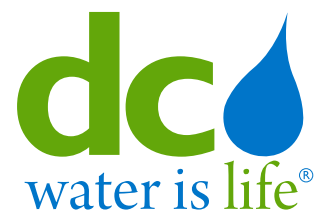




Benefits 2017

DISTRICT OF COLUMBIA WATER AND SEWER AUTHORITY



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Benefits Designed With You in Mind

From medical coverage to life insurance benefits, DC Water and Sewer Authority provides our employees with a complete range of high-quality benefit options designed to provide coverage and flexibility for you and your family. For 2017, you will continue to see options that are familiar to you.

DC Water offers a strong benefits package that includes:

- Medical and prescription drug benefits
- Dental benefits
- Vision benefits
- Life insurance benefits
- Disability benefits
- Flexible Spending Accounts
- Retirement benefits
- Voluntary benefits, including the Employee Assistance Program, transit benefits, discounted gym membership, group legal services and more.

Providing these options comes at a cost for both you and DC Water. We regularly monitor all our options, and periodically make changes to improve coverage, quality and efficiency .

The IRS labeled DC Water's current benefits program as a "high-cost health care plan" and DC Water began making medical plan design changes in recent years to avoid future excise taxes related to the Affordable Care Act.

In late 2015, Congress voted to delay the implementation of the excise tax, often referred to as the "Cadillac Tax".

As a result, you will not see an increase in copays, deductibles and/or coinsurance to your medical plans for 2017.

What's New for 2017

We are also pleased to announce that there will be a 2.7% decrease in the Kaiser HMO premiums, and no increase in premiums for the Cigna Open Access Plus (PPO) and Cigna Network (HMO) Plans.

DC Water is excited to be able to continue to provide quality coverage to you without an increase in premiums and out-of-pocket costs for the upcoming year.

DC Water won the 2016 Smart CEO Healthiest Company Award

The Healthiest Company Award honors companies that have demonstrated a commitment to their employee populations through health and wellness programs. The awardees are selected based on engagement, effectiveness and ROI. DC Water has made workforce wellness a priority – and our efforts are paying off! DC Water won the Smart CEO Healthiest Company Award for 1000+ companies in the Washington DC area.

For 2017, DC Water is continuing to make an investment in wellness activities, which is an investment in YOU! Be sure to take advantage of free annual health screenings, monthly wellness seminars, flu shots, health risk assessments and other opportunities to get healthy.

The annual enrollment period for 2017 benefits is October 21 – November 11, 2016.

Eligibility for 2017 Benefits

Employee Eligibility

If you are a regular, full-time or eligible part-time employee hired on or after October 1, 1987, you may choose to enroll in any of the benefit options described in this booklet. Temporary workers, interns and trainees are not eligible for these benefits.

Regular, full-time employees hired before October 1, 1987, have grandfathered eligibility for federal benefits coverage, and may participate in certain DC Water benefit programs.

Benefit Options	DC Water Full-Time Permanent/Eligible Part-Time Employees (Post-1987)	Employees With Grandfathered Federal Benefit Coverage (Pre-1987)
Medical	•	
Dental	•	•
Vision	•	•
Flexible Spending Accounts	•	•
Disability Insurance	•	
Life Insurance	•	
Section 401(a) Employer-Paid Retirement	•	
Section 457(b) Employee Pre-Tax Deferrals Retirement	•	•
Additional Benefits	•	•

Dependent Eligibility

As an employee who is eligible for benefits, you can cover your eligible dependents for medical, dental, and vision benefits. Eligible dependents include:

- Your lawful spouse or your qualified same/opposite sex domestic partner.
- Your or your spouse's/domestic partner's child, up to age 26.
- Your or your spouse's/domestic partner's unmarried dependent child of any age who became physically or mentally disabled prior to his or her 26th birthday.
- Any other dependent as legally mandated by state law.

To enroll an eligible dependent, you must provide proof of the dependent's relationship to you, when requested. If applicable, you are also required to provide proof of a child's handicap status prior to the child's 26th birthday. Coverage ends on the last day of the month in which your dependent child reaches age 26.

Eligible Children

- > Your biological child
- > Your stepchild who lives with you
- > Your legally adopted child
- > A child for whom your adoption proceedings are pending
- > A child of your domestic partner
- > A child for whom you have legal guardianship and who is primarily dependent on you for financial support

Who Is Not Eligible

- > Your parents
- > Your grandchildren (unless you are their legal guardian or are covering a foster child under FEHB)
- > Your or your spouse's/domestic partner's unmarried dependent children over age 26
- > Your spouse/domestic partner after you've divorced/terminated domestic partnership
- > Your stepchildren after you and your spouse/domestic partner divorce/terminate domestic partnership

Enrollment for 2017 Benefits

How to Enroll

- 1 Review your enrollment materials carefully and decide which benefits options best meet the needs of you and your family.
- 2 Enrolling online is the fastest way to elect your benefits. To enroll, log onto the Ceridian Self-Service system. Your username is your employee ID, which is: "0" + the last four digits of your badge number and your default password is the last four digits of your Social Security number. If you have forgotten your password select "Forgot your password?" A new password will be sent to your DC Water email account. You can access the system from:
 - **Your workstation** – Log onto Ceridian Self-Service by clicking on Internet Explorer and selecting "e-Self-Service" on the left side of the homepage.
 - **Home** – Log onto Ceridian Self-Service through this link: sourceselfservice2.ceridian.com/dcwasa.

When enrolling for medical, dental, and/or vision benefits, you must select a coverage level that is based on who you want to cover. You can select: Employee Only; Employee + One Dependent (a spouse or one eligible child); or Employee + Family (two or more eligible dependents). Remember to link your dependents to your coverage.

If you are enrolling a domestic partner and/or a domestic partner's dependents, contact Human Capital Management.

Once your benefit elections are processed, you will receive a Benefits Confirmation Statement that you should retain for your personal records.

Changes to Your Benefits During the Year

You may change your benefit elections during the year only if you have a qualified event (as shown in the chart below) and you request the change within 30 days of the qualifying event.

If you...	You can...	Within...
Gain a dependent through: marriage; birth of a child; legal adoption; or guardianship	<ul style="list-style-type: none"> • Enroll in or change your coverage category for Medical, Dental, and/or Vision coverage • Enroll in or increase Voluntary Life insurance by one level • Elect a Dependent Care FSA and/or increase your Health Care FSA contribution amount 30 days after the date of the event 	30 days after the date of the event
Lose a dependent through: divorce; legal separation; death; or if a child reaches the age of 26	<ul style="list-style-type: none"> • Cancel or decrease your coverage category for Medical, Dental, and/or Vision coverage • Cancel or decrease Voluntary Life insurance • Cancel or decrease your FSA contribution amount 30 days after the date of the event 	30 days after the date of the event
Have an eligible dependent who loses coverage under another group health insurance plan	<ul style="list-style-type: none"> • Enroll in or increase your coverage category for Medical, Dental, and/or Vision coverage • Enroll in or increase your FSA contribution amount 30 days after the date of the event 	30 days after the date of the event
Have a spouse whose employment status changes from: unemployed to employed; employed to unemployed; or full-time to part-time	<ul style="list-style-type: none"> • Increase or decrease your coverage category for Medical, Dental, and/or Vision coverage • Increase or decrease your FSA contribution amount 30 days after the date of the event 	30 days after the date of the event
Lose coverage as a dependent under another group health insurance plan	<ul style="list-style-type: none"> • Enroll in Medical, Dental, and/or Vision coverage • Enroll in or increase your FSA contribution amount 30 days after the date of the event 	30 days after the date of the event

The Cost of Health Coverage

DC Water provides you with access to top-quality healthcare coverage – but it comes at a cost for both you and DC Water. DC Water pays 80% of the total cost for medical benefits. The premium you pay for medical coverage contributes \$1 out of every \$5 needed to pay plan benefits.

Your contributions for coverage are automatically deducted from your pay on a pre-tax basis.

Health Plan	Bi-Weekly Employee Contribution	Bi-Weekly DC Water Contribution	Total Bi-Weekly Contribution	Employee Percentage
Medical				
Cigna Network (HMO) Plan				
Employee Only	\$66.25	\$264.99	\$331.24	20%
Employee + 1	\$139.44	\$557.76	\$697.20	20%
Family	\$199.32	\$797.30	\$996.62	20%
Cigna Open Access Plus (PPO) Plan				
Employee Only	\$71.14	\$284.56	\$355.70	20%
Employee + 1	\$150.08	\$600.31	\$750.39	20%
Family	\$214.66	\$858.66	\$1,073.32	20%
Kaiser (HMO)				
Employee Only	\$52.54	\$210.17	\$262.71	20%
Employee + 1	\$105.08	\$420.33	\$525.41	20%
Family	\$152.37	\$609.48	\$761.85	20%
Dental				
United Concordia (DHMO)				
Employee Only	\$0.00	\$6.02	\$6.02	0%
Employee + 1	\$0.00	\$12.16	\$12.16	0%
Family	\$0.00	\$24.23	\$24.23	0%
Delta Dental (PPO)				
Employee Only	\$7.67	\$7.67	\$15.34	50%
Employee + 1	\$14.90	\$14.90	\$29.80	50%
Family	\$25.84	\$25.84	\$51.68	50%
Vision				
UnitedHealthcare Vision				
Employee Only	\$0.00	\$4.82	\$4.82	0%
Employee + 1	\$0.00	\$4.82	\$4.82	0%
Family	\$0.00	\$4.82	\$4.82	0%

Medical Benefits

Quality, comprehensive medical coverage is one of the most significant investments DC Water makes toward our employees.

