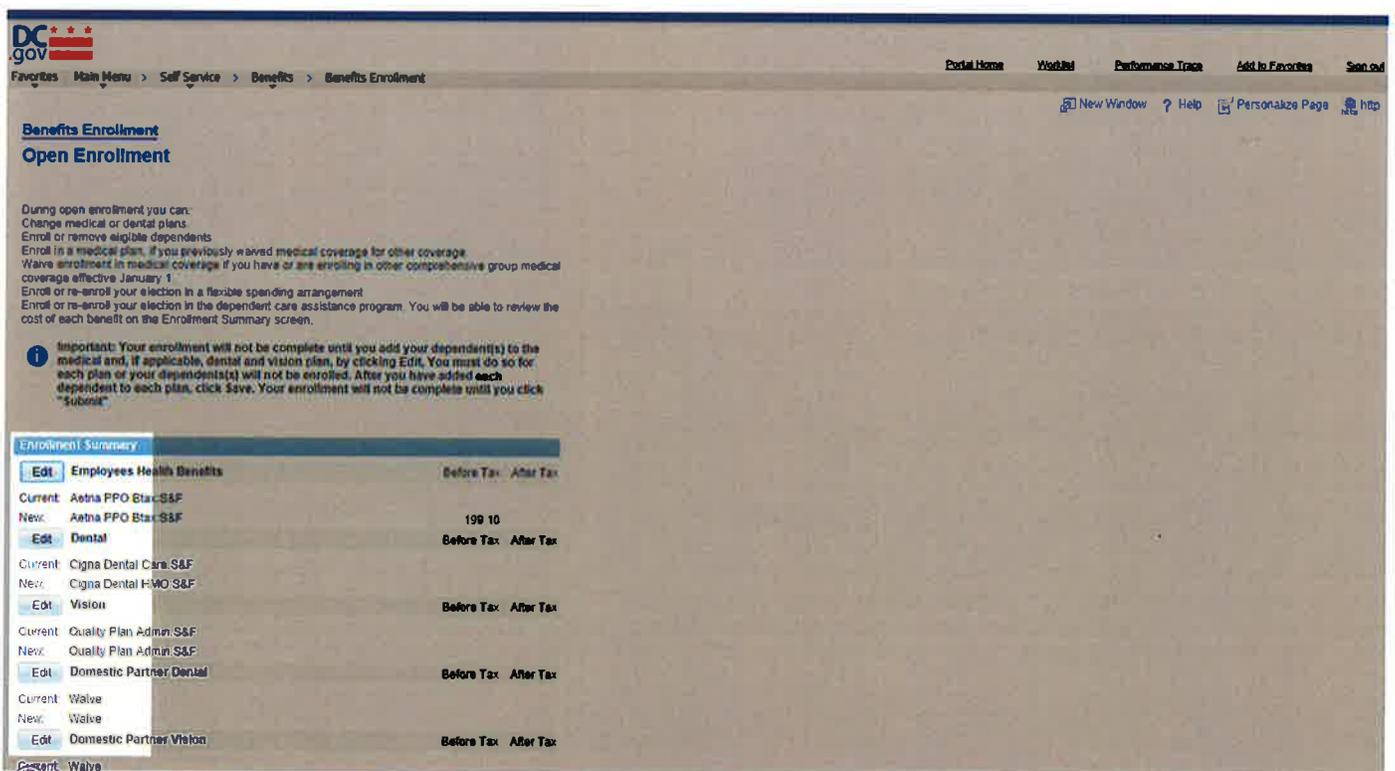


- You will now be directed to a confirmation page, which will ask you to confirm that you would like to proceed with enrolling in and/or changing your benefits. **If you would like to continue, select OK.**



- On the Open Enrollment page, you will see your **current Enrollment Summary** (if enrolled previously, it will be populated with your current selections), available enrollment selections and a table that summarizes the estimated costs for your benefit choices.

To change/enroll in your benefit options, select the Edit button on the left of the benefit.



