



2024 Employee Benefits Guide

Enrolling in Your Benefits Using Oracle Self Service

Benefits Enrollment must be completed in One-Source.

There are six main parts to this process and each is outlined in this step-by-step guide.

1. Access the link for One-Source through the WSSC Water Internet or Intranet. (<https://onesource.wsscwater.com>)
2. Click on EMPLOYEE SELF SERVICE then click on BENEFITS.

Page 1: Dependents and Beneficiaries

This is where you will enter anyone you want to list as a dependent and/or beneficiary.

NOTE: If the person you wish to add/update is also a WSSC Water employee or a dependent of another WSSC Water employee, you must contact Human Resources (hr_benefits@wsscwater.com or 301-206-7777) to update their records.

3. Click ADD ANOTHER PERSON.
4. Enter the person's Name, Relationship and Relationship start date (which can be the current date).
5. Enter Address Information, or if they share the same residence as you, check the shared residence box.
6. Enter all other Required Information. (Gender, Social Security, Date of Birth)
 - a. Social Security Numbers must be entered in the following format (include dashes) : 123-45-6789
 - b. Date of Birth must be entered in the following format : DD-MON-YYYY (01-JAN-2019)
7. When finished, click APPLY.
8. Repeat steps 4-7 as many times as necessary to add dependents and beneficiaries.
9. When you are ready to continue, click NEXT.

Page 2: Benefits Enrollments

This page will show an overview of available benefits and your current status.

10. Click UPDATE BENEFITS
11. Scroll to review/update your Medical, Dental, Vision, FSA Health Care, FSA Dependent Care, Supplemental Life, Spouse Life, Child Life, Legal Services and Sick Leave Bank elections by checking the boxes.
12. When you have made your selections and are ready to continue, click NEXT.

Page 3: Update Benefits – Cover Dependents

This is where you will choose which dependents will be covered for your selected benefits.

13. Click on the box next to their name if you want them to be covered under this corresponding benefit.
14. When you have made your selections and are ready to continue, click NEXT.

Page 4: Update Beneficiaries

This is where you can specify what percentage of life insurance, Retirement Plan and Final Salary - Unused Earned Vacation Leave you want each of your beneficiaries to receive.

15. Choose which beneficiaries would receive anything as a primary recipient (for example, will your spouse receive 100% of the benefit if something happens to you?)
16. Choose which beneficiaries would receive anything as a contingent recipient (for example, what will your children receive if something happens to you and your primary recipient?)
17. If you want to designate a Trust, click on the SEARCH icon in the field "Trust Name", click "GO" in the new search page, and then select "TRUST"– and then enter the corresponding Percentage.

*You must contact Human Resources to provide details about your trust (official name of Trust) to be entered into the system.
Email : hr_benefits@wsscwater.com or 301-206-7777.*
18. Repeat for Supplemental Life if applicable, and Retirement Plan and Final Salary - Unused Earned Vacation Leave.
19. When you are ready to continue, click NEXT.

Page 5: Add Primary Care Providers

20. If you enrolled in Kaiser Permanente HMO or Deltacare USA HMO, you will be asked to enter your primary care provider's ID, name and specialty. If you do not enter any information, a primary provider will be assigned to you.
21. When you are ready to continue, click NEXT.

Page 6: Confirmation Page

This page allows you to review everything you have selected.

22. Click CONFIRMATION STATEMENT to generate a summary of all of your elections and **print or save a copy for your records.**
23. When finished, click FINISH. NOTE: Clicking finish will take you back to the first screen.

Table of Contents

Enrolling in Your Benefits	2
What's New	4
Important Things To Remember	4
Benefits Open Enrollment Schedule	5
2024 Medical, Dental and Vision Plan Rates For Employees	6
Insurance Coverage For Dependents.....	7
Change Of Life Events.....	8
MyLife Wellbeing.....	9
ComPsych Guidance Resources/Employee Assistance Program (EAP)	10
Legal Resources	11
2024 Calendar Year Medical Summary of Services.....	12-14
Kaiser Permanente Prescription Benefits At-A-Glance.....	15
CVS Health Overview of Benefits	16
EyeMed.....	17
Delta Dental Plan Description	18-19
MetLife Life Insurance.....	20-21
Pets Best Pet Health Insurance	22
Flexible Spending Accounts	23
Sick Leave Bank.....	24-25
WaterFund Contribution	26
Legislative Information	27-29
Family and Medical Leave Act (FMLA).....	30
HIPAA Notice	31-34
Customer Service Contacts	35

Summary of Services Disclaimer

The purpose of this Benefits Guide is to give you basic information about your benefit options and how to enroll for coverage or make changes to existing coverage. This guide is only a summary of your choices and does not fully describe each benefit option. For a more detailed description of benefits, please refer to the plan's benefit booklet, brochure, summary plan description (SPD), summary of benefits and coverage (SBC) or evidence of coverage (EOC). You may also call the plan using the customer service phone number on the last page of this guide.

Please note that plans will not cover a service if it is not considered medically necessary. Additionally, if your physician or facility discontinues participation in a plan, you will not be allowed to change plans outside the window of Open Enrollment as this is NOT considered a qualifying life event for you or your dependents.

Every effort has been to made the information contained in this guide accurate; however, if there are discrepancies between this guide and the contract with the carrier, the contract will govern.

WHAT'S NEW FOR 2024?

DELTA DENTAL - Orthodontic Maximum Increase – There is a separate lifetime maximum for Orthodontic Services per person. In year 2024, the maximum will change from \$1,500 to \$2,000.

FLEXIBLE SPENDING ACCOUNT (FSA) - The annual maximum for Medical FSA will increase to \$3,050. The annual maximum for Dependent Care FSA will remain at \$5,000.

HINGE HEALTH - WSSC Water has partnered with Hinge Health to provide you with a digital exercise therapy program that provides relief for back, knee, neck and other joint pain. This program will give you the tools to move with confidence again, and from the comfort of your own home, on your schedule. Care may include a personal care team including a physical therapist and coach, one-on-one physical therapy sessions as needed, or second opinions on treatment plans recommended to you.

BERGER SCHOLARSHIP FUND - Through WSSC Water's Open Enrollment - You can make a payroll deduction donation to the Berger Scholarship Fund. Established in 2006, the Fund provides undergraduate college tuition assistance to children of permanent WSSC Water employees and retirees. It is solely funded by employee and retiree donations. Donations of any amount are accepted; however, for a child to be eligible for the scholarship their parent or guardian must be a regular contributor to the scholarship fund for at least one year prior to submitting an application with a minimum contribution of \$10 per child for 26 pay periods (or \$260 each year). Contributions to the fund are not tax-deductible. The scholarship is only open to children within the WSSC Water family. For the 2023-2024 Academic Year, the Robert G. Berger Scholarship Fund awarded twelve scholarships with a total value of \$16,000.

Important Things To Remember

- The Open Enrollment period begins on Monday, October 16 and ends on Monday, November 13, 2023.
- During Open Enrollment, you have the following options:
 - Enroll in the health, dental and/or vision plan
 - Change to a different health and/or dental plan
 - Change coverage levels by adding or removing dependents.**
 - Waive health, dental and/or vision coverage for the 2024 Plan Year.
 - Enroll, continue, increase or decrease coverage, or waive Supplemental Life Insurance.
 - Enroll, continue, increase or decrease coverage, or waive Dependent Child or Spouse Life Insurance.
 - Enroll or waive Flexible Spending Accounts (both medical and dependent care).
 - Flexible Spending enrollments do not rollover from the previous year. If you want to participate in flex spending in 2024, you must reenroll.
 - Enroll, continue, or waive coverage in the Sick Leave Bank Program.
 - Enroll or waive coverage in the Legal Plan.
 - Elect to contribute to the Water Fund.
 - Elect to contribute to the Berger Scholarship Fund.
 - You can now designate beneficiaries for the Retirement Plan and Final Salary/Unused Earned Vacation in One-Source (in addition to Life Insurance). Even if you are not making changes to benefits, please login to One-Source to add/update your beneficiary designations.
 - All changes become effective January 1, 2024.
 - If you are enrolling a dependent age 19–26 for the first time, you are required to complete an affidavit. Please see page 7 for information on dependent coverage.
 - If you are changing plans, you should receive your health care cards no later than January 1, 2024.
 - Once Open Enrollment closes, your selections are binding and cannot be changed, modified or canceled unless you have a qualified change of life event. See Change of Life Event section on page 8 for further details.