For 2017, you have a choice of medical coverage through the following options:

- Cigna Open Access Plus (PPO) Plan
- Cigna Network (HMO) Plan
- Kaiser Permanente HMO Plan

All medical plan options provide you with comprehensive coverage, but vary in costs and some available options. Prescription drug benefits are included with all medical plan options. Before you enroll, review your options, ask questions and consider the choice that is best for your needs.

Cigna Options

Both Cigna options include 100% coverage for in-network preventive services. These preventive services include annual check-ups, healthy child visits, breast cancer screenings for women, and immunizations.

CIGNA OPEN ACCESS PLUS PLAN (PPO-TYPE PLAN)

The Open Access Plan allows you to decide when, where, and how to receive medical services. You are not required to select a primary care physician (PCP), and you have the flexibility of seeing providers in or out of the provider network, though providers in the participating network cost less. This option features a large network of participating providers. Keep in mind:

- If you choose to receive care from a network provider, you save money. In-network benefits are higher, and providers will not charge amounts that exceed what the plan allows for covered services. You also avoid paperwork

because providers will file claims and receive payment directly from the plan. A list of in-network providers can be found on the Cigna website (www.cigna.com).

- If you choose to receive care out-of-network, you will be responsible for paying your provider and filing claims for reimbursement. There is also no assurance that out-of-network charges will be within amounts allowed by the plan. Any amounts in excess of what the plan allows are your responsibility.

Under this option, you pay only a copayment or meet an annual deductible before plan benefits are paid. After the deductible is met, the plan pays a percentage of covered expenses and you pay a share – called coinsurance.

CIGNA NETWORK PLAN (HMO-TYPE PLAN)

The Cigna Network Plan is comprised of a network of providers who are part of an Individual Practice Association (IPA). The network spans areas including Washington, D.C., Maryland, and Virginia.

This plan provides most services on a prepaid basis. In other words, your monthly contributions, combined with DC Water's contributions, cover the cost of most services. You receive coordinated care through a network of participating physicians and hospitals in this region. You must select a primary care physician (PCP) who is a member of the network, and that doctor will coordinate the medical services provided to you. You can find a list of PCPs who participate in the network on the Cigna website (www.cigna.com).

Annual deductibles are required under this plan. Your out-of-pocket expenses are minimal. With the exception of preventive care, you pay your deductible and/or a copayment each time you visit your PCP or a participating specialist referred by your PCP. No out-of-network benefits are covered, except in emergency situations.

Kaiser Permanente HMO

Kaiser Permanente is a partnership between Kaiser Foundation Health Plan of the Mid-Atlantic States and the Mid-Atlantic Permanente Medical Group. It is a traditional group model HMO plan with 29 Kaiser Permanente Medical Centers throughout the region from which you can choose to receive care. In addition, Kaiser offers you an expanded HMO physician network of primary care physicians (PCPs) and specialists who will provide you with medical care from their own offices.

Under this plan, you must select a primary care physician (PCP) from Kaiser's list of participating physicians in the Kaiser Permanente Select network. There are no annual deductibles. Each time you visit your PCP for care, you pay a copayment. When necessary, your PCP will refer you to a specialist who participates in the HMO. No out-of-network benefits are covered, except in emergency situations.

Kaiser Permanente HMO plan provides 100% coverage for in-network preventive services. These preventive services include annual check-ups, healthy child visits, breast cancer screenings for women, and immunizations.

Medical Benefits Summary

Plan Provisions	Cigna Open Access Plus Plan		Cigna Network Plan	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Waiting Period	None	None	None	None
Annual Deductible <i>(also applies to prescription drugs)</i>				
Single	\$500	\$1,000	\$150	None
Family	\$1,000	\$2,000	\$300	None
Out-of-Pocket Maximum				
Single	\$5,000	\$5,000 <i>(combined with in-network)</i>	\$5,000	\$3,500
Family	\$10,000	\$10,000 <i>(combined with in-network)</i>	\$10,000	\$9,400
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Hospital Services				
Emergency Room <i>(waived if admitted)</i>	Plan pays 100% after \$150 copay	Plan pays 100% after \$150 copay	Plan pays 100% after \$75 copay	Plan pays 100% after \$50 copay
Urgent Care Facility	Plan pays 100% after \$25 copay	Plan pays 100% after \$25 copay	Plan pays 100% after \$25 copay	Plan pays 100% after \$25 copay
Inpatient – non mental health/substance abuse related <i>(requires pre-admission authorization for non-emergency admissions)</i>	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible and \$150 copay	Plan pays 100%
Outpatient – non mental health/substance abuse related	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible and \$30 copay	Plan pays 100% after \$25 copay <i>(waived for children up to age 5 if provided by PCP)</i>
Inpatient – mental health/substance abuse related	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible and \$150 copay	Plan pays 100%
Outpatient – mental health/substance abuse related	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after \$10 per visit copay <i>(individual)</i> or \$5 per visit copay <i>(group session)</i>
Ambulance	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services				
Inpatient	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Allergy Treatment	Plan pays 100% after \$30 copay (PCP) or \$60 copay (specialist) per visit	Plan pays 80% after deductible	Plan pays 100% after \$15 copay (PCP) or \$30 copay (specialist) per visit	Plan pays 100% after \$10 copay per visit <i>(waived for children up to age 5 if provided by PCP)</i>
Routine Well Child Care	Plan pays 100%	Plan pays 80% no deductible	Plan pays 100%	Plan pays 100%
Office Visit	Plan pays 100% after \$30 copay (PCP) or \$60 copay (specialist) per visit	Plan pays 80% after deductible	Plan pays 100% after \$15 copay (PCP) or \$30 copay (specialist) per visit	Plan pays 100% after \$10 copay (PCP) or \$25 copay (specialist) per visit <i>(waived for children up to age 5 if provided by PCP)</i>












Plan Provisions	Cigna Open Access Plus Plan		Cigna Network Plan	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Other Medical Services				
Maternity Care: Initial Office Visit	Plan pays 100% after \$30 copay (PCP) or \$60 copay (specialist)	Plan pays 80% after deductible	Plan pays 100% after \$15 copay (PCP) or \$30 copay (specialist)	Plan pays 100% after \$10 copay
Maternity Care: Subsequent Visits	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Maternity Care: Hospital Delivery	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$150 copay	Plan pays 100%
Diagnostic X-ray & Lab: Physician's Office	Plan pays 100% after \$30 copay (PCP) or \$60 copay (specialist)	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Diagnostic X-ray & Lab: Facility	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 100%
Home Health Care & Private Duty Nursing	Plan pays 100% after deductible up to 60 days per calendar year	Plan pays 80% after deductible up to 60 days per calendar year	Plan pays 100% up to 60 days per calendar year	Plan pays 100%
Hospice Care	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after deductible	Plan pays 100%
Chiropractic Care	Plan pays 100% after \$60 copay	Plan pays 80% after deductible	Plan pays 100% after \$30 copay	Plan pays 100% after \$25 copay up to 20 visits per year
Therapy (<i>speech, occupational, physical</i>)	Plan pays 100% up to 90 combined visits per condition	Plan pays 80% after deductible up to 90 combined visits per condition	Plan pays 100% after \$30 copay per visit up to 90 combined visits per condition	Plan pays 100% after \$25 copay per visit up to 90 combined visits per condition



Where to Get Care

When and where you get care impacts costs – both for you and for DC Water. In general, you have the following options:

- **Convenience care clinics.** Often found in retail stores, groceries and pharmacies, can treat minor ailments and do not require an appointment.
- **Primary care physician.** Knows your health history and can treat minor ailments; usually requires an appointment and open during normal business hours only.
- **Urgent care.** Can treat both minor ailments and more immediate injuries, such as sprains and small cuts that need stitches. No appointments needed and open after normal business hours.
- **Emergency room.** Should be used for true emergencies only.

	CONVENIENCE CARE CLINIC	PRIMARY CARE PHYSICIAN	URGENT CARE	EMERGENCY ROOM
What is the visit?	 <p>For minor ailments such as:</p> <ul style="list-style-type: none"> • Fever • Sore throat • Strep testing • Earaches • Coughs/congestion • Sinus infection • Minor scrapes • Vomiting • Rashes (e.g. poison ivy) • Bug bites • Minor cuts • Flu shot 	 <p>When you want to see your doctor who knows your history and has access to your medical records.</p>	 <p>For injuries and ailments that need immediate care, but are not life threatening:</p> <ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones (like a finger) • Minor infections • Small cuts that need a few stitches • Minor burns • X-rays 	 <p>For emergencies:</p> <ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injuries • Difficulty breathing • Major broken bones
What is the wait?	 <p>No appointment required, so walk in any time. Typically open late.</p>	 <p>Appointments typically required; nights and weekends not available.</p>	 <p>Available at night and on weekends, but it could take hours to receive care.</p>	
What is the cost?	 <p>\$73 AVERAGE</p>	 <p>\$105 AVERAGE</p>	 <p>\$175 AVERAGE</p>	 <p>\$1,300 AVERAGE</p>

Find an Urgent Care Facility Near You

KAISER PERMANENTE URGENT CARE

Virginia

- Reston Urgent Care
1890 Metro Center Drive
Reston, VA 20190
- Tysons Corner Urgent Care Plus
8008 Westpark Drive
McLean, VA 22102
- Woodbridge Urgent Care
14139 Potomac Mills Road,
Woodbridge, VA 22192

Maryland

- Camp Springs Urgent Care
6104 Old Branch Ave.,
Temple Hills, MD 20748
- Gaithersburg Urgent Care Plus
655 Watkins Mill Road,
Gaithersburg, MD 20879
- Kensington Urgent Care
10810 Connecticut Ave.,
Kensington, MD 20895
- Largo Urgent Care Plus
1221 Mercantile Lane,
Largo, MD 20774

- South Baltimore County Urgent Care Plus
1701 Twin Springs Road,
Halethorpe, MD 21227

- White Marsh Urgent Care
4920 Campbell Blvd.,
Nottingham, MD 21236

Washington, D.C.