Please Note for Open Enrollment 2016

- Group life insurance is not a 2016 Open Enrollment event.**
- Aflac indemnity plans**, including Cancer Insurance, Hospital Confinement, Personal Sickness, Personal Accident and Specify Health Event, and the **529 College Savings Plan** are 2016 Open Enrollment events, but occur outside of Employee Self Service. *See page 12 for enrollment details.*

8. When you select Edit for any of the available benefit options, you will be taken to a specific page for each option that includes the following:

- Summary information of current benefits, if applicable
- Any additional previously enrolled benefits that may be affected by changing your current coverage, if applicable (for example, making changes to your medical coverage may affect your health savings account)
- A link to an overview of all available plans
- Available options with your per-pay-period costs
- Dependent enrollment options
- Add and/or Review Dependent option

The screenshot shows the DC.gov website's 'Employees Health Benefits' enrollment page. A pop-up window titled 'Select an Option' is displayed, showing available plans and their costs. The page also includes a navigation bar, a breadcrumb trail, and a main content area with a 'Select an Option' pop-up window.

Table 1: Aetna HMO-DC Before Tx

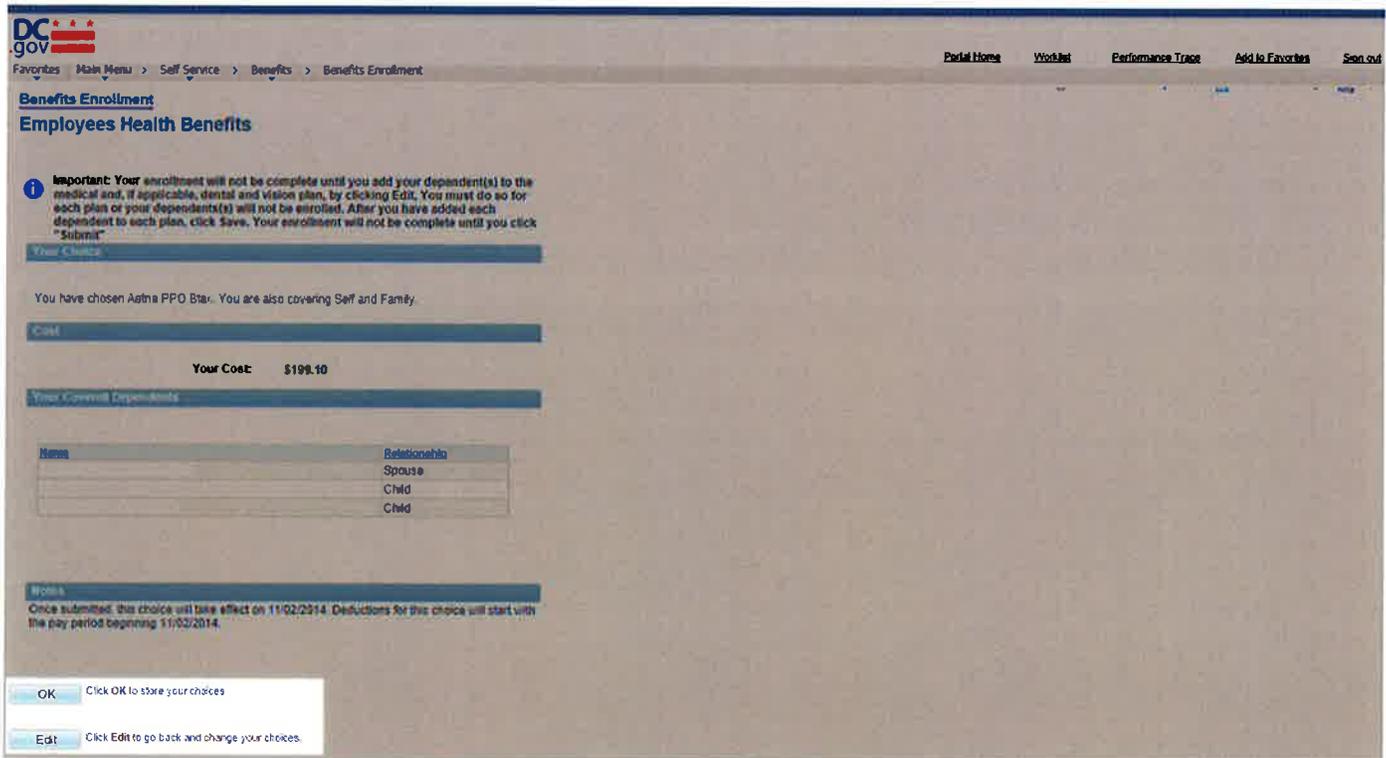
Coverage Level	Your Costs	Tax Class
<input type="radio"/> Self Only	\$64.64	Before-Tax
<input type="radio"/> Employee + 1 Dependent	\$127.07	Before-Tax
<input type="radio"/> Self and Family	\$186.81	Before-Tax