****PLEASE NOTE: Any benefits change to add or delete dependents requires legal documentation before benefits will be available. See Insurance Coverage for Dependents section on page 7.**



WSSC WATER BENEFITS OPEN ENROLLMENT SCHEDULE

October

October 16
OPEN ENROLLMENT BEGINS

October 17
**Support Center
Wellbeing Fair (8am - noon)**

October 18
**Western Branch (7 - 8am)
Piscataway (11am - noon)**

October 19	
Virtual Sessions	
CVS Health	9:00am
UnitedHealthcare	10:00am
Kaiser Permanente	11:00am
Empower	12:00pm
MetLife	1:00pm
MyLife Wellbeing	2:00pm
Delta Dental	3:00pm

October 24
Potomac (8-9am)

October 25
**Lyttonsville (7-8am)
Lab (11am - noon)**

October 26
**Gaithersburg (7-8am)
Virtual Sessions**

VOYA/Benefit Strategies	9:00am
Legal Resources	10:00am
Sleep Charge	11:00am
Pets Best	12:00pm
Hinge	1:00pm
EyeMed	2:00pm
EAP- Guidance Resources	3:00pm

November

November 1
**Temple Hills (7-8am)
Parkway (11am - noon)**

November 2
**Anacostia (7-8am)
Support Center (11am-1pm)**

November 9
**Seneca (7 - 8am)
Brighton Dam (11am - noon)**

November 13
OPEN ENROLLMENT ENDS

2024 Medical, Dental & Vision Plan Rates for Employees

Plan & Coverage Level	Monthly Rate	WSSC Monthly Contribution	Employee Monthly Deduction	WSSC Semi-monthly Contribution	Employee Semi-monthly Deduction
United Healthcare Plus POS					
Individual	\$1,198.00	\$898.50	\$299.50	\$449.25	\$149.75
2-Person	\$2,364.00	\$1,773.00	\$591.00	\$886.50	\$295.50
Family	\$2,989.00	\$2,241.75	\$747.25	\$1,120.88	\$373.63
United Healthcare Select EPO					
Individual	\$900.00	\$711.00	\$189.00	\$355.50	\$94.50
2-Person	\$1,801.00	\$1,422.79	\$378.21	\$711.40	\$189.11
Family	\$2,620.00	\$2,069.80	\$550.20	\$1,034.90	\$275.10
Kaiser Permanente					
Individual	\$700.00	\$553.00	\$147.00	\$276.50	\$73.50
2-Person	\$1,401.00	\$1,106.79	\$294.21	\$553.40	\$147.11
Family	\$2,122.00	\$1,676.38	\$445.62	\$838.19	\$222.81
Delta Dental PPO					
Individual	\$40.00	\$32.00	\$8.00	\$16.00	\$4.00
2-Person	\$67.00	\$53.60	\$13.40	\$26.80	\$6.70
Family	\$99.00	\$79.20	\$19.80	\$39.60	\$9.90
Delta Dental HMO					
Individual	\$24.00	\$19.20	\$4.80	\$9.60	\$2.40
2-Person	\$39.00	\$31.20	\$7.80	\$15.60	\$3.90
Family	\$58.00	\$46.40	\$11.60	\$23.20	\$5.80
EyeMed					
Individual	\$5.40	\$-	\$5.40	\$-	\$2.70
2-Person	\$14.10	\$-	\$14.10	\$-	\$7.05
Family	\$20.70	\$-	\$20.70	\$-	\$10.35

Note: For the 2024 plan year, WSSC will contribute 75% towards the monthly premium for UnitedHealthcare Choice Plus POS, 79% for the UnitedHealthcare EPO and Kaiser HMO plans, 80% for the Delta Dental PPO and Delta Dental HMO, and 0% to the Vision Plan.

Insurance Coverage for Dependents

Eligible Dependents are:

- a. A spouse — husband or wife, of the opposite or same sex, with whom you are legally married;
 - b. An unmarried/married dependent child regardless of student status until the end of the birth month in which he or she reaches age 26;
 - c. An unmarried/married dependent child who is incapable of self-support because of a mental and/or physical disability and who depends on you for support.
- * Ineligible dependents are: domestic partners and civil union partners, both same sex or opposite sex.

The term “**Dependent child**” means any of the following:

- a. Biological children;
- b. Legally adopted children or children placed in the employee’s home pending final adoption;
- c. Stepchildren;
- d. Foster children;
- e. Children who are under the legal guardianship of the employee;
- f. Children for whom the employee is required to provide health care coverage under a recognized Qualified Medical Child Support Order.

Coverage Effective Date for Newly Enrolled Dependents

Coverage is effective on January 1, 2024 for eligible, newly enrolled dependents.

Dependent Eligibility Verification

In order to provide coverage for your newly enrolled dependents, you must submit proper legal documentation to Human Resources no later than November 13, 2023.

Spouse: marriage certificate

Dependent child: birth certificate

Stepchild: birth certificate AND marriage certificate.

Foster child, adopted child or child whom you have legal guardianship: birth certificate AND legal documents from the court.

Any NEWLY ENROLLED dependent child between the ages of 19-26:

Documents listed above AND a completed AND notarized affidavit. See below.

Age Limits

Dependent children may be covered through the end of the birth month in which they turn 26. Newly enrolled dependents between the ages of 19-26 require submission of an affidavit. You will not need to submit an affidavit if your coverage dependent is already enrolled on our plan(s). The affidavit is in Human Resources, on the Intranet and One-Source.

Please Note: Dependents must be enrolled in the same health insurance carrier as the subscriber.

WHAT IF I HAVE QUESTIONS OR NEED ADDITIONAL INFO?

Contact the Benefits Team in Human Resources at hr_benefits@wsscwater.com or call (301) 206-7777.

Change of Life Events

According to the Internal Revenue Service (IRS) regulations that govern flexible benefit plans, the optional Benefits you elect during enrollment must remain in effect throughout the calendar year, unless you experience a *qualified change of life event*.

If you decide to change your elections as the result of one of the events listed below, **you must do so within 30 days after the qualifying event**. If you do NOT notify the Human Resources Office within 30 days after the event, **you cannot change your elections until the next annual open enrollment**. You must provide the Human Resources Office with verification of all change of life events.

Event	Qualified Status Change	How to begin
If you experience a life change – such as marriage, divorce, birth or adoption of a child, or death.	Yes – you have 30 days to notify Human Resources.	<ul style="list-style-type: none"> • Log into One-Source and make a request to add or drop/delete dependents. • Provide HR with certified documentation such as a marriage license, birth certificate, divorce decree or other legal document.
If you, your spouse or dependent child become covered by another plan or lose coverage in another plan.	Yes – you have 30 days to notify Human Resources.	<ul style="list-style-type: none"> • Log into One-Source and make a request to enroll (or disenroll) in our benefits or to add dependents to your existing plan. • Provide HR with proof of previous (or new) coverage from the family members insurance carrier and/or former employer.
If you experience a loss of coverage due to relocation out of the Plan's coverage area.	Yes – you have 30 days to notify Human Resources.	<ul style="list-style-type: none"> • Log into One-Source and make a request to enroll in another health and/or dental plan. • Provide HR with proof of your new residence.
If your physician or facility discontinues participation in plan.	No – you must wait until the next open enrollment to change plans.	<ul style="list-style-type: none"> • You must wait until the next open enrollment to change plans.



MyLife Wellbeing

MyLife is designed to help you find and maintain personal balance, and as your world changes, so will the offerings of the MyLife program. All services are offered through third party partners and are free, voluntary, and confidential.

TAKE ADVANTAGE OF THESE SPECIAL SERVICES & PROGRAMS

MyLife Coaching

Personal, confidential support if and when you're feeling ready to make a change. Monica offers guidance, support, and tools for those moments when you feel stuck or overwhelmed in your personal or professional life.

Text 443-366-3163 or email
monica@sp8strategies.com

MyLife Advocates

Delivering valuable education, resources, and tools that help improve your emotional, mental, physical, and financial well-being. Advocates bring workshops, webinars, special events, and meaningful conversations to all WSSC Water locations. Check the MyLife Calendar, emails, and Splash for upcoming events.

Contact advocate@welladvantage.com

Nutrition Infoline

If you have general nutrition questions, are considering making a dietary change, or have a nutrition related goal.

Call WSSC ext. 7783, or email mylife@wsscwater.com.

Diabetes Infoline

Aiming to make your life around diabetes better. If you or a loved one lives with diabetes and you want to learn more, reach out for support.