- Capitol Hill Urgent Care Plus
700 2nd St., N.E.,
Washington, D.C. 20002

Kaiser Permanente Rapid phone advice is available 24 hours a day, 7 days a week. Just call 800-777-7904.

CIGNA URGENT CARE

- **Xpress Care Urgent Care**
1409 S Fern St,
Arlington, VA 22202
703-521-2121
- **Medstar Promptcare**
228 7th St SE,
Washington, DC 20003
202-698-0795
- **Simplicity Urgent Care**
3263 Columbia Pike,
Arlington, VA 22204
703-746-0111

- **Metro IPC Capitol Hill**
220 L St NE Fl 1,
Washington, DC 20002
202-641-4155
- **Urgent Care Mount Vernon LLC**
7609 Richmond Hwy #B,
Alexandria, VA 22306
703-347-9440
- **Mid Atlantic Urgent Care**
3301 Wilson Blvd.,
Arlington, VA 22201
703-533-5534
- **Virginia Hospital Center Urgent Care**
601 S Carlin Springs Rd.,
Arlington, VA 22204
703-418-8900, 703-578-2350
- **Medstar Promptcare**
1805 Columbia Rd NW,
Washington, DC 20009
202-797-4960
- **Concentra Urgent Care**
5590 General Washington Dr.,
Alexandria, VA 22312
866-944-6046
- **Virginia Medical Acute Care**
5501 Backlick Rd #105,
Springfield, VA 22151
703-642-2273
- **Concentra Urgent Care**
9141 Alaking Ct. 112,
Capital Heights, MD 20743
866-944-6046
- **Falls Church Urgent Care**
920 B W Broad St.,
Falls Church, VA 22046
703-538-1505
- **Greater Washington Sleep Disorders Centers**
7525 Carroll Ave.,
Takoma Park, MD 20912
301-891-2594
- **Greater Washington Sleep Disorders Centers**
3289 Woodburn Rd #360,
Annandale, VA 22003
703-876-9870, 800-292-5361
- **Fairfax Urgent Care**
8191 Strawberry Ln #6,
Falls Church, VA 22042
703-493-0404
- **Children's National Specialists of Virginia LLC**
3023 Hamaker Ct #500,
Fairfax, VA 22031
571-766-3100
- **Patient First**
8601 16th St.,
Silver Spring, MD 20910
301-960-4682
- **Medone LLC**
7930 Old Georgetown Rd.,
Bethesda, MD 20814
301-652-0111
- **Tyson's Urgent Care LLC**
8206 Leesburg Pike #301,
Vienna, VA 22182
703-462-8592
- **Lorton Urgent Care LLC**
7740 Gunston Plz,
Lorton, VA 22079
404-270-9635
- **Concentra Urgent Care**
4451G Parliament Place,
Lanham, MD 20706
866-944-6046
- **Omni Primary and Urgent Care LLC**
20 Watkins Park Drive,
Upper Marlboro, MD 20774
301-350-8500
- **Med-First Urgent Care**
9452 Main St.,
Fairfax, VA 22031
703-503-1112
- **Righttime Medical Care**
20 University Blvd E,
Silver Spring, MD 20901
888-808-6483
- **Patient First**
2855 Crain Hwy,
Waldorf, MD 20601
240-427-1926
- **Patient First Allentown**
2855 Crain Hwy.,
Waldorf, MD 20601
240-427-1926
- **Inova Urgent Care Center Vienna**
100 Maple Ave E,
Vienna, VA 22180
703-938-5300
- **The Doctors Next Door LLC**
10801 Lockwood Dr #160,
Silver Spring, MD 20901
301-592-0885
- **Advanced Walk in Urgent Care LLC**
10801 Lockwood Drive 140,
Silver Spring, MD 20901
301-860-0888
- **Fast Track Urgent Care**
10540 Connecticut Ave,
Kensington, MD 20895
301- 949-0030
- **Pediatric After Hours, Inc.**
10 St. Patrick's Dr #105,
Waldorf, MD 20603
301-645-4586
- **Secure Medical Care**
10452 Baltimore Ave.,
Beltsville, MD 20705
301-441-3355
- **Silver Spring Podiatry Center**
2730 University Blvd W,
Silver Spring, MD 20902
301-949-3668
- **Medstar Promptcare**
11915 Georgia Ave.,
Wheaton, MD 20902
301-942-4505
- **Righttime Medical Care**
882 Muddy Branch Rd.,
Gaithersburg, MD 20878
410-721-0311
- **Inova Urgent Care Center Centreville**
6201 Centreville Rd
Route 28 #200,
Centreville, VA 20121
703-830-5600
- **Patient First**
3357 B Corridor Marketplace,
Laurel, MD 20724
301-497-1820
- **Primemed Urgent Care Systems LLC**
900 Olney Sandy Spring Rd.,
Sandy Spring, MD 20860
301-570-9111
- **Nextcare Urgent Care**
3990 Fessler Park Dr. #B,
Dumfries, VA 22025
571-499-5813
- **All Day Medical Care Clinic**
8945 N Westland Dr. #200,
Gaithersburg, MD 20877
301-330-0006
- **Righttime Medical Care**
18045 Georgia Ave.,
Olney, MD 20832
888-808-6483
- **Nighttime Pediatrics at Waugh Chapel and Adult Care Too**
2401 Brandermill Blvd. #100,
Gambrills, MD 21054
410-451-2116
- **Patient First**
47100 Community Plz.,
Sterling, VA 20164
703-880-1403
- **Righttime Medical Care**
2401 Brander Mill Blvd.,
Gambrills, MD 21054
410- 721-6483
- **Medstar Promptcare**
12111 Darnestown Rd.,
Gaithersburg, MD 20878
301-926-3020
- **Patient First**
9715 Liberia Ave.,
Manassas, VA 20110
571-229-1797
- **Patient First Allentown**
9715 Liberia Ave.,
Manassas, VA 20110
571-229-1797
- **Primemed Urgent Care**
3928 Lansing Ct.,
Dumfries, VA 22026
703- 221-2109
- **LMG Immediate Care Center**
46440 Benedict Drive #107,
Sterling, VA 20164
703-450-1125
- **Concentra Urgent Care**
45305 Catalina Ct. 103,
Sterling, VA 20166
866-944-6046
- **Metro IPC McPherson Square**
1101 15th Street, NW
Washington, DC 20005
202-798-0100
- **Metro IPC Cleveland Park**
2902 Porter Street, NW
Washington, DC 20008
202-525-5287

Prescription Drugs

Coverage for prescription drugs is included in your medical plan coverage. You pay a copayment if you use an in-network pharmacy. If you use an out-of-network pharmacy, you must pay in full and submit a claim for reimbursement.

Three-Tier Prescription Drug Plan (Cigna)

A three-tier prescription drug plan splits medications into three categories or tiers. The amount you pay will depend on the category of the medication you purchase.

- **Tier 1 – Generic.** A generic medication is less expensive and has the same active ingredients as a brand name drug. The U.S. Food and Drug Administration (FDA) requires that all drugs be safe and effective. This means that a generic drug has the same dosage, strength, quality, safety, and performance as their brand-name counterpart.
- **Tier 2 – Preferred Brand Name.** Preferred brand-name medications generally have no generic equivalent, and are either more effective than other medications in the same class, or are equally effective, but less expensive.
- **Tier 3 – Non-Preferred Brand Name.** Non-preferred brand name medications generally have a generic equivalent and/or one or more preferred brand medication options within the same class.

DID YOU KNOW?

As new drugs are developed, they are protected by patents. Generic drugs are less expensive because the generic manufacturer doesn't have the research and development cost of the manufacturer of a new drug. When a patent expires, a generic manufacturer can make and sell a generic version at a substantial discount because they do not have the same development cost.

Method	Cigna Open Access Plus Plan		Cigna Network Plan	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network	In-Network
Retail Pharmacy	Up to a 30-day supply Tier 1: \$5 Tier 2: \$25 Tier 3: \$50	Up to a 30-day supply Plan pays 80%	Up to a 30-day supply Tier 1: \$5 Tier 2: \$20 Tier 3: \$35	Up to 60-day supply KP facility: \$5 copay Participating pharmacy: \$15 1.5 times retail copay for 90-day supply of maintenance drugs
Home delivery through mail order	Up to a 90-day supply Tier 1: \$10 Tier 2: \$50 Tier 3: \$100	Not covered	Up to a 90-day supply Tier 1: \$10 Tier 2: \$40 Tier 3: \$70	\$3 copay for up to a 60-day supply; 1.5 times retail copay for a 90-day supply

Note: Medical plan deductible applies to pharmacy benefits.

MEDICATIONS DELIVERED TO YOUR HOME

If you take a medication on a regular basis, you should consider using mail order. With the mail order program, you receive a 90-day supply at a lower cost than at the retail pharmacy. The medication is conveniently delivered to your home at no charge and you are reminded when your prescription is due to be refilled.