Table 2: Kaiser HMO-DC Before Tx

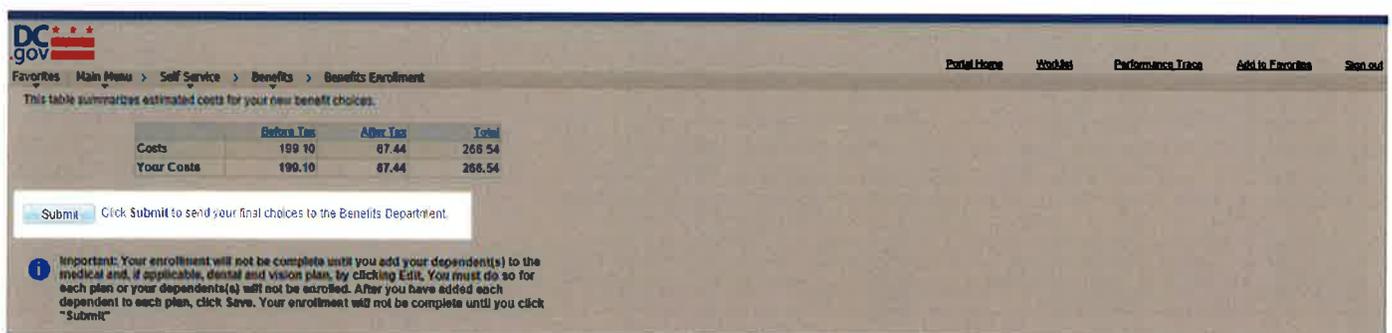
Coverage Level	Your Costs	Tax Class
<input type="radio"/> Self Only	\$57.16	Before-Tax
<input type="radio"/> Employee + 1 Dependent	\$109.17	Before-Tax
<input type="radio"/> Self and Family	\$167.46	Before-Tax

9. Upon enrolling in and/or making changes, you will then be given the option to select:

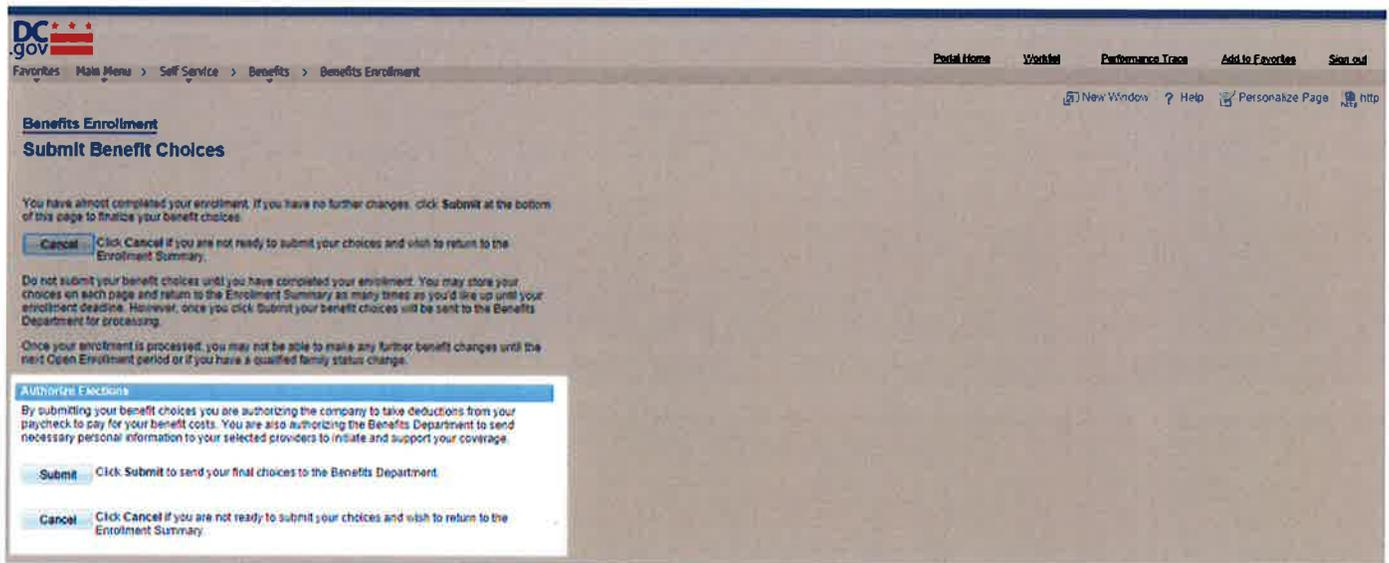
- **Continue**, which allows you to store your current choice until you are ready to submit your final enrollment on the Enrollment Summary page; or
- **Cancel**, which ignores all entries made on the page and returns you to the Enrollment Summary.



