

Employee Benefits

2026 - 2027



The Right Plan for You

July 1, 2026 - June 30, 2027



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Welcome.



Plan Year

July 1st, 2026 through
June 30th, 2027

Bedford County Public Schools is proud to offer a benefits package that provides valuable and price-competitive benefits that fit you and your family's needs.

Throughout this guide you will find interactive QR codes to content that can help you better understand how the different benefits being offered work and can help you and your family.

Now is the time to elect your benefits for 2026-2027, decide if you would like to add to the health savings account (HSA) board contributions, and review our employee benefit offerings.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the legal notices in the back of this guide for more details.

Statement of Material Modifications

This notice constitutes a Summary of Material Modifications (SMM) to the Bedford County Public Schools Health Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Benefit Highlights

Bedford County Public Schools will continue partnering with the following carrier partners with minimal changes to the benefits for 2026-2027, with the exception of the minor change noted below.

- Medical - *Anthem*
 - The deductibles and out-of-pocket maximums are \$3,400 for individuals and \$6,800 for families per IRS requirements.
- Prescription Drugs - *Optum*
 - All OptumRx purchases go towards your Anthem deductible.
- Employee Assistance Program (EAP) - *All Points*
- Dental - *Delta Dental*
- Vision - *Superior Vision*

NEW Programs for 2026:

Voluntary Supplemental Health Plans will now be offered on a group basis through AFLAC:

- Accident - Aflac
- Critical Illness - Aflac
- Hospital Indemnity - Aflac
- Whole Life Insurance - Aflac
- Short-Term Disability - Aflac



Did you know we have that?

Be on the lookout for this lightbulb icon throughout the guide, reminding you of available tools and resources to help you make the most of your benefits!



Eligibility

Employees

- The school system health insurance program will be offered to contracted employees who have a minimum of a 50% contract or who work at least 30 average hours during the measurement period established each year. Contracted employees who work less than 30 hours will be placed in an 80%, 60%, or 50% category depending on the number of hours worked or the length of the bus route.
- Employees hired by the 15th of the month will be eligible to enroll in the plan on the first day of the following month. If hired after the 15th, an employee will be eligible to enroll in the plan on the first day of the second month that the employment started.

Dependents

- Your legal spouse
- Your children up to age 26

If enrolling your dependents for the first time, be sure to have their legal name, date of birth, social security number and any supporting documentation, such as a marriage certificate, birth certificate, adoption papers or tax documents ready during enrollment.



Qualifying Life Events



Generally, benefit changes are limited to open enrollment.

You cannot change your benefit elections after the enrollment period unless you experience a qualifying life event (QLE). If you experience a QLE during the year, you may change your coverage within 30 days of that event. Qualified life events include, but are not limited to:

- Becoming married or divorced
- A child reaching age 26 and losing eligibility
- Having, or adopting, a child
- Death of your covered spouse or child
- Your dependents gaining or losing eligibility for benefits through his or her own employer

Depending on the type of event, you may need to provide proof of the event, such as a marriage license.

Qualifying Event	Supporting Documentation	Dependent Documentation
Marriage	Marriage Certificate	Birth Certificates are required if adding spouse's children
Death	Death Certificate	No additional documentation required
Divorce	Certified copy of Divorce Decree	Birth Certificates are required if adding children not currently enrolled in benefits
Adoption	Placement for adoption paperwork Legal documentation of adoption	No additional documentation required
Birth	Birth Certificate Verification of Birth Facts issued by hospital	No additional documentation required
Loss or Gain of Coverage	Proof of enrollment or termination of benefit coverage from spouse's employer. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.) and the names of dependents affected	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate
Gain of Medicare or Medicaid	Proof of enrollment of benefit coverage. Proof must contain effective or termination dates of coverage, type of coverage (medical, dental, vision, etc.), and the names of the dependents affected (has 60-day window)	Adding Spouse - Marriage Certificate Adding Children - Birth Certificate



How to Enroll



CALL TO ENROLL NOW!