WSSC ext. 7784 or email mylife@wsscwater.com

SleepCharge by Nox Health

Everyone deserves good quality sleep for the best chance at optimal health. SleepCharge will help you with the best therapies, medical resources, sleep education and care managers. Take the assessment today at sleepcharge.com/wsscmylife or scan the QR code.

Call 1-877-615-7256 to learn more



Your wellbeing is our priority. Explore these resources and reach out any time, so we can help you be your best self every day.

For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to all our employees and their household family members.

Why provide an EAP?

Because we care about our employees and their dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultantSM, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultantSM will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.



24/7 Live Assistance:
Call: 855-737-8665
TRS: Dial 711



Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceNowSM
Web ID: WSSC





WSSC Water

Protect Yourself and Your Family For Only \$18.00 Per Month!

Few employee benefits offer so much for so little. As a Legal Resources Member, you'll have immediate and ongoing access to **comprehensive legal coverage, services, and expertise** that will easily save you money – and could save you a whole lot more.

Don't let this opportunity get away!

FULLY COVERED SERVICES

LEGAL RESOURCES COVERS 100% OF THE ATTORNEY FEES FOR FULLY COVERED LEGAL SERVICES¹



General Advice and Consultation

- Unlimited in-person or telephone advice and consultation for fully covered services



Wills and Estate Planning

- Will preparation and periodic updates
- Advance medical directive
- Financial powers of attorney
- Contingent trust for minor children



Preparation and Review of Routine Legal Documents

- Unlimited pages and occurrences



Family Law

- Uncontested domestic adoption
- Uncontested divorce
- Uncontested name change



Real Estate

- Purchase, sale, or refinance of primary residence
- Deed preparation
- Tenant-Landlord matters
- Landlord-Tenant consultation



Elder Law

- Estate advice
- Powers of attorney for members' parents



Traffic Violations

- Traffic infractions and misdemeanors
- Speeding
- Reckless driving
- Driving under the influence
1st Offense



Consumer Relations and Credit Protection

- Warranty disputes
- Billing disputes
- Collection agency harassment



Criminal Matters²

- Defense of misdemeanor
- Misdemeanor defense of juveniles
Fully covered for first offense involving alcohol or illegal drugs



Civil Actions

- Representation as defendant
- Representation as plaintiff
- Insurance matters
- Initial administrative hearing
- Small Claims Court advice



Identity Theft

- Prevention assistance
- Education services
- Identity recovery assistance

This **SUMMARY OF COVERAGE** is intended to provide a broad general overview of plan coverage and is not a contract. Coverage may vary by organization. For specific coverage questions, please call Member Services at 800.728.5768. Member is responsible for all non-attorney costs such as filing fees, court costs, fines, etc.

YOUR LEGAL NEEDS WILL BE COVERED!

Don't see your legal need listed?

The Legal Resources Plan covers pre-existing legal matters as well as ANY less commonly needed legal service at a **25% discount**.³

Please visit LegalResources.com for more information or call Member Services at 800.728.5768.

¹ Member is responsible for all non-attorney costs such as filing fees, fines, court costs etc. The Plan covers the individual, spouse and qualifying dependents. 12 month commitment required. Courtroom representation, when necessary, is fully covered through General District Court for claims in excess of \$400. The definition of General District Court may vary by state.

² Offenses involving illegal drugs, alcohol (except 1st offense DUI) and firearms are covered at a 25% discount.

³ Since your employer is the participating sponsor, you may not use the Plan in a dispute with your employer.

2024 Medical Summary of Services

Plan Benefits	UnitedHealthcare Select EPO In-Network Only	UnitedHealthcare Choice Plus POS In-Network	UnitedHealthcare Choice Plus POS Out-of-Network	Kaiser Permanente HMO In-Network Only
Copays: PCP Specialists	\$20 \$25 No PCP or referrals required.	\$30 \$35 No PCP or referrals required.	N/A No PCP or referrals required.	\$20 \$25 Requires PCP & referrals.
Deductibles	N/A	N/A	\$300 Individual \$600 Family	N/A
Out-of-Pocket Maximum	\$2,000 Individual \$4,500 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$9,400 Family
Child Preventive Visits	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance through age 18. Not subject to deductible.	\$0 Well Child Exams / Immunizations.
Adult Preventive Visits	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	\$0 copay for exam / Immunizations.
Physician Office Visit (PCP) Sickness and Injury	Covered at 100% after PCP copay.	Covered at 100% after PCP copay.	Covered at 70% of Plan Allowance after deductible.	PCP copay; waived for children under age 5.
Specialist Office Visit Sickness and Injury	Covered at 100% after Specialist copay (non-routine care).	Covered at 100% after Specialist copay (non-routine care).	Covered at 70% of Plan Allowance after deductible.	Specialist copay.
Routine Gynecological Exam	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Mammogram Screening	Covered at 100% for routine screenings.	Covered at 100% for routine screenings.	Covered at 70% of Plan Allowance. Not Subject to deductible.	Covered at 100%.
Cancer Screenings, Prostate, PAP, Colorectal	Covered at 100% for routine screenings. Diagnostic Lab covered at 100%.	Covered at 100% for routine screenings. Diagnostic Lab covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Allergy – Office Visit	Covered at 100% after applicable PCP or Specialist copay.	Covered at 100% after applicable PCP or Specialist copay.	Covered at 70% of Plan Allowance after deductible.	\$20 copay PCP/ \$25 copay Specialist.
Allergy Testing	Covered at 100% after applicable PCP or Specialist copay.	Covered at 100% after applicable PCP or Specialist copay.	Covered at 70% of Plan Allowance after deductible.	\$20 copay PCP/ \$25 copay Specialist.
Allergy Injections	Covered at 100% after applicable PCP or Specialist copay.	Covered at 100% after applicable PCP or Specialist copay.	Covered at 70% of Plan Allowance after deductible.	\$20 copay.
Inpatient Hospital/ Facility Hospital Services	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Skilled Nursing Facility	Covered at 100%; (Limited to 60 days per benefit year).	Covered at 100%; (Limited to 60 combined days per benefit year).	Covered at 70% of Plan Allowance after deductible; (Limited to 60 combined days per benefit year).	Covered at 100% when deemed medically necessary; (Limited to 100 days per contract year).
Inpatient Professional Services—Medical Physician Services	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Surgery, Anesthesia	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Diagnostic Radiology & Pathology	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Physical Therapist Services	Please see Outpatient Rehabilitation Services.	Please see Outpatient Rehabilitation Services.	Please see Outpatient Rehabilitation Services.	Covered at 100%.

SUMMARY OF SERVICES DISCLAIMER

This is a summary of health care benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern.

PLEASE NOTE: Copay (copayment) charges are PER VISIT unless specified otherwise.

2024 Medical Summary of Services

Plan Benefits	UnitedHealthcare Select EPO In-Network Only	UnitedHealthcare Choice Plus POS In-Network	UnitedHealthcare Choice Plus POS Out-of-Network	Kaiser Permanente HMO In-Network Only
Outpatient Hospital/Facility—Diagnostic Services, Pre-admission testing	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Outpatient Professional Services Labs and X-Ray	Diagnostic Lab and X-Ray covered at 100%. Professional services covered at 100%.	Diagnostic Lab and X-Ray covered at 100%. Professional services covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%. (Outpatient Specialty Imaging \$50 copay)
Surgery	Outpatient hospital covered at 100%. Professional services covered at 100%.	Outpatient hospital covered at 100%. Professional services covered at 100%.	Covered at 70% of Plan Allowance after deductible.	\$25 copay.
Maternity Benefits Hospitalization	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Birth Center	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100% if Kaiser authorized.
Professional—Pre & Postnatal Care	Covered at 100% after the first visit to applicable PCP.	Covered at 100% after the first visit to applicable PCP.	Covered at 70% of Plan Allowance after deductible.	\$25 copay for initial visit, then covered at 100%.
Newborn Pediatric Inpatient Care	Nursery care covered at 100%.	Nursery care covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Infertility Services Infertility Counseling and Testing				
Artificial Insemination	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	50% of allowable charges.
In Vitro Fertilization	Covered at 100% after applicable PCP or specialist copay; limit of 3 attempts per live birth; not to exceed lifetime limit \$100,000.	Covered at 100% after applicable PCP or specialist copay; limit of 3 attempts per live birth; not to exceed lifetime combined limit \$100,000.	Covered at 70% of Plan Allowance after deductible; Limit of 3 attempts per live birth; not to exceed lifetime combined limit \$100,000.	50% of allowable charges for up to 3 attempts per live birth. Not to exceed lifetime limit of \$100,000.
Mental Health & Substance Abuse Benefits-Inpatient Professional	Covered at 100%.	Covered at 100%.	Covered at 70% of Plan Allowance after deductible.	Covered at 100%.
Mental Health & Substance Abuse Benefits-Outpatient Professional	Covered at 100% after \$10 copay.	Covered at 100% after \$10 copay.	Covered at 70% of Plan Allowance after deductible.	Copays: \$10 Individual and \$10 group therapy.
Emergency & Urgent Care—In Area In Office				
Urgent Care Center Plan Affiliated	Covered at 100% after \$20 copay.	Covered at 100% after \$25 copay.	Covered at 100% after \$25 copay.	\$25 copay.
Emergency Room	\$200 copay for ER; waived if admitted.	\$200 copay for ER; waived if admitted.	Covered at the network level.	\$200 copay for ER; waived if admitted.
Ambulance – Ground and Air	Covered at 100% for emergencies and some non-emergency situations.	Covered at 100% for emergencies and some non-emergency situations	Covered at 100% for emergencies and some non-emergency situations.	\$50 copay.