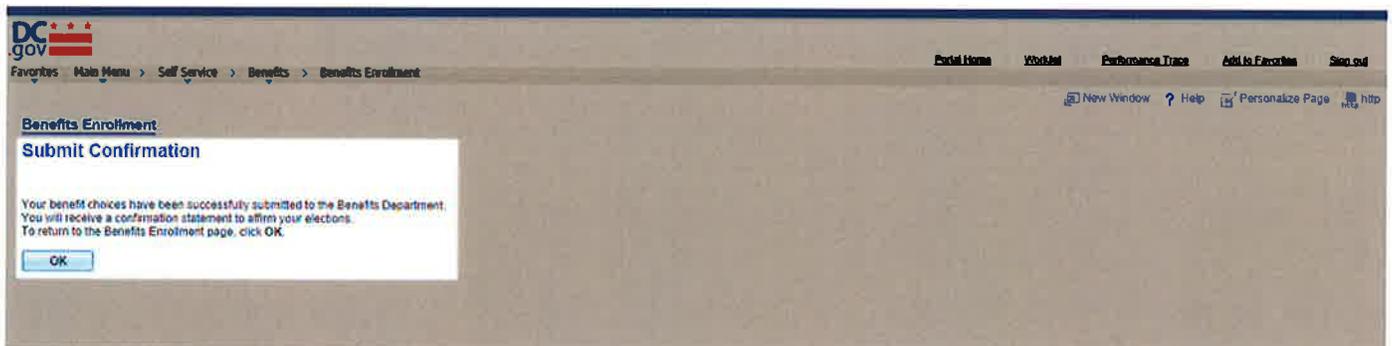
10. Upon updating and completing all relevant selections, scroll to the bottom of the Open Enrollment page and select **Submit** to send your final choices to the Benefits Department.



11. Upon selecting Submit, you will be taken to a confirmation page, which will ask you to **select Submit** to authorize your elections or **select Cancel** to return to the Enrollment Summary page.



12. Upon selecting Submit, you will be taken to the **Submit Confirmation page** indicating that your benefit choices have been successfully submitted to the Benefits Department. You will receive a confirmation statement with your elections. **Select OK** to return to the Benefits Enrollment page.



This completes your benefits enrollment!

Please Note: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependents(s) will not be enrolled. *See page 10 for details on dependents and eligibility.*

Questions? Contact the DCHR Benefits Administration at (202) 442-7627 or dchr.benefits@dc.gov.

Dependent Eligibility Verification

If you add family members to your coverage, you are required to provide documentation to verify coverage eligibility for the dependents that you add during the Open Enrollment process. When you enroll online, you must also submit dependent eligibility verification. Failure to comply will result in a cancellation of health care coverage for that dependent.

- You are not required to provide verification for any dependents currently covered by any DC Government health plan.
- **Do not send original documents or the actual certified copy**, which would have a raised seal. A copy of the document with the seal clearly visible is acceptable. Retain the original document(s), as **DCHR will not return the documents you submit**.
- **Each piece of documentation must have the employee's name and the last four digits of their Social Security number.** DCHR has the authority to determine whether the documentation satisfies the Plan's requirements. Any fees associated with obtaining documents are the employee's responsibility.
- You must enroll during **Open Enrollment, November 9 through December 14, 2015**. You must submit the documents with your enrollment form(s) by **Tuesday, January 11, 2016**.