Dental Benefits

From routine cleanings to oral surgery and orthodontia coverage, DC Water's dental benefits are designed to keep you smiling. You have the option of coverage through two available plans: Delta Dental PPO and United Concordia Dental HMO.

You may enroll for dental benefits even if you do not sign up for medical coverage. Your eligible dependents may be covered, too.

Delta Dental PPO

Similar to the health care PPO plan, Delta Dental has a network of participating providers who have agreed to provide services for a negotiated fee. These fees are the Maximum Plan Allowance (MPA) or the dentist's fee, whichever is less. This is known as the Allowed Amount.

If you use a dentist that participates in the Delta Dental network, you can save money because:

- The dentist's overall charges will most likely be lower; and
- Delta Dental participating providers agree to accept Delta Dental's fees as payment in full — you pay only the applicable deductible and coinsurance for covered services.

You have the choice to receive services from a licensed dentist who does not participate in the Delta Dental network. However, your out-of-pocket expenses will typically be higher. The Delta Dental PPOSM plan pays for preventive, basic, and major services at different coinsurance levels. It also covers orthodontic services. Benefits for orthodontic treatment that started before the effective date of your Delta Dental plan are available under

many circumstances. The orthodontic benefit under this plan is for you, your spouse or domestic partner, and eligible dependent children.

The Delta Dental network is a combination of Delta Dental PPO and Delta Dental Premier® dentists. If you use a PPO provider, you will usually receive a higher level of benefits and pay less out-of-pocket than you would if you visit a Premier or non-Delta Dental dentist. A Premier dentist likely will save you more money than a non-Delta Dental dentist. A list of PPO and Premier network providers can be found on the Delta Dental website at www.deltadentalins.com.

For pregnant women, benefits have been enhanced to provide an additional oral examination and choice of additional cleaning, additional periodontal scaling/root planing, or an additional periodontal maintenance procedure during a 12-month period.

Plan Provisions

Deductible (not applicable to diagnostic, preventive and orthodontic care)

Annual Maximum Benefit (includes all services except orthodontia)

Orthodontia Lifetime Maximum

Delta Dental PPO

\$50 per person/\$150 per family

\$1,500 per person

\$1,500 per person

Providers	PPO Dental (IN-NETWORK)	Premier Dental (IN-NETWORK)	Out-of-Network
	PLAN PAYS	PLAN PAYS	PLAN PAYS
Diagnostic Care (includes office visits, exams, and X-rays)	100% of AA*	90% of AA*	90% of AA*
Preventive Care (includes cleanings, fluoride treatments up to age 19, space maintainers up to age 16, and sealants up to age 14)	100% of AA*	90% of AA*	90% of AA*
Basic Restorative Care (includes amalgam and composite fillings)	80% of AA*	70% of AA*	70% of AA*
Oral Surgery (includes extraction and pre-/post-operative care associated with oral surgery procedures)	80% of AA*	70% of AA*	70% of AA*
Endodontic Care (includes procedures for pulpotomy and root canal)	80% of AA*	70% of AA*	70% of AA*
Periodontic Care (includes surgical and non-surgical procedures for treatment of gums and supporting structures of teeth)	80% of AA*	70% of AA*	70% of AA*
Repair and Recementation of Crowns, Inlays/Onlays, and Bridges	80% of AA*	70% of AA*	70% of AA*
Denture Repair and Relining	80% of AA*	70% of AA*	70% of AA*
Injectable Antibiotics	80% of AA*	70% of AA*	70% of AA*
Major Restorative Care (includes crowns, inlays, onlays)	50% of AA*	40% of AA*	40% of AA*
Prosthetics (includes construction of dentures, bridges, partials)	50% of AA*	40% of AA*	40% of AA*
Orthodontic Care	50% of AA*	40% of AA*	40% of AA*

*Allowed Amount

United Concordia (DHMO)

Similar to the medical network/HMO options, United Concordia requires that you see a dentist who participates in its network in order to receive benefits — there are no benefits for services received from out-of-network providers. You select a primary care provider from United Concordia’s list of participating dentists who will provide routine dental care for you and your family. You and your eligible dependents may select different dentists. If your general dentist determines that specialty care

is required, he or she will give you the required Specialty Care Referral Form and direct you to call a toll-free number for the name and location of a participating specialist.

Please note that if you need to change your dentist after your initial selection of a primary care provider you must notify United Concordia. Changes are effective the first of the month after you notify United Concordia. You may then schedule an appointment with your newly selected dentist.

United Concordia covers diagnostic and most preventive services without a copay. Other basic and major services are covered according to the copayment schedule. Orthodontic services are covered by the plan, but only if treatment begins after you and your eligible dependents are covered by the plan. An overview of the copayments is outlined below. And you may call United Concordia at 1-866-357-3304 for a complete schedule of copayments.

Plan Provisions	United Concordia Copay Schedule
Deductible (not applicable to diagnostic, preventive and orthodontic care)	None
Annual Maximum Benefit (includes all services except orthodontia)	None
Orthodontia Lifetime Maximum	None
Diagnostic Care	
Routine Office Visit	
X-Rays	\$0 copay
Intraoral – Periapical First Film	\$0 copay
Intraoral – Periapical Additional Film	\$0 copay
Bitewings – Single Film (X-ray)	\$0 copay
Bitewings – Two Films (X-ray)	\$0 copay
Preventive Care	
Fluoride Treatment	
Adult	\$0 copay
Child	\$0 copay
Space Maintainers	
Fixed – Unilateral	\$0 copay
Fixed – Bilateral	\$0 copay
Removable – Unilateral	\$0 copay
Removable – Bilateral	\$0 copay
Basic Restorative Care	
Amalgams	
One Surface, Primary or Permanent	\$0 copay
Two Surfaces, Primary or Permanent	\$0 copay
Composite Fillings	
Resin-Base Composite – One Surface, Anterior	\$0 copay
Resin-Base Composite – One Surface, Posterior	\$31 copay

Plan Provisions	United Concordia Copay Schedule
Oral Surgery	
Extractions	
Cornal Remnants Deciduous Tooth	\$0 copay
Erupted Tooth or Exposed Root (Elevation and/or Forcaps Removal)	\$0 copay
Removal of Impacted Tooth – Soft Tissue	\$55 copay
Removal of Impacted Tooth – Partially Bony	\$75 copay
Endodontic Care	
Pulpotomy	
Pulp Cap – Direct*	\$0 copay
Pulp Cap – Indirect*	\$0 copay
Therapeutic Pulpotomy*	\$0 copay
Pulpal Debridement – Primary or Permanent	\$0 copay
Root Canal	
Root Canal Therapy – Anterior*	\$0 copay
Root Canal Therapy – Bicuspid*	\$0 copay
Root Canal Therapy – Molar*	\$193 copay
Periodontic Care	
Gingivectomy or Gingivoplasty (1-3)	\$30 copay
Gingivectomy or Gingivoplasty (4+)	\$92 copay
Orthodontic Care	
Maximum Benefit	None
Major Services	
Repair and Recementation of Crowns	Please see schedule of copays
Inlays/Onlays and Bridges	
Denture Repair and Relining	
Injectable Antibiotics	
Major Restorative Services	
Prosthodontics	

* Excluding final restoration

Vision Coverage

Vision care is important to your overall health, and vision benefits can be a valuable part of your total benefits package — covering exams and prescription eyewear for you and your family. UnitedHealthcare Vision is the vision care provider for the DC Water benefits program.

UnitedHealthcare Vision Program

UnitedHealthcare Vision is a prepaid vision services plan that offers benefits through a nationwide provider network that includes private practice and retail optical providers. You can also receive services from out-of-network providers.

By selecting an in-network provider, you receive a higher level of benefits and will pay less out of your pocket. You will also enjoy the convenience of network providers handling the claims process for you. Through UnitedHealthcare Vision's provider network, you will receive a complete examination, as well as lenses and frames. Or, instead of a pair of eyeglasses, you can receive contact lenses. The plan also provides access to discounts for laser vision correction surgery.

To find a network provider nearest you, visit the UnitedHealthcare Vision website at www.myuhcvision.com or call 1-800-839-3242.

When you use an out-of-network provider, you pay more money out of your pocket. You are required to pay the provider at the time services are rendered. To receive reimbursement from the plan when using an out-of-network provider, you must send UnitedHealthcare Vision a copy of the itemized bill(s) along with a letter requesting reimbursement. In your letter, you must include the patient's name, Social Security Number (or member ID number in lieu of your Social Security Number), and date of birth; the employer or group name (refer to DC Water); and also your name, Social Security Number, and address. You can mail or fax it to UnitedHealthcare Vision at:

UnitedHealthcare Vision Claims Department: P.O. Box 30978, Salt Lake City, UT 84130. Fax: 1-248-733-6060.

DID YOU KNOW?

UnitedHealthcare Vision members have access to The Laser Vision Network of America. You have access to a large network of Lasik providers and may receive a free consultation and discounts that are not available to the public. For laser vision correction surgery referrals, contact UnitedHealthcare Vision's Laser Vision Network of America at 1-877-287-4448.

PRINT YOUR OWN ID CARDS

Log on to www.myuhcvision.com to print your own ID cards for vision care services. You must register to access the site for the first time.