SUMMARY OF SERVICES DISCLAIMER

This is a summary of health care benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern.

PLEASE NOTE: Copay (copayment) charges are PER VISIT unless specified otherwise.

2024 Medical Summary of Services

Plan Benefits	UnitedHealthcare Select EPO In-Network Only	UnitedHealthcare Choice Plus POS In-Network	UnitedHealthcare Choice Plus POS Out-of-Network	Kaiser Permanente HMO In-Network Only
Tele-health	Tele-health with local provider Covered 100% with \$20 copay PCP or \$25 Specialist 24/7 Virtual Visit with designated provider \$20 copay	Tele-health with local provider Covered 100% with \$30 copay PCP or \$35 Specialist 24/7 Virtual Visit with designated provider \$25 copay	Tele-health with local provider Covered 30% after deductible. 24/7 Virtual Visit -not covered	Video, phone visits, chats and e-visits covered at no charge.
Emergency & Urgent Care— Out of Area/ Out of Network Emergency Room or Urgent Care Center	Covered at 100% after \$200 copay, waived if admitted. Non-emergency use – no coverage. \$20 copay for Urgent Care if participating facility.	Covered at 100% after \$200 copay, waived if admitted. Non-emergency use – no coverage. \$25 copay for Urgent Care if participating facility.	Covered at the network level.	\$200 copay for emergency room, waived if admitted; \$25 for urgent care.
Outpatient Rehabilitative Services Physical, Occupational and Speech Therapy	Covered at 100% after \$25 copay; short term non chronic conditions; 60 visits per benefit year.	Covered at 100% after \$35 copay; short term non chronic conditions; 60 visits per therapy per benefit year, combined with non-network benefits.	Covered at 70% of Plan Allowance after deductible; 60 visits per therapy per benefit year combined with network benefits.	\$25 copay; limit 30 visits. 90 day limit for speech and occupational therapy.
Chiropractic Services	Covered at 100% after \$25 copay; up to 36 combined visits per benefit year.	Covered at 100% after specialist copay; up to 36 combined visits per benefit year.	Covered at 70% of Plan Allowance after deductible; up to 36 combined visits per benefit year.	\$25 copay; 20 visits per calendar year.
Acupuncture	Covered at 100% after \$25 copay; up to 12 visits per benefit year.	Covered at 100% after specialist copay; up to 12 combined visits per benefit year.	Covered at 70% of Plan Allowance after deductible; up to 12 combined visits per benefit year.	\$25 copay; 20 visits per calendar year.
Home Health Care	Covered at 100%.	Covered at 100%; 120 combined visits per benefit year.	Covered at 70% of Plan Allowance after deductible; 120 combined visits per benefit year.	Covered at 100%.
Hospice Care	Covered at 100%.	Covered at 100%; 180 day combined lifetime maximum.	Covered at 70% of Plan Allowance after deductible; 180 day combined lifetime maximum.	Covered at 100%.
Durable Medical Equipment Orthotics	Covered at 100%. Shoe Orthotics limited to two pair every benefit year.	Covered at 100%. Shoe Orthotics limited to two pair every benefit year, combined with non-network benefits.	Covered at 70% of Plan Allowance after deductible. Shoe Orthotics limited to two pair every benefit year, combined with network benefits.	Covered at 100% when deemed medically necessary.
Hearing Aids Audiometric Exam, Evaluation Test, Purchase and Fitting	Covered at 80%; limited to \$1,200 every 3 benefit years. No dollar limit applies to children under the age of 26.	Covered at 80%; limited to \$1,200 combined maximum every 3 benefit years. No dollar limit applies to children under the age of 26.	Covered at 70% of Plan Allowance after deductible; limited to \$1,200 combined maximum every 3 benefit years. No dollar limit applies to children under the age of 26.	Covered at 100% per each hearing impaired ear every 36 months for children up to age 26.
Vision Services	Specialist copay for eye refractive exam every benefit year.	Specialist copay for eye refractive exam every benefit year.	Covered at 70% after deductible; one eye exam every benefit year.	\$25 copay.
Glasses & Contacts	N/A	N/A	N/A	25% discount on eyeglasses and 15% initial fitting and purchase discount on contact lenses, when purchased from plan providers.
Prescription Benefit	See full description of the CVS/caremark Prescription Benefit on page 16.	See full description of the CVS/caremark Prescription Benefit on page 16.	See full description of the CVS/caremark Prescription Benefit on page 16.	See Kaiser Pharmacy description on page 15.

SUMMARY OF SERVICES DISCLAIMER

This is a summary of health care benefits. In the event of a difference between this summary and the plan brochure, the plan brochure will govern.

PLEASE NOTE: Copay (copayment) charges are PER VISIT unless specified otherwise.



Prescription Benefits At-A-Glance

(For Non-Medicare prescription drug coverage)

	Kaiser Permanente Medical Center (Preferred)	Community Based/ Network Pharmacy	Mail Order Program (Preferred)
When to Use Your Benefit:	For immediate or short term prescriptions:	For immediate or short term prescriptions:	For short term, maintenance and long term prescriptions:
Where:	<p>Prescriptions can be filled at a Kaiser Permanente Medical Center.</p> <p>Please Note: <i>Copays are lower when filled at a Kaiser Permanente Medical Center vs. a community network pharmacy.</i></p>	<p>Prescriptions can also be filled at community pharmacies such as: Giant®, Safeway®, Rite Aid®, Target®, Wal-Mart®, and K-Mart®.</p> <p>Please Note: <i>Copays are higher when filled at a community network pharmacy.</i></p>	<p>You can have prescriptions mailed right to your home through the Kaiser Permanente Mail order program.</p>
Cost to You:	<p>Up to a 30-day supply:</p> <ul style="list-style-type: none"> • \$10 for generic. • \$25 for brand name drugs. • \$75 for non-preferred drugs. <p>Up to a 90-day supply:</p> <ul style="list-style-type: none"> • \$20 for generic. • \$50 for brand name drugs. • \$150 for non-preferred drugs. 	<p>Up to a 30-day supply:</p> <ul style="list-style-type: none"> • \$20 for generic. • \$50 for brand name drugs. • \$150 for non-preferred drugs. <p>Up to a 90-day supply:</p> <ul style="list-style-type: none"> • \$40 for generic. • \$100 for brand name drugs. • \$300 for non-preferred drugs. 	<p>Up to a 90 day supply:</p> <ul style="list-style-type: none"> • \$20 for generic. • \$50 for brand name drugs. • \$150 for non-preferred drugs.
Web Services:	<p>Members are able to order prescription refills online or check the status of a prescription refill for yourself or another member, and review a list of covered drugs though the members only section of the Kaiser Permanente web site, www.kp.org.</p>		



Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) must be filled in 90-day supplies through CVS Caremark Mail Service Pharmacy. **If you fill these prescriptions in 30-day supplies at a retail pharmacy after 3 fills, your medications won't be covered, and you'll have to pay the entire cost.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's retail network.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Long-Term Medications Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	\$10 for one 30-day supply	\$20 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$25 for one 30-day supply	\$50 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$75 for one 30-day supply	\$150 for one 90-day supply
Refill Limit	One initial fill plus one refill for maintenance medications. Specialty prescriptions are limited to a 30-day supply. \$20 for a preferred specialty brand medication. \$45 for a non-preferred specialty brand medication.	None
Specialty Medications	30% for PrudentRx eligible specialty prescriptions*	
Maximum Allowable Benefit for Smoking Cessation Medications	\$1,200 per individual (applies to Smoking Cessation Medications only)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written", you will pay the difference between the brand-name medication and the generic plus the brand copayment.