As a new hire with Bedford Public Schools, you must enroll within **30 Days from your date of hire.**



Call **1-877-219-3204** and enroll with a Licensed Benefits Counselor **over the phone.**

Monday - Friday

9am - 6pm EST



Scan this QR code to save the Bedford County Public Schools Benefits Service Center number to your contacts!



iPhone Users: When contact info comes up, press "Create New Contact".



Android Users: When contact info comes up, press "Add To Contacts".



Please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.



Important Terms

Health care can be difficult to navigate, and the jargon can further complicate your understanding of benefits. Here's a break down to help you better understand your benefits, bills and coverage.

Term	Definition
Deductible	The amount you must pay out-of-pocket for medical expenses before the insurance company will cover any benefit costs for the year. If your deductible is \$2,000, your insurance plan will begin to help with payments once you've reached that amount. Review your plan to see which expenses count toward your deductible. Remember, in-network preventive care visits are always 100% covered.
Out-of-Pocket Maximum	The most you would possibly pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, your plan covers all eligible expenses. This does not include monthly premium contribution.
Premium	This is the base amount you pay every month through a payroll deduction for health care coverage, whether or not you use the insurance.
Coinsurance	The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 80% you are responsible for paying the remaining 20% of the cost.
Copay	A flat fee paid to your provider at the time of service. You may spend more once you're there (as an example, additional tests, labs, etc.), but regardless, you still have to pay the flat fee. You might also pay copays for prescription drugs.
Claim	A medical IOU. When you visit providers, they will submit claims to your insurance company for the services you received (remember the tests and labs mentioned above?). Once your insurance pays its share, you'll receive a bill for the rest.



Medical & Pharmacy

Anthem | Optum Rx

Our Plans

- KeyCare PPO \$2,000 (Closed Plan)
- KeyCare \$3,400 HDHP (with HSA)
- Prescription Drugs: Optum Rx



BCPS' medical coverage is administered by Anthem. We are pleased to offer a choice of two plans – the PPO \$2,000 (Closed Plan) and the HDHP \$3,400 that pairs with a Health Savings Account (HSA). Just a reminder! The PPO \$2,000 plan is frozen. No new entrants will be allowed to enroll. If you are currently enrolled, you may keep this plan, however, if you choose to leave, you will not be allowed to re-enter this plan.

Our prescription drug coverage is through Optum Rx. When visiting a pharmacy, you will need to present your Optum Rx card to fill your prescriptions.

IMPORTANT: *If the pharmacy tries to process your prescription(s) using our Anthem benefits, the transaction will be declined. The prescriptions need to be processed using Optum Rx. All OptumRx purchases go towards your Anthem deductible.*

The benefit amounts listed on the following page are your responsibility. For complete benefit information, limitations and exclusions, please refer to your Anthem Summary of Benefits and Coverage (SBC).



Did you know?

An **embedded deductible** ensures that even when family coverage is in place, a single individual will not be subject to more than the individual deductible amount. Once the individual deductible is met, then coinsurance begins for that family member. Claims for the other family member(s) accumulate towards the remaining family deductible. The embedded mechanics also apply to the out-of-pocket maximums.

Medical Benefits		
Plan Name	Anthem KeyCare \$2,000 PPO (Closed Plan)	Anthem KeyCare \$3,400 HDHP (with HSA)
	In-Network	In-Network
Annual Deductible		
Individual	\$2,000	\$3,400
Family	\$4,000	\$6,800
Annual Out-of-Pocket Max		
Individual	\$3,500	\$3,400
Family	\$7,000	\$6,800
Physician Office Visits		
Preventive Care	No charge	No charge
Primary Care Office Visit	\$25 copay	0% after deductible
Specialist Office Visit	\$50 copay	
Urgent Care Services	\$50 copay per visit; deductible waived	
Diagnostic Procedures		
Lab & X-ray	No charge	0% after deductible
Emergency Medical Care		
Emergency Room Visit	20% after deductible	0% after deductible
Hospital Care		
Hospital Inpatient	20% after deductible	0% after deductible
Hospital Outpatient		
Out-of-Network Benefits		
Annual Deductible Individual/Family	\$4,000 / \$8,000	\$6,800 / \$13,600
Annual Out-of-Pocket Max Individual/Family	\$9,000 / \$14,000	\$12,500 / \$25,000
Coinsurance	30% after deductible	40% after deductible
Pharmacy Benefits: Optum Rx		
Prescription Drugs: Retail - 30-day supply		
Generic	\$10 copay	0% after medical deductible
Preferred Brand	\$50 copay	0% after medical deductible
Non-preferred Brand	\$75 copay	0% after medical deductible