Please see the following list of dependents and corresponding verification documents:

Spouse *(Provide a copy of one of the following)*

- Most recent year's 1040 Married Filing Jointly federal tax return that lists the spouse (black out financial information and dependents' Social Security numbers)
- Subscriber's and spouse's most recent 1040 Married Filing Separately federal tax return (black out financial information and dependents' Social Security numbers)
- Proof of common residence (example: a utility bill) and marriage certificate*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate*
- Petition for dissolution of marriage (divorce)
- Legal separation notice

State-Registered Domestic Partner or Legal Union Partner *(Provide a copy of one of the following)*

- Proof of common residence (example: a utility bill) and certificate/card of state-registered domestic partnership*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership*
- Petition for invalidity (annulment) of domestic partnership or legal union
- Petition for dissolution of domestic partnership or legal union
- Legal separation notice of domestic partnership or legal union

Child(ren) *(Provide a copy of one of the following)*

- Most recent year's federal tax return that includes the child(ren) as a dependent and listed as a son or daughter (black out financial information and dependents' Social Security numbers)
- Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner**)
- Certificate or decree of adoption
- Court-ordered parenting plan
- National Medical Support Notice
- Original Foster child certification and a copy of documentation of regular and substantial support of the child***
- Disabled Child: Medical verification of disability prior to age 26
- Legal Custody: Copy of Court Order granting legal custody
- Step Child: Birth Certificate**, Copy of Marriage Certificate, Divorce Decree or Custody Papers

You can submit one copy of your tax return if it includes all family members that require verification.

**If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.*

***If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB and FEHB coverage.*

****More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained: evidence of eligibility as a dependent child for benefits under other State or Federal programs; proof of inclusion of the child as a dependent on the enrollee's income tax returns; canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; evidence of goods or services that show regular and substantial contributions of considerable value.*

Dependent Eligibility Verification Form

Attached are documents for:

Employee Name: _____

Last Four Digits of Social Security Number: _____

Employee ID Number: _____

Please **select only one** of the following methods to return this form to the DCHR Benefits and Retirement Administration:

Email

To: dchr.benefits@dc.gov

Fax

To: Benefits & Retirement Administration, DC Department of Human Resources

From: _____

Date: _____

Pages: _____

Fax: (202) 727-8478

Phone: (202) 442-7627

Re: Open Enrollment Dependent Eligibility Verification

Inter-Office Mail

Attach this completed form to all documents and send to:

DC Department of Human Resources
Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North
Washington, DC 20001

U.S. Mail

Attach this completed form to all documents and send to:

DC Department of Human Resources
c/o Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North
Washington, DC 20001

How to Enroll in Benefits that are NOT Available through Employee Self Service

The following benefits are 2016 Open Enrollment events, but are **not available** for enrollment through Employee Self Service (ESS). Specific enrollment instructions are included with each event.

Indemnity Coverage

Aflac is the District of Columbia Government indemnity plan provider. Available plans include:

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

To enroll in any of the plans above, please call Aflac at (202) 379-4755 or visit:

https://enrollment.aflac.com/AccountSites/D_F/DCGov/Homepage.aspx

To waive your indemnity coverage, you must complete a cancellation form and submit it to Aflac. Submit your forms via:

Fax: (202) 379-4756

Attn: Aflac Cancellations

Email: dcgovernment@us.aflac.com

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 District of Columbia Government sponsors the plan and Calvert Investments manages it. Investment types include:

- Age-based portfolios
- Single fund investments
- Stability of principal investment

To enroll in any of the plans above, please visit www.dccollegesavings.com.