*Your plan includes the PrudentRx program for specialty medications. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. When enrolled in PrudentRx, your out-of-pocket cost will be \$0 for medications included on the PrudentRx specialty drug list. If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out-of-pocket will apply toward your DED/OOP for essential health benefit medications – non-essential health benefit medications do not apply toward DED/OOP).

7418_2023_SUM_INTEGRATED_MAB_S1P_0923

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. 106-52041N 080122

Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

Washington Suburban Sanitary Commission Inc.

(Insight Network)

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES			
Exam	\$0 copay	\$0 copay	Up to \$84
Retinal Imaging	Up to \$39	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP			
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
FRAME			
Frame	\$0 copay; 20% off balance over \$200 allowance	\$0 copay; 20% off balance over \$150 allowance	Up to \$58
STANDARD PLASTIC LENSES			
Single Vision	\$0 copay	\$0 copay	Up to \$50
Bifocal	\$0 copay	\$0 copay	Up to \$90
Trifocal	\$0 copay	\$0 copay	Up to \$110
Lenticular	\$0 copay	\$0 copay	Up to \$310
Progressive - Standard	\$50 copay	\$50 copay	Up to \$90
Progressive - Premium Tier 1 - 3	\$70 - 95 copay	\$70 - 95 copay	Up to \$90
Progressive - Premium Tier 4	\$50 copay; 20% off retail price less \$120 allowance	\$50 copay; 20% off retail price less \$120 allowance	Up to \$90
LENS OPTIONS			
Anti Reflective Coating - Standard	\$40 copay	\$40 copay	Up to \$4
Anti Reflective Coating - Premium Tier 1 - 3	\$52 - \$63 copay, or 20% off	\$52 - \$63 copay, or 20% off	Up to \$4
Photochromic - Non-Glass	\$65 copay	\$65 copay	Up to \$8
Polycarbonate - Standard	\$25 copay	\$25 copay	Up to \$12
Scratch Coating - Standard Plastic	\$10 copay	\$10 copay	Up to \$4
Tint - Solid and Gradient	\$10 copay	\$10 copay	Up to \$4
UV Treatment	\$12 copay	\$12 copay	Up to \$3
All Other Lens Options	20% off retail price	20% off retail price	Not covered
CONTACT LENSES			
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	\$0 copay; 15% off balance over \$150 allowance	Up to \$100
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	\$0 copay; 100% of balance over \$150 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay; paid in full	\$0 copay; paid in full	Up to \$210
OTHER			
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY			
	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS	
Exam	Once every calendar year	Once every calendar year	
Frame	Once every calendar year	Once every calendar year	
Lenses	Once every calendar year	Once every calendar year	
Contact Lenses	Once every calendar year	Once every calendar year	

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof, orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



Plan Description

- Deltacare USA promotes great dental health for you and your family with quality dental benefits at an affordable cost. Deltacare USA plans are designed to encourage you and your family to visit the dentist regularly to maintain your dental health. Today, over 1.2 million enrollees are covered by Deltacare USA plans.
- When you enroll, you select a primary contract dentist to provide services. The Deltacare USA network consists of private practice dental facilities that have been carefully screened for quality.

Deltacare USA DHMO Enrollment Option:

- Your chosen primary contract dentist will take care of the dental needs for each enrolled family member. If you require treatment from a specialist, your primary dentist will handle the referral for you.
- A family may elect up to 3 dentists.
- After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your plan. Also included in this packet is the name, address and phone number of your primary dentist.
- Under the Deltacare USA program, many services are covered at no cost, while others have copayments (amount you pay your primary dentist) for certain benefits.

Please note: Dental services that are not performed by your chosen primary dentist, or are not covered under provisions for emergency care, must be preauthorized by the Administrator to be covered by your Deltacare USA program.

PATIENT PAY

Periodic oral exam (D0120)	No Charge
Bitewing x-ray, single film (D0270)	No Charge
Prophylaxis cleaning, adult (D1110)	\$5.00
Amalgam restoration, single surface (D2140)	\$8.00
Crown, porcelain fused to metal (D2750)	\$395.00
Root canal, anterior	\$125.00
Complete denture, maxillary (D5110)	\$365.00

Please see complete fee schedule available at open enrollment meetings or by visiting Human Resources.



Delta Dental PPO

Plan Description

- Delta Dental offers fee-for-service dental benefits coupled with the cost management features of managed care. Subscribers have freedom of choice among dentists. Delta Dental has two networks of participating dentists: Delta Dental Premier® and Delta Dental PPOSM. Participating dentists complete and submit claim forms and participating dentists have agreed to accept Delta Dental’s applicable Maximum Plan Allowances, or their actual charge, whichever is less (the “Allowed Amount”), as payment in full for covered services.
- The maximum benefit per person per year for services provided by PPO dentists is \$1,750.
- The maximum benefit per person per year for services provided by Premier or non-participating dentists is \$1,500.
- There is a separate \$1,500 lifetime maximum per person for orthodontic services (covered for enrollees, spouses and dependents to the end of the month of the 26th birthday).
- Subscribers who use non-participating dentists may need to file claim forms for reimbursement. Plan payments will be based on Delta Dental’s applicable Maximum Plan Allowances, or the dentist’s actual charge, whichever is less (the “Allowed Amount”).

Diagnostic & Preventive Services

- These services are covered at 100%, if applicable. Allowed Amount with no deductible includes: up to three oral exams per calendar year, up to three bitewing x-rays in a calendar year, one set of full mouth x-rays in a three-year period, up to three prophylaxes (teeth cleanings) in a calendar year, up to three fluoride treatments (to age 19) in a calendar year, sealants (to age 14, once in any 36-month period on unfilled permanent first and second molars), and space maintainers (to age 14).
- Diagnostic & Preventive Maximum Waiver: Diagnostic and Preventive care will not count against your plan year maximum.
- Enhanced Benefits for Pregnancy: Includes additional oral exam and choice of: additional cleaning, additional periodontal scaling/root planning, or additional periodontal maintenance procedure.

**Percentage Paid by Delta Dental,
following \$50 annual deductible for selected dental services
(Not to exceed \$150 for family level coverage)**

Basic Restorative (“Silver” & “white” fillings)	90%
Oral Surgery (Extractions)	80%
IV Sedation and General Anesthesia	80%
Endodontics (Root canal therapy)	80%
Crown & Bridge Recementation	80%
Denture Repair	80%
Night Guards	80%
Injectable antibiotics	80%
Periodontics (Treatment of gum disorders)	60%
Major Restorative (Crowns, inlays, onlays)	60%
Prosthodontics (Dentures, bridges, implants)	60%
Orthodontics (No Deductible)	50%



MetLife Life Insurance: Basic, Supplemental & Dependent

Life Insurance for WSSC Water employees is provided through the Metropolitan Life Insurance Company www.metlife.com, (800) 638-6420

■ BASIC LIFE INSURANCE

- Basic Life Insurance is a term insurance policy WSSC Water provides for every permanent employee at no cost to the employee. Enrollment is automatic.
- Basic Life Insurance is valued at 2 times your Basic Annual Earnings (including longevity pay if applicable), rounded to the next higher \$1,000. The maximum Basic Life Benefit is \$400,000. Coverage is pro-rated for part-time employees.

■ ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

- WSSC Water also provides AD&D for every permanent employee, at no cost to the employee. AD&D is the value of your Basic Life Insurance. The maximum AD&D Benefit is \$400,000. Enrollment is automatic.