NOTE: You have access to out-of-network benefits but will pay significantly less if staying in-network. You must submit a claim directly to Optum when purchasing prescriptions from an out-of-network pharmacy. Optum will only pay the maximum contracted price for each prescription, less your copay. The maximum contracted price used for reimbursement will most likely be less than the amount you are charged. To submit a claim, please request a "Prescription Drug Claim Form" from Human Resources.



Did you know?

Many preventive drugs, such as certain vaccines, tobacco cessation and breast cancer prevention medications and those used to treat chronic conditions like high blood pressure and high cholesterol are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.

Considering Your Medical Options

\$2,000 PPO vs. \$3,400 HDHP

When evaluating which medical plan is right for you, it's important to consider each plan as a whole – the rates, benefits and HSA utilization. The following examples illustrate how different members may utilize an HDHP/HSA plan option.

These examples are meant to show how each plan might cover medical care. Your actual costs will differ depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copays and coinsurance) and excluded services under the plan. You can then use this information to compare the portion of costs you might pay under each medical plan. Please note, these examples are based on self-only coverage. It is important to also factor in the annual premium taken out of your paycheck as you consider your overall annual costs.

MARCO'S PLAN OPTIONS

Annual cost for Employee Only coverage:

- \$3,400 HDHP: \$852
- \$2,000 PPO: \$1,692
 - \$840 more annually than the \$3,400 HDHP

NIA'S PLAN OPTIONS

Annual cost for Employee + Family coverage:

- \$3,400 HDHP: \$7,020
- \$2,000 PPO: \$15,240
 - \$8,220 more annually than the \$3,400 HDHP

JACK'S PLAN OPTIONS

Annual cost for EE + Spouse coverage:

- \$3,400 HDHP: \$4,608
- \$2,000 PPO: \$10,620
 - \$6,012 more annually than the \$3,400 HDHP



MARCO:
Healthy Single Guy

Marco has single coverage, and his costs are typically very low throughout the year. He had his annual checkup (which is fully covered), and he got contacts. He did not meet his deductible.

\$1,000 annual HSA deposit from BCPS (\$3,400 HDHP)

+ **\$1,000** Marco's annual HSA contribution

= **\$2,000** total HSA deposits

- **\$500** eye exam and contacts, paid for out of his HSA

= **\$1,500** remaining HSA balance that will roll over to the next year



NIA:
Working Mom with a Family

Nia covers her whole family. They visit the doctor often because life happens! Even though her family's expenses were higher, she did not meet her deductible.

\$1,900 annual HSA deposit from BCPS (\$3,400 HDHP)

+ **\$3,000** Nia's annual HSA contribution

= **\$4,900** total HSA deposits

- **\$2,000** sore throats, rashes, and sprains, paid for out of her HSA

= **\$2,900** remaining HSA balance that will roll over to the next year



JACK:
Empty Nester

Jack and his wife, Shelby, are empty nesters nearing retirement. Overall, they want to set aside money for retirement. Jack chooses to max out his contribution including use of the \$1,000 catch up provision for those 55+.