Understanding Your Paycheck

 Government of the District of Columbia 441 4th Street, NW, Suite 480 North Washington, DC 20004		Pay Group: GIN-Group 1 - 7 Day FLSA Pay Begin Date: 12/15/2013 Pay End Date: 12/28/2013	Union: Advice #: Check Date:																																																																																				
Name: Employee ID: Department: Job Title:	LEI: 10/20/2013 Ret Plan: A-DC 5% Salary: \$68,371.00 Grade: 12	Appl Date: 03/05/2007 Health Plan: MDIDCH Ssl Admin Plan: DS0087 Step: 3	TAX DATA: Federal VA State Tax Status: Single Allowances: 1 1 Adnl. Pct: Adnl. Amt:																																																																																				
HOURS AND EARNINGS		TAXES																																																																																					
<table border="1"> <thead> <tr> <th>Description</th> <th>Rate</th> <th>Current Hours</th> <th>Current Earnings</th> <th>YTD Hours</th> <th>YTD Earnings</th> </tr> </thead> <tbody> <tr> <td>Regular Earnings</td> <td>32.870673</td> <td>45.00</td> <td>1,479.18</td> <td>45.00</td> <td>1,479.18</td> </tr> <tr> <td>Annual Leave Taken</td> <td>32.870673</td> <td>19.00</td> <td>624.54</td> <td>19.00</td> <td>624.54</td> </tr> <tr> <td>Holiday Pay</td> <td>32.870673</td> <td>8.00</td> <td>262.97</td> <td>8.00</td> <td>262.97</td> </tr> <tr> <td>Sick Leave Taken</td> <td>32.870673</td> <td>8.00</td> <td>262.97</td> <td>8.00</td> <td>262.97</td> </tr> <tr> <td>TOTAL:</td> <td></td> <td>80.00</td> <td>2,629.66</td> <td>80.00</td> <td>2,629.66</td> </tr> </tbody> </table>	Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings	Regular Earnings	32.870673	45.00	1,479.18	45.00	1,479.18	Annual Leave Taken	32.870673	19.00	624.54	19.00	624.54	Holiday Pay	32.870673	8.00	262.97	8.00	262.97	Sick Leave Taken	32.870673	8.00	262.97	8.00	262.97	TOTAL:		80.00	2,629.66	80.00	2,629.66	<table border="1"> <thead> <tr> <th>Description</th> <th>Current</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Fed Withholding</td> <td>338.45</td> <td>338.45</td> </tr> <tr> <td>MED/EE</td> <td>34.44</td> <td>34.44</td> </tr> <tr> <td>OASD/LEE</td> <td>147.28</td> <td>147.28</td> </tr> <tr> <td>VA Withholding</td> <td>109.62</td> <td>109.62</td> </tr> <tr> <td>TOTAL:</td> <td>629.79</td> <td>629.79</td> </tr> </tbody> </table>	Description	Current	YTD	Fed Withholding	338.45	338.45	MED/EE	34.44	34.44	OASD/LEE	147.28	147.28	VA Withholding	109.62	109.62	TOTAL:	629.79	629.79																																
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1. Last Earnings Increase (LEI)

- Each paycheck shows your most recent LEI.
- Your LEI relates to when you received your most recent Within Grade Increase (WIGI); WIGIs occur every year for Steps 1-5 and every two years for Steps 6-10.

2. Retirement Plan

- Indicates your assigned retirement plan.

3. Salary Information

- Shows your Annual Salary, Salary Plan, and Grade and Step level.
- Your salary is broken down to an hourly rate to calculate pay.

4. Employer Paid Benefits

- Includes two sections: *Before-Tax* and *After-Tax Deductions*.
- Before-Tax Deductions* includes: Health Premiums, Dental PPO, Health Savings Accounts, Flexible Spending Health and Dependent Care Accounts, Commuter Benefits and Indemnity Coverage.
- After-Tax Deductions* includes: Health Premiums (for employees with domestic partners); Life Insurance; Disability Insurance; Alimony and/or Child Support (if through court order); and Parking.

5. Employer Paid Benefits

- Allows you to see how much the District Government is contributing to your Health, Vision, Dental and Retirement benefits.
- This section is often confused with employee deductions, but is *only for informational purposes and not deducted from your paycheck*.

6. Tax Information

- Tax Data* allows you to see your state and federal filing status and number of allowances.
- Taxes* allows you to see your year-to-date withholding amounts.

7. Accrued Leave

- Shows your Annual and Sick Leave balances, how much leave you started the year with, how much leave you have accrued to date, how much leave you have used and the total amount of leave available.