Plan Provisions	In-network, you pay:	Out-of-network, the plan will reimburse you:
Deductible	None	None
Eye Exam (once every 12 months)	\$0 copay	Up to \$40
Lenses for glasses (once every 12 months)		
Single Vision	\$0 copay	Up to \$40
Bifocal	\$0 copay	Up to \$60
Trifocal	\$0 copay	Up to \$80
Lenticular	\$0 copay	Up to \$80
Frames (once every 12 months)		
Frame Allowance	\$130 at retail chains or private practice providers	Up to \$45
Lens Options		
Tints (plastic lenses)	\$0 at UnitedHealthcare Optical facility; otherwise, discounted amount	\$0
Photochromatic	Discounted amount	\$0
Standard Progressives	\$70	\$0
Deluxe Progressives	\$110	\$0
Premium Progressives	\$150	\$0
Platinum Progressives	\$250	\$0
Blended Bifocals	\$40	\$0
Rimless	\$6	\$0
Oversize (57mm - 62mm eye size)	\$10	\$0
Hi-Index Lenses	Discounted amount	\$0
Scratch Resistant	Discounted amount	\$0
UV and Anti-Reflective Coatings	Discounted amount	\$0
Contact Lenses (in lieu of lenses and frame; once every 12 months)		
Gas Permeable	\$35	Up to \$105
Extended Wear	\$80	Up to \$105
Toric	\$100	Up to \$105
Opaque	\$100	Up to \$105
Medically Necessary (authorization required)	\$150	Up to \$105
All Other Contacts	20% discount	\$0
Mail Order Contact Lenses	10% discount	Not available

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) can be a valuable tax-saving tool. Through FSAs, you can set aside money from your paycheck – tax-free – for certain everyday expenses, such as health care copayments and daycare center fees.

DC Water offers you two FSA options:

- Health Care FSA – For eligible medical, dental, and vision care expenses.
- Dependent Care FSA – For eligible expenses for children and adult care services.

When making your benefit choices, consider enrolling in a Health Care FSA and/or a Dependent Care FSA to take advantage of tax-savings on eligible expenses.

Health Care FSA

You may set aside up to \$2,500 per year into a Health Care FSA on a tax-free basis and use this money to pay for eligible out-of-pocket health care costs that are not fully covered by medical, dental, or vision benefits. Examples of eligible health care expenses include:

- Deductibles
- Copays
- Coinsurance
- Orthodontia
- Eyeglasses
- Hearing aids
- Contact lenses

You may not use your Health Care FSA for health care premiums. You also may not use your Health Care FSA for expenses such as cosmetic surgery, gym memberships, or weight loss programs (unless prescribed by a physician). For a complete list of eligible expenses, refer to IRS publications # 502 and #969, available through the IRS website: www.irs.gov/publications.

Dependent Care FSA

You may contribute up to \$5,000 per year, tax-free, into a Dependent Care FSA and use it to pay dependent care expenses for eligible dependents while you are at work. If you are married and your spouse is participating in a similar account or if you are married and filing separate returns, you may contribute up to \$2,500 per year into this account.

Eligible dependent care expenses include:

- Licensed nursery school and day care centers for preschool children
- Day care centers for other qualifying dependents (eldercare centers, for instance)
- Housekeepers, cooks, or maids who provide dependent care in your home
- Individuals other than your dependents who provide day care for your qualifying dependents, either inside or outside your home.

You can pay for day care expenses for children under 13 years of age, disabled children, disabled parents, a disabled spouse, or other relatives who qualify under the Internal Revenue Code. Educational expenses

are not eligible. You also may not use your Dependent Care FSA for enrichment programs, such as ballet or karate, or for overnight summer camps.

To be considered eligible for reimbursement from your Dependent Care FSA, your provider must claim your payments as taxable income.

For a description of who qualifies as an eligible dependent and a complete list of eligible expenses, refer to IRS publication #503, which is available through the IRS website: www.irs.gov/publications.

DID YOU KNOW?

Depending on your tax bracket, you can save hundreds of dollars in taxes because the money you contribute to an FSA is exempt from federal, state, and Social Security taxes. You never pay taxes on your contributions.



Getting Reimbursed

Claim reimbursement is handled in one of two ways. You can submit a claim form to WageWorks by mail or online at www.wageworks.com. Or, if you participate in the Health Care FSA, you can take advantage of the FSA Benefits Card. With the FSA Benefits Card, you simply pay for allowable expenses by swiping your card at approved merchants. The card uses smart card technology, which restricts the use of the card to approved merchants only. However, you should keep your receipts in case you need to verify a claim.

If you elect to participate in the Health Care FSA and use the FSA Benefits Card, you must certify that any expense paid with the card has not been reimbursed from any other source and will not be submitted for reimbursement under any other plan.

IRS FSA Regulations

The IRS regulates FSAs and has established certain rules for using them:

- **Use it or lose it.** FSAs are “use it or lose it.” That means that you must use all the funds you set aside through your FSA(s) during the plan year. Any funds left at the end of the claims incursion period will be forfeited. The good news is, you have a 14 ½ month period to use your FSA funds annually. For 2017 FSA participants, you can incur claims from January 1, 2017 through March 15, 2018. You must file all reimbursement requests by April 30, 2018.
- **Accounts are not interchangeable.** You cannot use the Health Care FSA to pay for dependent care expenses and vice versa.
- **Mid-year changes not permitted.** Due to the tax-favored status of these accounts, the IRS does not allow mid-year changes to your FSA election, unless you have a qualified family status change.
- **You must re-enroll each year.** Enrollment does not roll over into the next year. You must elect to participate in an FSA each year during the annual benefits open enrollment period.

ELIGIBLE FSA EXPENSES

Additional information about eligible Health Care and Dependent Care FSA expenses can be found on the WageWorks website: www.wageworks.com.

DEPENDENT CARE TAX CREDIT VS. DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

It is important to note that you may be eligible for a dependent care tax credit on your income taxes. You cannot use your Dependent Care Flexible Spending Account and the tax credit for the same expenses. You may wish to consult with your tax advisor if you decide to enroll in the Dependent Care Flexible Spending Account.

Life Insurance

Life insurance can provide you with some peace of mind that your family will have some financial protection if something happens to you. Through the DC Water benefits program, you have access to several life insurance options, including:

- Basic group term life insurance coverage
- Accidental death and dismemberment (AD&D) coverage
- Supplemental life insurance coverage for you and your eligible dependents

Basic Group Term Life

You are automatically provided Basic Life Insurance equal to one times your annual base pay (rounded to the next higher \$1,000), up to a maximum of \$200,000. For example, if you earn \$42,100, your insurance would be equal to \$43,000. Please note: Since the cost of your insurance is paid by DC Water, the IRS considers the cost of life insurance coverage over \$50,000 to be imputed income. Imputed income is calculated from an IRS table, based on your age and the amount of life insurance in excess of \$50,000. Imputed income is subject to FICA, federal, and state income taxes.

Supplemental Life

If you need more life insurance than the basic group term life coverage that DC Water provides, you have the option of purchasing additional supplemental life insurance coverage at group rates. You may purchase supplemental life insurance equal to one to five times your annual base pay (rounded to the next higher \$1,000), up to a maximum of \$400,000.

The cost of supplemental life insurance coverage is determined based on your age and your annual pay.

If you are a new hire, you can elect guaranteed supplemental life insurance that is equal to the lesser of two times your annual salary or \$150,000. If you want more coverage than the guaranteed issue amount, you must provide evidence of insurability (EOI), which is also known as proof of good health. If you decline supplemental life insurance coverage during your 30-day new hire period, you will have the opportunity to enroll in the plan during future benefits annual open enrollment periods, but you must provide proof of good health even if the amount of coverage you request is below the guaranteed amount.

Employees currently enrolled in supplemental life insurance benefits may increase coverage during annual enrollment. No EOI is required if you elect additional coverage amounts equal to a one benefit level increase or \$150,000, whichever is less.

DID YOU KNOW?

Your basic life insurance includes coverage for will preparation and identity theft. The will preparation program provides free access to a robust suite of online tools to help create wills and resources to assist with estate planning and other legal documents needed to help protect your financial security. Visit www.CignaWillCenter.com to register and begin using this benefit.

Cigna identity theft program provides assistance with credit card fraud, and financial or medical identity theft. Assistance is available 24/7 to help resolve critical identity theft issues. If you suspect that you might be a victim of identity theft, call 1-888-226-4567.

As part of your basic life insurance and supplemental life insurance benefits, you are eligible for an Accelerated Benefit Option (ABO). The ABO allows benefits to be paid to terminally ill individuals with less than six months to live. The maximum amount that may be accelerated is up to 80% of the life insurance benefit, subject to a maximum of \$320,000.

At age 65, provided you are still employed by DC Water, your supplemental life coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 70, 30% at age 75 and 20% at age 80.

Accidental Death and Dismemberment

You may also purchase accidental death and dismemberment (AD&D) insurance. AD&D coverage pays benefits if you die or suffer certain serious injuries as the result of an accident, including:

- Loss of life
- Paraplegia
- Certain dismemberments
- Loss of eyesight
- Loss of speech and hearing in both ears

You may elect AD&D coverage in increments of \$25,000, up to \$100,000. In the event of your accidental death, AD&D benefits are paid in addition to your basic life insurance amount and any supplemental life insurance coverage you may have elected. The AD&D benefit amount payable for dismemberment depends upon the nature and extent of your loss.

At age 65, provided you are still employed by DC Water, your Accidental Death and Dismemberment coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 70, 30% at age 75 and 20% at age 80.