■ SUPPLEMENTAL LIFE INSURANCE

- Supplemental Life Insurance is an optional term life insurance policy that permanent employees may purchase to provide extra coverage beyond the amount provided through the WSSC Water's Basic Life and AD&D insurance package.
- Supplemental Life Insurance coverage is an amount, elected by you, with a maximum of \$500,000. Coverage is available in \$10,000 increments between \$10,000 and \$200,000 or you may elect one of the three higher options of \$300k, \$400k or \$500k. The cost of this coverage is based on your age and coverage amount.
- Current participants already enrolled in Supplemental Life who wish to increase their benefit amount by up to \$20,000 (2 levels) up to a maximum of \$200,000 are NOT required to complete a Statement of Health (SOH) form.
- Employees who wish to increase by more than \$20,000 must elect the amount in One-Source and complete a Statement of Health form. MetLife will send an email with instructions to complete the Statement of Health form online after the Open Enrollment period ends.
- Employees who are **NOT** currently enrolled in Supplemental Life Insurance but wish to enroll during Open Enrollment for the 2024 Plan year will be required to complete a Statement of Health form. MetLife will send an email with instructions to complete the Statement of Health form online after the Open Enrollment period ends.
- Enrollment in Supplemental Life is not automatic. You must elect Supplemental Life and the coverage amount in One-Source and be approved by MetLife.

Age	Semi-monthly rate per \$10,000 in coverage	Age	Semi-monthly rate per \$10,000 in coverage
under 30	\$0.21	55-59	\$1.57
30-34	\$0.27	60-64	\$2.59
35-39	\$0.31	65-69	\$4.52
40-44	\$0.34	70-74	\$7.48
45-49	\$0.55	75+	\$8.76
50-54	\$0.82		



MetLife Life Insurance: Basic, Supplemental & Dependent

■ SPOUSAL LIFE INSURANCE

- Spousal Life Insurance is an optional term insurance policy that permanent employees may purchase for coverage of their spouse:
- You, as the employee, are the beneficiary.
- You cannot purchase life insurance for a spouse who is also a WSSC Water employee.
- Spousal Life Insurance coverage is an amount, elected by you, which is a multiple of \$10,000 with a maximum life benefit of \$100,000. The cost of this coverage is based on your age and coverage amount.

Age	Semi-monthly rate per \$10,000 in coverage	Age	Semi-monthly rate per \$10,000 in coverage
under 30	\$0.15	50-54	\$0.76
30-34	\$0.17	55-59	\$1.20
35-39	\$0.22	60-64	\$1.91
40-44	\$0.31	65-69	\$3.28
45-49	\$0.46	70-74	\$6.28

- Current participants who wish to increase their benefit amount or new participants must complete a Statement of Health form. MetLife will send an email with instructions to complete the Statement of Health form online after the Open Enrollment period ends.

■ DEPENDENT CHILD LIFE INSURANCE

- Child Life Insurance on your eligible children up to 26 years of age is offered in the amount of \$15,000. The semi-monthly rate for \$15,000 in coverage will be \$1.08.
- You cannot purchase Child Life Insurance for a child who is already covered by another WSSC Water employee.
- You will not be required to answer any medical questions or complete a statement of health form to enroll in Child Life Insurance.
- Enrollment in Child Life Insurance is not automatic. You must elect it in One-Source.

Please Note: If you are requesting a new life insurance policy or an increase in your life insurance coverage that is subject to completion of a Statement of Health form, your request will be pending until we are notified by MetLife that the request has been approved. A letter will also be mailed to your home address.

PLEASE ENTER THE ADDRESS, DATE OF BIRTH AND SOCIAL SECURITY NUMBERS OF ALL YOUR BENEFICIARIES INTO ONE-SOURCE. THIS ENSURES THAT THE RIGHT PERSON RECEIVES YOUR BENEFIT.



Flexible Pet Insurance Coverage

- ✓ **Ready for anything.**
- 🕒 **24/7 pet helpline support.**
- 🐾 **Customizable plans for cats and dogs.**

Be the best pet parent you can be

You have an unbreakable bond with your pet which is why our coverage eliminates the stress, heartache, and uncertainty associated with unexpected events. When your pet gets sick or injured, they can get treatment they need, when they need it.

- Use any licensed veterinarian in the US or Canada – including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan*
- Optional coverage for routine care
- Around the clock support from the 24/7 pet helpline
- Easy claims submission
- Self-service through our mobile app

EMFLER10-082022-V5-APIC Pet Insurance coverage offered and administered by Pets Best Insurance Services, LLC and underwritten by American Pet Insurance Company, a New York insurance company headquartered at 6100 4th Ave. S. Suite 200 Seattle, WA 98108. Please see www.americanpetinsurance.com to review all available pet health insurance products underwritten by APIC. Terms and conditions apply. See policy for details. *10% group discount only available to groups over 1,000 employees who are paying via payroll deduction. Discount available in most states. Save 5% when you enroll more than one pet. Discount applies to BestBenefit plans. Maximum allowable discount is 12%.

 synchrony | Pets Best is a Synchrony (NYSE: SYF) Health and Wellness solution.



How pet insurance works

1 Attend to Your Pet

When your pet gets sick or injured, they can get treatment from any licensed veterinarian in the US or Canada.

2 File a Claim

You can easily file a claim through our app or online, and you don't need to send us medical records unless we ask for them.

3 Easy Reimbursement

Your reimbursement can be conveniently and easily deposited directly into your bank account, so you never have to wonder where your money is.

ENJOY AN EXCLUSIVE

UP TO **12%** EMPLOYER DISCOUNT

WSSC Water

To begin, enroll at

www.petsbest.com/WSSCPET

or call **888-984-8700**

Reference discount code: WSSCPET

Flexible Spending Accounts

■ WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows employees to pay for eligible medical and/or dependent (i.e. daycare) care expenses (up to age 13) on a pre-tax basis, saving you money on your income taxes.

■ HOW MUCH MONEY CAN I PUT IN MY FSA ACCOUNT?

The maximum annual contribution for the Medical FSA account in 2024 will increase to \$3,050 the minimum annual contribution is \$260. The maximum annual contribution for the Dependent Care FSA account in 2024 will remain at \$5,000 (per household); the minimum annual contribution is \$260.

■ HOW DO I ENROLL?

Enrollment is done in One-Source during the Open Enrollment Period. If you have FSA in 2023 and want it to continue in 2024 YOU MUST re-enroll online to participate in 2024. **Your current enrollment will not carry over to 2024.**

■ HOW DO I GET REIMBURSED FOR ELIGIBLE EXPENSES?

Eligible expenses through the Medical FSA can be paid with the debit card provided by VOYA (formerly known as Benefit Strategies), or by submitting your receipt(s) with a signed Healthcare Reimbursement Form. Auto-validation is also available (participation in WSSC Water insurance program required and not applicable to Kaiser Participants). Eligible expenses through the Dependent Care FSA are reimbursed through a Dependent Care Reimbursement Form. You can mail, fax, or submit your signed Dependent Care claim form online along with your receipt(s) to VOYA. Payments are issued three times per week and you can elect to have a check mailed to your home or directly deposited into your personal bank account. All reimbursement forms can be found on the WSSC Water Intranet and the VOYA web sites.

■ WHAT IS AUTO-VALIDATION?

Your insurance carrier will send VOYA your visit or service information to validate your FSA debit card transactions. This will reduce the number of times VOYA requests receipts from you to prove you used your card correctly. Please remember that the auto-validation process applies only to services that are first sent to your insurance carrier.

■ CAN I CHANGE THE AMOUNT I CHOOSE TO CONTRIBUTE TO MY FSA?

Your annual goal amount can only be changed within 30 days of a change of life event. See page 8 to learn more about change of life events.

■ WHAT HAPPENS IF I HAVE EXCESS MONEY LEFT IN MY ACCOUNT FOR 2024 AT THE END OF THE YEAR?

You have until April 15, 2025 to submit claims for reimbursement with dates of service from January 1, 2024 through December 31, 2024. *If you have a balance remaining in your FSA account on December 31, 2024, you may submit qualified receipts for dates of service from January 1, 2025 to March 15, 2025 which would be applied to your balance of 2024 (this helps you in reducing any remaining funds).* IRS regulations require that any funds left in your account after that date be forfeited.

■ IF I ENROLL IN FSA FOR 2024, CAN I GET REIMBURSED FOR EXPENSES THAT I INCURRED IN 2023?

No, this is referred to as a split payment and would be denied. You cannot get reimbursed for expenses that you incurred in a previous plan year, with the exception of the grace period provisions outlined above.

Sick Leave Bank Program

The purpose of the Voluntary Sick Leave Bank (SLB) is to provide Sick Leave to participants in the Sick Leave Bank after they have been out of work for at least 30 consecutive days and have exhausted all of their accrued sick and annual leave hours due to a serious health condition. Sick Leave Bank is for extended personal illness or disability (i.e., pregnancy, surgery, or injury) suffered by the Sick Leave Bank member only.