\$1,100 annual HSA deposit from BCPS (\$3,400 HDHP)

+ **\$8,650** Jack's annual HSA contribution

= **\$9,750** total HSA deposits

- **\$0** while Jack and Shelby experienced medical expenses, they did not use their HSA and instead self-funded their cost throughout the year.

= **\$9,750** remaining HSA balance that will roll over to the next year and be available for them in retirement



Your Medical Benefit Costs

Medical Benefits - Monthly Cost for employees participating in Employee Wellness

Plan Name	Anthem KeyCare \$2,000 PPO (Closed Plan)			Anthem KeyCare \$3,400 HDHP (with HSA)		
	Monthly Premium	Board Contribution	Employee Cost	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$1,030	\$889	\$141	\$740	\$669	\$71
Employee + Spouse	\$2,296	\$1,411	\$885	\$1,640	\$1,256	\$384
Employee + Child	\$1,465	\$1,045	\$420	\$1,046	\$843	\$203
Employee + Children	\$2,151	\$1,406	\$745	\$1,539	\$1,236	\$303
Employee + Family	\$3,098	\$1,828	\$1,270	\$2,312	\$1,727	\$585

Medical Benefits - Monthly Cost for employees *not participating* in Employee Wellness

Plan Name	Anthem KeyCare \$2,000 PPO (Closed Plan)			Anthem KeyCare \$3,400 HDHP (with HSA)		
	Monthly Premium	Board Contribution	Employee Cost	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$1,030	\$829	\$201	\$740	\$609	\$131
Employee + Spouse	\$2,296	\$1,351	\$945	\$1,640	\$1,196	\$444
Employee + Child	\$1,465	\$985	\$480	\$1,046	\$783	\$263
Employee + Children	\$2,151	\$1,346	\$805	\$1,539	\$1,176	\$363
Employee + Family	\$3,098	\$1,768	\$1,330	\$2,312	\$1,667	\$645



Scan or Click to Watch!



Know Where to Go

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget, and time.

Visit Type	Use it for...
Anthem LiveHealth Online Virtual Visit (\$) Available 24/7	Non-emergency health issues: • cold, flu, allergies, headache, migraine • rashes, skin conditions • minor injuries • mental health concerns See page 15 for more information
Office Visit (\$\$) Typically open during regular business hours	Routine medical care and management: • preventive care • illnesses and injuries • existing conditions
Urgent Care (\$\$\$) Typically open extended evening and weekend hours	Urgent but not life-threatening conditions: • sprains or stitches • animal bites • high fever or respiratory infections
Emergency Room (\$\$\$) Open 24/7	Life-threatening conditions requiring immediate care: • suspected heart attack or stroke • broken bones • excessive bleeding • severe pain • difficulty breathing



How Anthem Provides Care

Member Services

When you enroll in the Anthem medical plans, you have the ability to register online at www.anthem.com or download the Sydney Health app.

Once you have registered in the member services portal, you will have access to the following:

- Find in-network doctors and facilities
- Price a medication and see if there are lower-cost options available
- View, print and email ID cards
- Review your coverages, manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals
- Chat with member services, if you have questions or need information
- Use the symptom checker to assess your symptoms
- Use My Health Dashboard to find wellness tips and personalized action plans
- Connect with community resources to find no-cost and reduced cost programs

Comprehensive Provider Access

Here are some key features of the Anthem medical plans. *Remember, you will always pay less if you see an in-network provider; and virtual, primary and urgent care visits are **less expensive** than the emergency room.*

- Flexibility to go to any doctor or hospital nationally via Anthem's KeyCare network.
- Lower costs when you see a doctor in the plan's network.
- Access to providers virtually via LiveHealth Online. More information on page 15.



Making the Most of your Anthem Coverage

LiveHealth Online Virtual Visits

With LiveHealth Online virtual visits, you can see a doctor, anytime, anywhere! Through Anthem's Sydney Health mobile app, you have access to doctors that can assess your condition and send prescriptions to your pharmacy, if needed. Virtual visits can also be used for non-emergency care, and specialty visits.