Dependent Life Insurance

Dependent life insurance provides you financial protection in the event of the death of your eligible dependents. Dependent children are covered until age 22. You may elect dependent life at two different levels. At the first level, the plan pays a benefit of \$5,000 if a child dies and \$10,000 if a spouse dies. At the second level, the plan pays a benefit of \$10,000 if a child dies and \$20,000 if a spouse dies.

In the event of the death of a dependent child who is at least 15 days old up to six months of age, the life insurance benefit payable is \$500. No benefits are payable for the death of a child under 15 days of age.

Premiums and coverage for your spouse will end at age 70. At that time, your spouse may choose to convert this coverage to a permanent life insurance policy.

DID YOU KNOW?

Your AD&D coverage provides emergency medical and travel services when traveling 100 miles or more from home on business or vacation. It covers the cost of transportation to the nearest medical facility.

You receive translation and language interpretation services, as well as emergency travel services for your family members.



Disability Insurance

What would you and your family do if you had no income for an extended period of time? Disability insurance provides you with some income if you suffer an illness or injury, including pregnancy, and are unable to work for some period of time.

The DC Water benefits program offers you the opportunity to purchase:

- Short-Term Disability (STD) for disabilities lasting up to 26 weeks
- Long-Term Disability (LTD) for disabilities that extend beyond 26 weeks

DC Water's disability insurance benefits are administered by Cigna. You have the option of paying your disability coverage through:

- **Pre-tax premiums.** When you pay premiums on a pre-tax basis, the premiums reduce your taxable income. However, when you need the benefit, you pay taxes on the entire benefit.
- **After-tax premiums.** When you pay premiums on an after-tax basis, the premiums do not reduce your taxable income. However, when you need the benefit, you receive the full benefit tax-free.

Short-Term Disability

If you become disabled and are unable to work, STD benefits continue as a percentage of your basic weekly pay, up to a maximum of \$2,000 per week.

Benefits may begin on the first day of an accident and after the sixth day of sickness, if certified by a doctor and approved by Cigna, the insurance plan administrator. You must use all accrued sick leave before disability benefits begin payment.

You have the option of choosing between two levels of STD coverage:

- 50% of your basic weekly pay
- 60% of your basic weekly pay

Your cost for coverage will depend on the option you elect. Other sources of income, such as Workers' Compensation or Social Security, will be deducted from any STD benefits you receive.

The maximum benefit period is 26 weeks, or until the end of the disability, whichever comes first.

Long-Term Disability

LTD benefits will be paid when STD coverage ends, or after a minimum of 180 days of total disability, upon approval by Cigna. If eligible, you may receive 66 ²/₃% of your basic monthly salary, up to \$8,000 per month.

If you elect LTD coverage, any monthly income from other sources, such as Workers' Compensation or Social Security, will be deducted from your 66 ²/₃% monthly benefit.

Retirement Benefits

It's never too early to start planning for retirement. The DC Water benefits program helps you build toward your long-term goals. Through your own contributions, an employer match, and the flexibility to direct how your accounts are invested, you have the tools to reach your financial objectives. DC Water retirement benefits include:

- Section 401(a) Defined Contribution Plan
- Section 457(b) Deferred Compensation Plan with an additional matching contribution to the 401(a) Defined Contribution Plan

Section 401(a) Defined Contribution Plan

The Section 401(a) Defined Contribution Plan requires no contributions from you. This plan contains only DC Water contributed monies. On a bi-weekly basis, DC Water will contribute 7% of your base pay plus 5% of your base pay in excess of the Social Security wage base, if applicable. You become 100% vested in all DC Water-contributed funds after three years of service with DC Water.

Section 457(b) Deferred Compensation Plan

The Section 457(b) Deferred Compensation Plan requires you to elect whether or not you want to participate in the plan. If you choose to participate in the plan, you decide how much you want deducted from your base pay biweekly.

Your contributions are deducted on a tax-deferred basis. In addition, by participating in the Section 457(b) Plan, DC Water will match your contributions to the plan each pay period up to 5% of base pay you contribute (Post-87 employees only).

NOTE: Matching contributions are deposited into your Section 401(a) Plan account.

You can contribute up to a maximum dollar amount as defined by the IRS. The contribution amount maximum may increase or decrease each year. If you are under age 50, you could contribute a maximum of \$18,000 in 2016*. If you are age 50 or older (or will turn 50 before the end of the calendar year), you can elect to

contribute an additional \$6,000 under the age 50 catch-up provisions.

If you are age 62 but less than age 65 and you have not contributed the full amount permitted in prior years, you may be able to contribute up to twice the dollar limit that is otherwise in effect in the last three years before you reach normal retirement age (your 65th birthday). A Human Capital Management representative can provide more details concerning this special catch-up contribution.

Year	Section 457(b) Plan Maximum Contribution	Catch-Up Contribution for Age 50-62
2016*	\$18,000	\$6,000

* 2017 rates not available at time of publication.

DID YOU KNOW?

DC Water has a retirement plan committee that oversees the 401(a) and 457(b) retirement plans. The committee has been sanctioned by the Board of Directors and meets with an investment consultant on a semiannual basis to review the investment options that are offered in the plans.

HOW TO MAKE CONTRIBUTION CHANGES

You can make contribution changes through the Fidelity online portal at www.netbenefits.com/easy or by calling 1-800-343-0860.

Feature	Section 401(a) Plan	Section 457(b) Plan
Eligibility	Eligible on date of hire	Eligible on date of hire
DC Water's Contribution	7% of base pay plus, if eligible, 5% of base pay in excess of the Social Security Wage Base	DC Water matches your contribution dollar-for-dollar [DC Water's contribution goes into your 401(a) account], up to 5% of your base pay
Your Contribution	None	Up to annual IRS limit
Investment Decisions	Direct by you; daily changes allowed	Direct by you; daily changes allowed
Vesting Schedule	DC Water Section 401(a) contributions and DC Water match on your Section 457(b) contributions: 0 to 2 years: 0% 3+ years: 100% 100% upon death, disability, or reaching normal retirement age	Your Section 457(b) contribution: immediate
After-tax Contributions	Not allowed	Not allowed
Loans:	Allowed. You can take out a loan of up to 50% of your vested account balance. Minimum loan amount: \$1,000 Maximum loan amount: \$50,000	Not allowed
Unforeseeable Emergency	Not allowed	Allowed
Rollovers/Transfers	Allowed	Allowed

You are responsible for making all of the decisions regarding how your Section 401(a) and Section 457(b) account funds are invested. You will be offered a broad choice of investment funds to choose from for investing your savings. You can divide your account balances among the various investment funds. Each of the investment funds offer different opportunities and risks. Before making your investment choices, you should thoroughly review the plan information on each of the investment funds. DC Water will provide educational information on the various types of investment options and arrange a one-on-one meeting with a Fidelity representative at your request. However, no employee of DC Water is authorized to give any investment advice. You may wish to consult with a financial advisor before making any investment decisions.

Retirement Health Savings (RHS)

The Retirement Health Savings (RHS) plan allows eligible employees to use sick leave that is usually forfeited upon termination, to fund an account that can be used to pay for eligible medical expenses. Eligibility is established upon termination if you have five years of service and 100 hours of sick leave.

The intent of the plan is to help employees manage the rising cost of health care at retirement or termination of employment. The account can be used to pay medical expenses for the employee, spouse, and dependents on a tax-free basis. Eligible expenses include:

- Medical, dental, and vision insurance premiums
- Medical, dental, and vision out-of-pocket expenses
- Medicare Part B, Part D, and supplemental
- Insurance premiums
- Prescription drugs
- COBRA insurance premiums
- Qualified long-term care insurance premiums

Additional Benefits

In addition to your core benefits, such as health care and life insurance, DC Water benefits provide you with access to a number of other options and services to meet your benefits needs, including:

- Group legal services
- Mass transit benefits
- College Savings Plan
- Discounted gym memberships
- Leave benefits, including annual, personal, and sick leave
- Employee Assistance Program

Group Legal Services

Many people do not take into account their personal legal needs until a crisis occurs. However, whether you are dealing with a collection agency, preparing a will, purchasing a home, or refinancing, you may want to seek legal consultation to protect you and your family. The DC Water Benefits Program offers you the ability to participate in a group legal services plan called Legal Resources.

Legal Resources is a user friendly, inexpensive resource that helps you deal with legal and financial issues both big and small. With Legal Resources, you can access legal resources through a network of experienced attorneys and financial advisors either via telephone, in-office, or online.

The plan is voluntary and the premium contributions for this benefit will be deducted from your paycheck on an after-tax basis. Some of the benefits available to you and your family are:

- Unlimited telephone legal services
- Personal financial planning and tax advice services
- Review of personal or legal documents
- Wills and durable powers of attorney

- Identity theft services
- Standard immigration assistance services
- Online legal resources
- Representation for:
 - Court adoption proceedings
 - Dissolution of marriage
 - Guardianship/conservatorship
 - Juvenile court proceedings
 - Name change proceedings
 - Criminal misdemeanor
 - Driving privilege protection (other than DWI)
 - Civil litigation defense

The Legal Resources plan offers you the option to seek counsel from in- or out-of-network providers. All employees are eligible for unlimited consultation and advice for ID theft and credit protection, such as the preparation of letters related to billing disputes. Employees may also receive one free annual credit report from Equifax, Experian and TransUnion by visiting www.legalresources.com.

For more information about the plan or to review the plan's network provider listing, refer to the plan brochure that can be obtained from Human Capital Management. In addition, for more information, you can refer to Legal Resources website at www.legalresources.com.