■ SLB MEMBERSHIP REQUIREMENTS ARE AS FOLLOWS:

- All active permanent full-time and part-time employees may enroll in the SLB upon their employment or during the Open Enrollment period without regard to preexisting conditions.
- An employee may continue or cancel participation in the SLB during the Open Enrollment period by selecting the appropriate election through the online benefit enrollment system.
- To join the SLB, you must start with a donation to the Sick Leave Bank of eight hours of your own accumulated sick leave (or a proportional number of hours for part-time employees).
- To continue enrollment, a donation of four hours of your accumulated sick leave is required each year. These hours are deducted in the beginning of the plan year. If the sick leave balance is insufficient, annual leave may be contributed.
- If you don't have enough accumulated leave (sick/annual) at time donation is pulled, you will not be a member of the SLB for that Plan Year.

■ HOW DO I ENROLL IN OR CONTINUE MEMBERSHIP IN THE SICK LEAVE BANK?

- Make your selection in One-Source.

■ TO APPLY FOR SICK LEAVE BANK (SLB) BENEFITS, THE FOLLOWING CONDITIONS MUST BE MET:

- You are a current SLB member who contributed hours to the SLB during the most recent contribution period.
- You have a serious health condition (non-work related), and you are unable to work for 30 or more consecutive calendar days.

The first thirty (30) consecutive calendar days of illness or non-work related injury shall not be covered by the SLB, but must be covered by the employee's own accumulated leave balances (sick and annual). During these thirty (30) days, the employee must be completely incapacitated from performing work duties, as documented by the employee's treating physician.

- You have exhausted all of your accumulated sick and annual leave.
- Employees must complete the Sick Leave Bank Request Form and The Standard Disability Benefits Claim Packet.
- A completed Employee/Attending Physician's Statement must be submitted from your treating physician that clearly defines the illness or injury that is preventing you from returning to work and provides an estimate of the period of related disability.

■ IMPORTANT REMINDERS:

- SLB leave is only granted to employees who have a serious health condition and are unable to work for 30 or more consecutive calendar days and is not granted to care for a family member.
- The first 30 days of absence are not covered under the Sick Leave Bank.
- Participants may not use SLB leave until they have used all accumulated annual and sick leave. Sick leave hours earned during the period a participant is using SLB hours shall be used each pay period before SLB hours are used.
- To prevent a leave without pay situation, please allow 3 weeks for the processing of your SLB Request.
- SLB leave may be granted to part-time employees on the same pro-rated basis they used for their donations.
- The approval process begins with the medical documentation being evaluated by our TPA, The Standard. If the claim is approved, the request for SLB hours will be forwarded to the Sick Leave Bank board for review. No medical documentation or identifying information is shared with the SLB Board; only the request for hours. If the request for hours is approved through the Sick Leave Bank Board, notification will be sent to both the member and their supervisor.
- If approved, SLB hours will be granted in increments of up to 10 days (80 hours) to a maximum of 30 days (240 hours) at a time. Within a 12 month period, SLB hours granted cannot exceed 60 days (480 hours) or more than 150 days (1,200 hours) during their length of employment with WSSC Water. (Prorated for part-time employees.)

Sick Leave Bank Program

- The SLB Board may not return leave back to a participant once it has been contributed; however if a participant has been awarded hours from the SLB, the Board may, for one time only at the request of the participant, also credit hours over the 8 hour minimum that the participant has contributed to the SLB to the participant to be used to shorten the 30-day waiting period.
- Participants needing additional hours should reapply at least 7 calendar days prior to the exhaustion of granted leave time.
- SLB leave does not take the place of other leave programs such as the Short Term Disability Program. SLB was created to bridge the gap from the 31st day to the 90th day of consecutive calendar days of absence which is when an employee may be eligible for Short Term Disability. If a SLB member is receiving SLB leave and is approved for Short Term Disability, SLB leave will end and any balance of leave will be returned to the SLB Bank.
- SLB leave will not be granted for serious injuries or illnesses directly or indirectly related to Workers' Compensation.

Additional questions may be directed to Susan McDonald in the WSSC Human Resources Office – Benefits Division at 301-206-8702 or email at Susan.McDonald@wsscwater.com.

WSSC Water reserves the right to change or eliminate its benefit programs at any time and without notice.



WATER FUND
Sharing the Essential



Donate to the Water Fund

Since 1994, in partnership with The Salvation Army, we've disbursed **\$2.78 million** through our Water Fund to help nearly **25,300** vulnerable customers pay their water/sewer bills. Through this year's Open Enrollment, you can easily make a tax-deductible donation to the fund and help our vulnerable families in need of assistance. 100 percent of all donations go directly to those in need.

We are asking Team H₂O to donate today and assist vulnerable families through the Water Fund.

Donating is simple. Sign up today as you complete your Open Enrollment and help a neighbor in need.



DOING THE MOST GOOD™

Legislative Information

ANNUAL DISCLOSURE NOTICE

WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedema.

Our medical plans comply with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Coverage for these items may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Our plan neither imposes penalties (for example, reducing or limiting reimbursement) nor provides incentives to induce providers to provide care inconsistent with these requirements.

If you would like more information on WHCRA benefits, call your plan administrator at 301-206-8696.

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

You have specific rights under the Act which protect you and your newborn(s). These rights include:

- Coverage for a hospital stay of up to 48 hours for a vaginal birth and 96 hours for a cesarean section delivery without previous authorization.
- A plan cannot provide incentives to a mother or Provider to encourage a shorter stay.
- A plan cannot penalize a mother or Provider to encourage a shorter stay.
- A plan must provide notice of these rights with respect to the hospital lengths of stay in connection with child birth.

Our Medical Plans comply with these requirements.

CHILD HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

Legislative Information

CHIP (continued)

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

FLORIDA – Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>

Phone: 1-877-357-3268

NEW JERSEY – Medicaid

Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Toll-free Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

VIRGINIA – Medicaid and CHIP

Medicaid Website: www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-800-432-5924

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free Phone: 1-855-MyWVHIPP (1-855-699-8447) Medicaid Phone 304-558-1700

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Legislative Information

CHIP (continued)

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA) SPECIAL ENROLLMENT RIGHTS

Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act (CHIPRA) creates two new special enrollment rights for employees and their dependents. All group health plans must permit

eligible employees and their dependent(s) to enroll in an employer plan if the employee requests enrollment under the group health plan within 60 days of the occurrence of following events:

- 1. Loss of coverage under Medicaid or a state child health plan.**
- 2. Gaining eligibility for coverage under Medicaid or a state child health plan: The Eligible Person previously declined coverage under the Plan.**
- 3. Event Takes Place (for example, a birth, marriage or determination of eligibility for state subsidy).**
- 4. Missed Initial Enrollment Period or Open Enrollment Period.**

Please note: Once you terminate your enrollment in our group health plan, your children's enrollment will also be terminated. Failure to notify us of your loss or gain of eligibility for coverage under Medicaid or a state children's health plan within 60 days, will prevent you from enrolling in our plans and/or making any changes to your coverage elections until our next open enrollment period.

To request special enrollment or if you have questions regarding these disclosures please contact the Benefits Division at hr_benefits@wsscwater.com. You may also find more information by visiting http://www.dol.gov/ebsa/consumer_info_health.html.

Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, **to request FMLA leave you must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

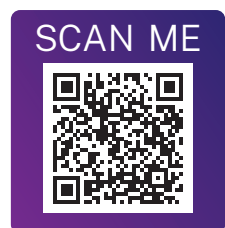
Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR



HIPAA

Washington Suburban Sanitary Commission and its affiliated entities

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The following entities, owned by or affiliated with WSSC Water are covered by this notice:

This notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we might share your protected health information and the protected health information of others on your insurance policy as needed for payment or health care operations.