Call (888) 548-3432, email help@livehealthonline.com or visit www.livehealthonline.com for more information. You can also download the Sydney Health mobile app to get started.



Did you know?

Telehealth visits help prevent the spread of infectious diseases by reducing crowding in waiting rooms.

Tobacco Cessation

Quitting smoking or using tobacco products can be challenging. Through Optum Rx, you have access to certain preventive medications at \$0 cost share through our medical plans. Some of these covered prescriptions and over-the-counter products include Bupropion Sustained-Release (generic Zyban), Nicotine Gum, Nicotine lozenge or the Nicotine transdermal patch. The following medications are available once you've tried the medications previously mentioned: Chantix, Nicotrol Inhaler, Nicotrol Nasal Spray.

You must be 18 years or older to qualify for these medications. Be sure to get a prescription from your doctor, even if the products are sold over-the-counter, and fill them at an in-network pharmacy.

Diabetes Prevention Program

Whether you want to lose weight, eat healthier, increase your physical activity, sleep better or manage stress, Lark offers you support in your health and fitness journey at no extra cost. To learn if you are at risk for prediabetes and need to take steps to address it, login to Sydney Health and find Lark DPP under Programs in the My Health Dashboard to take a quick survey.

ConditionCare

Anthem has a dedicated care management team that provides access to nurses, care managers, dietitians and other healthcare professionals who can answer your health questions, support you in reaching your health goals and help you manage conditions like Asthma, Diabetes and Heart Disease. In order to enroll and receive online resources, call (866) 960-0812. When you sign up for ConditionCare, you can also save money on your medical condition drug(s) with the Health Action Program.



Health Savings Account (HSA)

HealthEquity

A Health Savings Account (HSA) is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in the Anthem \$3,400 HDHP that pairs with an HSA.

You can contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money you don't spend grows year after year and can be used in the future, even after you retire.

HealthEquity administers this account. An account will be automatically created for those enrolling in the Anthem \$3,400 HDHP. Visit www.healthequity.com or call (866) 346-5800 for more information.



Scan or Click to Watch!



Yearly Contribution to HSA

Board Contribution

Employee Only	\$1,000
Employee + Spouse	\$1,100
Employee + Child	\$1,000
Employee + Children	\$1,700
Employee + Family	\$1,900

Note: Payments will be sent in monthly installments.

HSA



Individual



Family

2026 Max Contribution

\$4,400

\$8,750



Additional \$1,000 catch-up contribution if age 55 or older.



Eligible Expenses

You can use your HSA for most medical, dental and vision care expenses that are not covered by your health plan. Examples include, but are not limited to deductibles, coinsurance, copays, prescription drugs, dental treatment (fillings, braces, extractions), eye exams, eyeglasses, contacts, hearing aids, COBRA and Medicare premiums.



Are You Eligible?

You are eligible to contribute to an HSA if:

- You are enrolled in the Anthem \$3,400 HDHP
- You are not covered by your spouse's health plan
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, Medicaid, TRICARE for life or VBA.



Did you know?

You don't have to use your HSA every time you have an eligible expense. If you save your receipts, you can get reimbursed from your HSA any time in the future. Some people use this strategy to grow their HSA balance or to budget for a one-time large expense.



Dental

Delta Dental



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Our Plans

- Delta Dental Low PPO Plan
- Delta Dental High PPO Plan



Your teeth are a good indicator of your overall health, which is why it's important to go to your regular dental cleanings.

Bedford County Public Schools' dental coverage is administered by Delta Dental. For complete benefit information, limitations and exclusions, please refer to your Delta Dental benefit summary. The amounts shown below are your responsibility.