Legal Resources has a reduced-fee network attorney panel, which offers discounts of 25% and higher for

most in-office legal needs, such as representation and legal issues for matters not normally covered by this plan. Contact Legal Resources to locate panel attorneys.

SmartBenefits® Transit Benefit Program

This program allows you to set aside pre-tax dollars that can be used only for expenses associated with commuting to and from work. SmartBenefits allows DC Water to assign the dollar value of your monthly commuting benefit directly to your SmartTrip card. SmartTrip Cards can be used on Metrorail and Metrobus. Van pool, VRE, and MARC passengers can direct their SmartBenefit payment to their transit service provider or a mail order ticket service by establishing a Passenger Allocation Account. A transit subsidy program is available for employees who work at the following locations:

- 810 First Street, NE
- 1100 Fourth Street, SW
- 80 M Street, SE

Eligible participants may receive up to \$75 per month.

If you are interested in participating in the SmartBenefit Program, you should contact Human Capital Management for an enrollment form.

DC College Savings Plan

The DC College Savings Plan can help you start saving right now for post-secondary education. You can easily open an account for anyone — including yourself — with a low initial contribution of:

- \$15 if you set up direct deposit through payroll
- \$25 if you set up an automatic contribution plan through a bank
- \$100 if you send a check

The DC College Savings Plan also offers a variety of investment options — from conservative to aggressive in risk profile — from several different companies, including:

- An age-based portfolio strategy with five age bands
- A single-fund investment strategy with six investment options
- A stability of principal investment strategy

Both the age-based portfolio and the single-fund strategy include several socially responsible investments.

The plan offers special tax benefits to encourage saving:

- Earnings on every penny contributed to the account accumulate tax-deferred. You pay no taxes from year-to-year on any earnings in the account
- Money from the account is federal tax-free if used for qualified post-secondary education expenses

The plan manager is Calvert Asset Management Company, Inc., a subsidiary of The Ameritas Acacia Companies, headquartered in Bethesda, MD. The DC College Savings Plan gives you an easy, practical way to save for education.

For more information regarding this plan, refer to the plan brochure that can be obtained from Human Capital Management. Alternatively, you may contact DC College Savings Plan directly at 1-800-987-4859 or visit www.DCCollegeSavings.com.



DC Water Employee Fitness Center

Employees can join the Employee Fitness Center (EFC) located at 5000 Overlook Ave., SW for a nominal annual fee. Payment options include a one-time payment or bi-weekly payroll deductions. Employees who wish to become members can request an application by sending an e-mail to Employee.FitnessCenter@dcwater.com.

Gold's Gym Discount Membership Program

The DC Water Benefits Program offers you the opportunity to enroll in a discounted fitness membership. Both employees and their families are eligible to participate. Members receive access to the exercise equipment and fitness classes within a network of Gold's Gym facilities. For more information regarding the Gold's Gym Discount Membership Program, please contact Human Capital Management.

Credit Union

Employees can participate in the District Government Employees Federal Credit Union (DGEFCU). The minimum balance is as low as \$5 and you receive all the benefits for belonging to a credit union. To join, call 1-877-784-5551.

Employee Assistance Program

From financial stress to family issues, we could all use some help balancing life's challenges at times. Through the Employee Assistance Program, you have access to free, confidential phone counseling 24 hours a day, seven days a week.

COPE counselors help people deal with everyday problems in living, including emotional or marital problems, stress, depression and anxiety, family or relationship troubles, alcohol or drug abuse, workplace difficulties, and financial or legal referrals.

All calls are completely confidential; you do not have to worry that your information will be shared with your manager or anyone else. To contact COPE, the EAP provider, call 1-800-247-3054.

Leave Benefits

Sometimes you need time away from work. DC Water provides you with leave benefits for those times.

Annual Leave

You accrue leave on a per-pay-period basis.

Years of Service		Annual Leave
Regular	At-will	
0-3	0-2	4 hours
4-14	3-6	6.15 hours
15 or more	7 or more	8 hours

Available after three months of employment.

Personal Leave

Eligible employees can earn personal leave on an annual basis through an incentive program that rewards good health. If you do not use sick leave, you will earn personal leave according to the following schedule:

- No sick leave used – 5 personal days (40 hours)
- One or two days of sick leave used – 3 personal days (24 hours)
- Three or four days of sick leave used – 2 personal days (16 hours)

Sick Leave Benefits

You accrue four hours per pay period, and there is no limit on the total amount of sick leave that you can carry over each year.

Other Paid Leave

- Court Leave – unlimited for jury duty
- Bereavement Leave – up to 3 days
- Military Leave for Active Duty – up to 15 workdays
- Holidays – 10 days plus 1 floating holiday

DID YOU KNOW?

COPE, your Employee Assistance Program, provides free telephone financial consulting including credit, debt and budget counseling, tax planning, retirement, and college planning. Telephone consultations are generally limited to 60 minutes; however, referrals are available for more complex financial matters.

Education Assistance and Reimbursement Program

The Education Assistance and Reimbursement Program, managed by the Learning and Development Branch of Human Capital Management, provides financial assistance for employees to support endeavors in acquiring additional knowledge and skills.

The Authority may provide education assistance or reimbursement for eligible permanent full-time employees for expenses incurred for school or training programs which are related to:

- The employee's present work requirements; and/or
- Continuing education in the employee's professional field.

There is a \$5,000 annual maximum benefit for certification programs and both undergraduate and graduate work. If you receive a grade of "B" or better or a "Pass," you will receive 100% of your requested payment, up to the maximum allotment. For undergraduate work only, you will receive an 80% reimbursement for a grade of "C."

Please refer to the Education Assistance and Reimbursement Policy for more information.

Benefit Notices

The following are government-required notices and certifications for DC Water and Sewerage Authority (DC Water):

- Grandfathered Plan Status
- Women’s Health Notice
- Special Enrollment Rights
- HIPAA Privacy Notice
- Your Continuation Coverage Rights Under COBRA

Please review this document carefully – it contains important information about your employee benefits. Keep this document in a safe place in the event you need it in the future.

Grandfathered Plan Status

DC Water believes our Kaiser Medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to DC Water Human Capital Management.

Women’s Health Notice

DC Water’s medical benefits provide coverage for mastectomy-related services and conditions, including:

- Reconstruction and surgery to achieve symmetry between the breasts
- Prostheses
- Complications resulting from mastectomy (including lymphedema)

This care is covered in the same manner as other medical care, and deductibles, copays and coinsurance may apply.

Special Enrollment Rights

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides you with certain special enrollment rights pertaining to your health care coverage. If you gain a new dependent through marriage, birth, adoption, or placement for adoption, you may add this dependent to your health coverage, provided you enroll your dependent within 30 days of the marriage, birth, adoption, or placement for adoption.

HIPAA Privacy Notice

BACKGROUND

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received, or maintained by the Employee Assistance Program administered by COPE Inc., the Retirement Health Savings Plan Administered by ICMA and the Flexible Savings Account plan administered by Ceridian. These Plans are sponsored by the District of Columbia Water and Sewer Authority and are collectively referred to as the “Plan” in this notice unless specified otherwise.

This notice does not relate to any other health plans sponsored by the District of Columbia Water and Sewer Authority, such as medical, dental or vision plans. You will receive a separate notice of privacy practices from each of the health insurance carriers that maintain these plans.

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice tells you the ways the Plan may use and disclose health information about you. It describes your rights, and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

THE DC WATER’S PLEDGE REGARDING HEALTH INFORMATION PRIVACY

The privacy policy and practices of the Plan protect confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as “protected health information” (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

PRIVACY OBLIGATIONS OF EACH PLAN

The Plan is required by law to:

- Make sure that health information that identifies you is kept private.
- Provide a policy notice outlining the Plan's legal duties and privacy practices with respect to health information about you.
- Follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following are the different ways the Plan may use and disclose your PHI:

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of each Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to DC Water in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to DC Water so it may be used without DC Water learning who the specific participants are.
- **To DC Water.** The Plan may disclose your PHI to designated DC Water personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to members of the DC Water Benefits Department. These individuals will

protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other DC Water employee or department and (2) will not be used by DC Water for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by DC Water.

- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." The Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

SPECIAL USE AND DISCLOSURE SITUATIONS

The Plan may also use or disclose your PHI under the following circumstances:

- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your PHI if asked to do so by a

law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.

- **Workers' Compensation.** The Plan may disclose your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.
- **Public Health Risks.** The Plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funerals Directors.** The Plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. To inspect and copy health information maintained by the Plan, submit your request in writing to the Privacy Officer. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial.

You may request access to your health records in an electronic format if they are available electronically. You may request that your electronic health records be transmitted directly to you or someone you designate. You may be charged a fee for access to electronic health records, but this amount must be limited to the cost of labor involved in responding to your request. To inspect and copy your PHI, in paper or electronic form, you must make your request in writing to the Privacy Officer.

- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have

the right to request an amendment for as long as the information is kept by or for each Plan.

To request an amendment, send a detailed request in writing to the Privacy Officer. You must provide the reason(s) to support your request. The Plan may deny your request if you ask the Plan to amend health information that was: accurate and complete, not created by each Plan; not part of the health information kept by or for each Plan; or not information that you would be permitted to inspect and copy.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your PHI that is not one for treatment, payment, or health care operations. This includes an accounting of disclosures of electronic health records, even those used for treatment, payment, and health care operations. For these requests, you must submit your request, in writing, to the Privacy Officer. Your request must state a time period, which may not be longer than six years (three years, if it was a disclosure of electronic health records) prior to the date an accounting was requested.
- **Right to Notification of a Breach of Unsecured PHI.** A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. PHI is considered compromised when the breach poses a significant risk of financial harm, damage to the individual's 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.
- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in

your care or the payment for your care. However, you may not restrict disclosure of PHI to the health plan for carrying out treatment in situations where you have paid the health care provider out-of-pocket in full. To request restrictions; make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit each Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

Note: The Plan is not required to agree to your request unless it involves a situation as described above where you paid a provider out-of-pocket in full.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location.