UnitedHealthcare, Kaiser Permanente, CVS Health, Delta Dental, Benefit Strategies, ComPsych GuidanceResources®, Progress Health, Well Advantage, EyeMed, Fusion Health, Legal Resources and Pets Best

Our Legal Duty

This Notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle, and protect our members' protected health information. We are required by certain federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013, and is an amendment of WSSC Water's prior notice of privacy practices. We reserve the right to change our privacy practices and the terms of this notice at any time, as long

as law permits the changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers within sixty days of the effective date of the change. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

Primary Uses and Disclosures of Protected Health Information

We use and disclose protected health information about you for payment and health care operations. The federal health care Privacy Regulations generally do not "preempt" (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections. As a result, to the extent state law applies, the privacy laws of a particular state, or other federal laws, rather than the HIPAA Privacy Regulations, might impose a privacy standard under which we will be required to operate. For ex-

ample, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of the protected health information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights. In addition to these state law requirements, we also may use or disclose protected health information in the following situations:

Payment: We might use and disclose your protected health information for all activities that are included within the definition of "payment" as written in the

HIPAA

Federal Privacy Regulations. For example, we might use and disclose your protected health information to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use your information to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

Health Care Operations: We might use and disclose your protected health information for all activities that are included within the definition of “health care operations” as defined in the Federal Privacy Regulations. For example, we might use and disclose your protected health information to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage our business.

Business Associates: In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose protected health information, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Other Covered Entities: In addition, we might use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain of their health care operations. For example, we might disclose your protected health information to a health care provider when needed by the provider to render treatment to you, and we might disclose protected health information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Other Possible Uses and Disclosures of Protected Health Information: The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information.

To You or with Your Authorization: We must disclose your protected health information to you, as described in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose not listed on this notice. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we might not use or disclose your protected health information for any reason except those described in this notice.

Disclosures to the Secretary of the U.S. Department of Health and Human Services: We are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal Privacy Regulations.

To Plan Sponsors: Where permitted by law, we may disclose your protected health information to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration

functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We may also disclose summary health information (this type of information is defined in the Federal Privacy Regulations) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

To Family and Friends: If you agree (or, if you are unavailable to agree), such as in a medical emergency situation we might disclose your protected health information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

Underwriting: We might receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us. In addition, we will not use your genetic information for underwriting purposes.

Health Oversight Activities: We might disclose your protected health information to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (i) the health care system; (ii) government benefit programs; (iii) other government regulatory programs; and (iv) compliance with civil rights laws.

Abuse or Neglect: We might disclose your protected health information to appropriate authorities if we reasonably believe that you might be a possible victim of abuse, neglect, domestic violence or other crimes.

To Prevent a Serious Threat to Health or Safety: Consistent with certain federal and state laws, we might disclose your protected health information if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: We might disclose protected health information to a coroner or medical examiner for purposes of identifying you after you die, determining your cause of death or for the coroner or medical examiner to perform other duties authorized by law. We also might disclose, as authorized by law, information to funeral directors so that they may carry out their duties on your behalf. Further, we might disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation.

HIPAA

Uses and Disclosures of Medical Information (cont'd)

Research: We might disclose your protected health information to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy of the information; and (2) approved the research.

Inmates: If you are an inmate of a correctional institution, we might disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.

Workers' Compensation: We might disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public Health and Safety: We might disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others.

Required by Law: We might use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws.

Legal Process and Proceedings: We might disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we might disclose your protected health information to law enforcement officials.

Law Enforcement: We might disclose to law enforcement officials limited protected health information of a suspect, fugitive,

material witness, crime victim, or missing person. We might disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We might disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We might disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Other uses and Disclosures of your Protected Health Information: Other uses and disclosures of your protected health information that are not described above will be made only with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that we already have used or disclosed in reliance on your authorization.

Breach of Unsecured Protected Health Information: You must be notified in the event of a breach of unsecured protected health information. A "breach" is the acquisition, access, use, or disclosure of protected health information in a manner that compromises the security or privacy of the protected health information. Protected health information is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Individual Rights

Access: You have the right to look at or get copies of the protected health information contained in a designated record set, with limited exceptions, including your protected health information maintained in an electronic format. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot reasonably do so. For example, if your protected health information is available in an electronic format, you may request access electronically and that this be transmitted directly to someone you designate. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the address at the end of this notice. If you request copies, we might charge you a reasonable fee for each page, and postage if you want the copies mailed to you. If

you request an alternative format, we might charge a cost-based fee for providing your protected health information in that format. But any fee must be limited to the cost of labor involved in responding to your request if you requested access to an electronic health record. If you prefer, we will prepare a summary or an explanation of your protected health information, but we might charge a fee to do so. We might deny your request to inspect and copy your protected health information in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be licensed health care professional chosen by us will review your request and the denial.

HIPAA

Individual Rights (cont'd)

The person performing this review will not be the same person who denied your initial request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information, including a disclosure involving an electronic health record, for purposes other than treatment, payment, health care operations and certain other activities (Note: this exemption does not apply to electronic health records). We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we might charge you a reasonable, cost-based fee for responding to these additional requests. You may request an accounting by submitting your request in writing using the information listed at the end of this notice. Your request may be for disclosures made up to 6 years before the date of your request (three years in the case of a disclosure involving an electronic health record).

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agree-

ment to the requested restriction by notifying you in writing. You may request a restriction by writing to us using the information listed at the end of this notice. In your request tell us: (1) the information of which you want to limit our use and disclosure; and (2) how you want to limit our use and/or disclosure of the information.

Confidential Communication: If you believe that a disclosure of all or part of your protected health information may endanger you, you have the right to request that we communicate with you in confidence about your protected health information. This means that you may request that we send you information by alternative means, or to an alternate location. We must accommodate your request if: it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a Confidential Communication by writing to us using the information listed at the end of this notice. **Amendment:** You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: This notice is also posted on our web site.

Questions and Complaints

Information WSSC Water's Privacy Practices: If you want more information about our privacy practices or have questions or concerns, please contact the member services number on the back of your card.

Filing a Complaint: If you are concerned that we might have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information listed at the end of this notice to complain to us. You also may submit a written complaint to the U.S. Department of Health and Human Services (DHHS). We will provide you with the contact information for DHHS upon request. We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

HIPAA website:

<http://www.hhs.gov/ocr/privacy/>

WSSC Water Privacy Official:

Human Resources Office – Benefits Manager

14501 Sweitzer Lane

Laurel, MD 20707-5902

Phone: 301-206-8696

Fax: 301-206-8713

Alternate Email: hr_benefits@wsscwater.com

Customer Service Contacts

WSSC Water Contacts

Open Enrollment Hotline (through COB, Monday, November 13, 2023)

open.enrollment@wsscwater.com
301-206-7777

HR Benefits

hr_benefits@wsscwater.com
Benefits Hotline: 301-206-7777

Angela Costalas

Angela.Costalas@wsscwater.com
301-206-8695

Lee McDonough

Lee.McDonough@wsscwater.com
301-206-8995

Miriam McMillan

Miriam.McMillan@wsscwater.com
301-206-8692

Susan McDonald

Susan.McDonald@wsscwater.com
301-206-8702

Regina Rodriguez

Regina.Rodriguez@wsscwater.com
301-206-8696

Anne Sanders

Anne.Sanders@wsscwater.com
301-206-8077

Other Contacts

VOYA/Benefit Strategies (Flexible Spending Accounts, formerly Benefit Strategies)

online chat is www.benstrat.com
1-888-401-3539
Email: info@benstrat.com

CVS Health

Group # WSSCX
www.caremark.com
1-888-790-4271
Email: customerservice@caremark.com

Centers for Medicare and Medicaid Services

www.cms.hhs.gov
1-800-633-4227
TTY: 877-486-2048

Employee Assistance Program (EAP)- ComPsych Guidance Resources

www.GuidanceResources.com (web id# wssc)
1-855-737-8665

Deltacare USA (HMO)/Delta Dental PPO

Group # 5804
www.deltadentalins.com
1-800-932-0783

EyeMed

Group #1018169
www.eyemed.com
1-866-804-0982

Kaiser Permanente HMO

Group # 4418
www.kp.org
1-800-777-7902

Medical Advice Line

1-800-777-7904

Legal Resources

www.LegalResources.com
1-800-728-5768

MetLife Life Insurance

Group # 109925
www.metlife.com
1-800-638-6420

Pets Best

Petsbest.com/WSSCPET
1-888-984-8700

Social Security Administration

www.ssa.gov
1-800-772-1213
TTY 1-800-325-0778

UnitedHealthcare

Group # 712974
www.myuhc.com
1-800-697-3481

UnitedHealth Wellness

www.myuhc.com

UnitedHealth Cancer Resource Services

1-866-936-6002

UnitedHealth Healthy Pregnancy

www.healthy-pregnancy.com
1-800-411-7984

UnitedHealth Vision

www.myuhcvision.com
1-877-426-9300

My Nurse Line

1-800-401-7396



WSSCWATER
DELIVERING THE ESSENTIAL