Plan Name	Delta Dental Low PPO Plan	Delta Dental High PPO Plan
	In-Network	In-Network
Annual Deductible Individual/Family	\$50 / \$150 (Waived for Diagnostic and Preventive)	\$50 / \$150 (Waived for Diagnostic and Preventive)
Calendar Year Maximum	\$1,500	\$2,000
Diagnostic and Preventive Oral exam, X-rays, Fluoride, Sealants	No charge	No charge
Basic Services Sealants, Fillings, Simple Extractions, Denture Repair	20% after deductible	20% after deductible
Restorative Services Endodontics, Periodontics, Oral Surgery	50% after deductible	20% after deductible
Major Services Crowns, Inlays, Onlays, Dentures and Bridges	Not covered	50% after deductible
Orthodontia Adults and Dependent Children	Not covered	50%
Orthodontia Lifetime Max Per Individual	Not covered	\$2,000



Did you know?

If you are enrolled in the Anthem medical \$3,400 HDHP, you can use your HSA funds to pay for eligible out-of-pocket dental expenses.



Vision

Superior Vision | Anthem



Scan or Click to Watch!

Our Plans

- Superior Vision Plan
- Blue View Vision Plan



Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Bedford County Public Schools offers two vision plans administered by Superior Vision and Blue View Vision. The Blue View Vision plan is provided through our Anthem medical plans and covers services for routine eye care only. For complete benefit information, limitations and exclusions, please refer to your Superior Vision benefit summary. The amounts shown below are your responsibility.

Plan Name	Superior Vision	Anthem Blue View Vision
	In-Network	In-Network
Exam	\$15 copay	\$15 copay
Frames	\$150 allowance + 20% off balance	35% off retail price*
Single Vision Lenses	\$30 copay	\$50 copay*
Bifocal Lenses	\$30 copay	\$70 copay*
Trifocal Lenses	\$30 copay	\$105 copay*
Medically Necessary Contact Lenses In lieu of glasses	Not covered	50% after deductible
Elective Contact Lenses In lieu of glasses	Not covered	Not covered
Frequency	Exam: 12 months Frames: 24 months Lenses: 12 months Contacts: 12 months	Exam: 12 months Lenses and Frames: Discounts are available when purchased as part of a complete pair of eyeglasses* Conventional Contact Lenses: Discount applies for materials only*

**As a Blue View Vision member, you can take advantage of valuable discounts through Anthem's Additional Savings Program. Discounts are not covered benefits; they are not listed in the Certificate of Coverage and are subject to change without notice.*



Your Dental & Vision Benefit Costs

Dental Benefits - Monthly Cost

Plan Name	Low Plan			High Plan		
	Monthly Premium	Board Contribution	Employee Cost	Monthly Premium	Board Contribution	Employee Cost
Employee Only	\$21.90	\$21.90	\$0.00	\$39.42	\$34.42	\$5.00
Employee + Spouse	\$43.80	\$35.23	\$8.57	\$78.98	\$41.49	\$37.49
Employee + Child	\$43.64	\$35.19	\$8.45	\$77.82	\$41.26	\$36.56
Employee + Children	\$47.36	\$35.86	\$11.50	\$86.60	\$42.82	\$43.78
Employee + Family	\$70.94	\$40.06	\$30.88	\$115.90	\$56.03	\$59.87

Vision Benefits - Monthly Cost

Employee Only	\$4.55
Employee + Spouse	\$8.99
Employee + Child	\$8.80
Employee + Children	\$8.80
Employee + Family	\$13.49



Short-Term Disability

Aflac

Our Plans

- 7 days accident / 7 days illness
- 14 days accident / 14 days illness

Illnesses or injuries that cause you to step away from work shouldn't mean you risk the money your family depends on month-to-month. That's why Bedford County Public Schools offers disability coverage to protect you financially in the event you cannot work as a result of a short-term injury or illness.

This Short-Term Disability policy provides benefits to replace a portion of your income when you experience an injury or illness that keeps you from working. The amount you receive is based on the amount you earned before your disability began, subject to all policy provisions.