To request confidential communications, make your request in writing to the Privacy Officer. The Plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may write to the Privacy Officer to request a written copy of this notice at any time.

CHANGES TO THIS NOTICE

The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice in the DC Water Human Capital Management Benefits Branch.

COMPLAINTS

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the privacy officer at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Privacy Officer
District of Columbia Water and Sewer
Authority
COF 3rd floor
5000 Overlook Avenue, SW
Washington, DC 20032

Department of Health and Human
Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Ave., SW
Washington, DC 20201

Note: You will not be penalized or
retaliated against for filing a complaint.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

Other uses and disclosures of health
information not covered by this notice or
by the laws that apply to the Plan will be
made only with your written authorization.
If you authorize the Plan to use or disclose
your PHI, you may revoke the authorization,
in writing, at any time. If you revoke your
authorization, the Plan will no longer use or
disclose your PHI for the reasons covered
by your written authorization; however,
the Plan will not reverse any uses or
disclosures already made in reliance on
your prior authorization.

CONTACT INFORMATION

If you have any questions about this
notice, please contact:

Privacy Officer
District of Columbia Water and Sewer
Authority
COF 3rd Floor
5000 Overlook, Avenue SW,
Washington, DC 20032
(202) 787-2220

Your Continuation Coverage Rights Under COBRA

As a participant in DC Water's benefits (comprising
medical, dental, vision, and Health Care
FSA plans), you are receiving this notice
that describes your right to COBRA
continuation coverage.

COBRA, or the Consolidated Omnibus
Budget Reconciliation Act of 1985, is a
federal law affecting most employers
who offer group health coverage to their
employees. Under this law, you and other
members of your family may have the right
to temporarily continue the group health
benefits when you would ordinarily lose

coverage. This document describes your
right to this COBRA continuation coverage,
when it may become available to you
and your family and what you must do to
protect your right to receive it.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage extends
your health plan coverage when it would
otherwise end because of a life change
(also known as a "qualifying event").

After a qualifying event (examples of
qualifying events are discussed below),
COBRA continuation coverage must be
offered to each person who is a "qualified
beneficiary." You, your spouse and your
dependent children could become qualified
beneficiaries if coverage under the plan is
lost because of a qualifying event.

Under the plan, qualified beneficiaries
who elect COBRA continuation coverage
are required to pay for it. As an employee
covered by the plan, you will become a
qualified beneficiary if you lose your plan
coverage because:

- Your hours of employment are
reduced and you are no longer eligible
for benefits, or
- Your employment ends for any reason
except for gross misconduct on your
part.

As the spouse of a covered employee,
you will become a qualified beneficiary if
you lose

- Your plan coverage for any of the
following reasons:
- Your spouse loses his or her life.
- Your spouse's hours of employment
are reduced and he/she is no longer
eligible for benefits.
- Your spouse's employment ends
for any reason other than gross
misconduct.
- Your spouse becomes entitled to
Medicare benefits.
- You become divorced or legally
separated from your spouse.

As a dependent child of a covered
employee, you will become a qualified
beneficiary if you lost your plan coverage
for any of the following reasons:

- Your employee-parent loses his or her
life.
- Your employee-parent's hours of
employment are reduced and you are

no longer eligible for benefits.

- Your employee-parent's employment
ends for any reason other than gross
misconduct.
- Your employee-parent becomes
entitled to Medicare benefits.
- You cease to be a "dependent child"
under the terms of the plan.

Filing for bankruptcy under Title 11 of
the United States Code can also be a
qualifying event. If DC Water were to
file for bankruptcy and that bankruptcy
resulted in the loss of coverage for a
retired person under the plan, the retired
employee would become a qualified
beneficiary with respect to the bankruptcy.
The retired employee's spouse, surviving
spouse and dependent children would
also become qualified beneficiaries if this
bankruptcy were to result in the loss of
their coverage under the plan.

WHEN IS COBRA COVERAGE AVAILABLE?

You are eligible for COBRA continuation
coverage only after the plan administrator
has been notified that a qualifying event
has occurred.

WHO IS RESPONSIBLE FOR NOTIFYING THE PLAN ADMINISTRATOR OF A QUALIFYING EVENT?

DC Water is responsible for notifying the
plan administrator if the qualifying event
is one of the following:

- Your termination or a reduction in your
hours of employment and as a result,
you are
- No longer eligible for benefits.
- Your death.
- You become entitled to Medicare.
- A filing for bankruptcy under Title 11 of
the U.S. Code by DC Water.
- You are responsible for notifying the
plan administrator that a qualifying
event has occurred when the event is
one of the following:
 - You become divorced or legally
separated from your spouse.
 - Your dependent child ceases to be
eligible under the plan.

You must notify the plan administrator within 60 days after the qualifying event has occurred. Provide this notice, in writing, to:

DC Water Human Capital
Management
COF 3rd Floor
5000 Overlook, Avenue SW,
Washington, DC 20032
(202) 787-2220

Once the plan administrator has received notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each person will have an independent right to elect or decline the coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouse, and parents may elect the coverage on behalf of their children.

HOW LONG DOES COBRA CONTINUATION COVERAGE LAST?

COBRA continuation coverage is temporary coverage. Generally, it lasts only up to 18 months when the qualifying event is a reduction in your hours of employment or your employment ends. COBRA continuation coverage can last up to 36 months when the qualifying event is one of the following:

- You lose your life.
- You become entitled to Medicare benefits.

- You and your spouse become divorced or legally separated.
- Your dependent child ceases to be eligible under the plan.

An 18-month coverage period can be extended in two ways: through 1) disability or 2) a second qualifying event.

DISABILITY EXTENSION

If the Social Security Administration (SSA) determines that you or another covered individual in your family is disabled and you notify the plan administrator within 60 days of the SSA's determination, you and your family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months.

The disability would have to have started sometime before the 61st day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

A SECOND QUALIFYING EVENT

If your family experiences a second qualifying event during its 18-month period of COBRA continuation coverage, your covered spouse and dependent children can obtain an additional 18 months of coverage, for a maximum of 36 months if the plan administrator is notified of one of these second events in a timely manner:

- You lose your life.

- You become entitled to Medicare benefits.
- You become divorced or legally separated from your spouse.
- Your dependent child ceases to be an eligible dependent under the plan.

A "second qualifying event" extension may be available to your spouse and dependent children only if the event would have caused them to lose coverage under the plan had the first qualifying event not occurred.

PROTECT YOUR RIGHTS

- Always keep the plan administrator informed of any address change for any family member.
- Whenever you correspond with the plan administrator, keep a copy for your records.
- For answers to your questions about your group health plan, review your Summary Plan Description or contact the plan administrator.
- For answers to questions concerning your rights under COBRA, ERISA, HIPAA and other laws affecting group health plans, contact the nearest regional or district office of the U.S. Department of Labor's Employee Benefits Security Administration, or visit the EBSA website at www.dol.gov/ebsa.



Contact Information

If You Need	Contact	Web
Plan brochures or enrollment material	Human Capital Management 202-787-2220	
Medical		
Cigna (Open Access or Network Plan)	Customer Service for Prospective Participants: 1-800-564-7642 (8am-6pm Mon.-Fri.) Customer Service for Participants: 1-800-244-6224 24-hour Nurse Line: 1-800-564-9286, prompt 4	www.cigna.com www.mycigna.com
Cigna Mail Order Pharmacy –Tel Drug Kaiser Permanente HMO	1-800-835-3784 Member Services:1-800-777-7904 or 703-359-7878	www.cigna.com www.kaiserpermanente.org
Dental		
Delta Dental	1-800-932-0783	www.deltadentalins.com
United Concordia	1-866-357-3304	www.ucci.com
Vision		
UnitedHealthcare Vision	Customer Service Department: 1-800-638-3120 Laser Vision Referrals: 1-877-287-4448	www.myuhcvision.com
Disability (STD/LTD)		
Cigna	Claims Service Center: 1-800-362-4462 (8 am-8 pm ET Mon.-Fri.)	www.cigna.com https://dmswebintake.group.cigna.com
Life Insurance		
Cigna (For coverage or enrollment questions, contact HCM Dept. – Benefits Branch)	Customer Service Center: 1-800-732-1603 (8am-8pm ET Mon.-Fri.)	www.cigna.com
Flexible Spending Accounts (FSAs)		
Wageworks	1-877-924-3964	www.wageworks.com
Other		
Legal Resources Plan	Customer Service Department: 1-800-728-5768	www.legalresources.com
Fidelity Investments	Customer Service Center: 1-800-343-0860	www.fidelity.com/atwork
COPE, Inc. (Employee Assistance Program)	202-628-5100 or 1-800-247-3054	www.cope-inc.com

DC Water has made every effort to make the information in this booklet as accurate and easy for you to understand as possible. However, this booklet and any oral statements are not a substitute for the official plan documents and certificates. If there is a difference between what is in this booklet or told to you orally and the official plan documents and certificates, the official plan documents and certificates will govern. DC Water reserves the right to change or amend provisions under any benefit plan, at any time.