Benefit Amounts	\$300 to \$6,000	
Guarantee Issue Amounts	Monthly benefit of up to \$4,000	
Maximum Income Replacement	60% of the employee's base annual pay	
Pre-Existing Condition Exclusion	None	
Elimination Period Accident / Illness	7 days / 7 days	14 days / 14 days
Benefit Duration	6 Months	6 Months



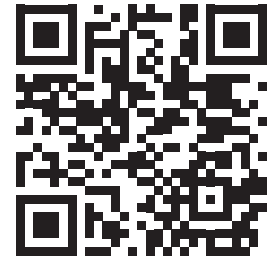


Accident

Aflac



Scan or Click to Watch!



Our Plans

- Aflac Mid Plan
- Aflac High Plan

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to you for treatment you receive due to an accident. It helps cover your out-of-pocket costs like medical deductibles and co-pays.

Plan Name	Mid Plan	High Plan
Initial Accident Treatment		
ER/Urgent Care	w/out X-ray: \$200 w/ X-ray: \$300	w/out X-ray: \$350 w/ X-ray: \$500
Doctor's Office	w/out X-ray: \$150 w/ X-ray: \$250	w/out X-ray: \$250 w/ X-ray: \$400
Ambulance	Ground: \$500 Air: \$1,500	Ground: \$750 Air: \$2,000
Major Diagnostic Testing	\$250	\$400
Emergency Room Observation	4 to 24 hours: \$25 24+ hours: \$50	4 to 24 hours: \$50 24+ hours: \$100
Pain Management	\$100	\$150
Blood/Plasma/Platelets	\$300	\$400
Concussion	\$500	\$600
Traumatic Brain Injury	\$2,500	\$5,000
Coma	\$7,500	\$10,000
Burns	2nd Degree: Up to \$750 3rd Degree: Up to \$15,000	2nd Degree: Up to \$1,000 3rd Degree: Up to \$20,000
Emergency Dental Work	Repair with Crown: \$200 Extraction: \$50	Repair with Crown: \$350 Extraction: \$150
Eye Injury	\$250	\$300
Dislocations	Open Reduction: Up to \$5,000 Closed Reduction: Up to \$2,500	Open Reduction: Up to \$8,000 Closed Reduction: Up to \$4,000
Lacerations	Stitches: Up to \$500 No stitches: \$75	Stitches: Up to \$800 No stitches: \$100
Fracture	Open Reduction: Up to \$6,000 Closed Reduction: Up to \$3,000	Open Reduction: Up to \$10,000 Closed Reduction: Up to \$5,000
Outpatient Surgery (w/ Anesthesia)	\$400	\$600
Outpatient Surgery Facilities Fee	\$100	\$100
Inpatient Surgery (w/ Anesthesia)	\$1,000	\$1,500
Transportation	Plane: \$500 Ground: \$200	Plane: \$600 Ground: \$300



Did you know?

Both the Mid Plan and High Plan include a special rider for Organized Athletic Activity. This benefit provides an additional 25% of the listed benefit amount for an accident or injury that occurs while participating in organized sports/athletics.

For example, if your covered dependent child fractures their collar bone playing youth sports, and you have the High Plan, the normal benefit would be \$2,000. With this rider, you would receive an additional \$500, bringing the total benefit amount to \$2,500.

Hospitalization		
Hospital Admission	\$1,000	\$1,500
Hospital Confinement	\$300/day up to 365 days	\$400/day up to 365 days
Intensive Care	\$600/day up to 30 days	\$700/day up to 30 days
Step-Down Unit	\$200/day up to 30 days	\$300/day up to 30 days
Family Member Lodging	\$200/day up to 30 days	\$250/day up to 30 days
After Care		
Medical Appliances	Up to \$300	Up to \$400
Follow-Up Treatment	\$100	\$125
Rehabilitation Unit	\$100/day up to 30 days	\$200/day up to 30 days
Therapy	\$75 up to 10 visits	\$100 up to 10 visits
Chiropractic or Alternative Therapy	\$35 up to 6 visits	\$50 up to 6 visits
Life Changing Events		
Dismemberment	Employee: Up to \$20,000 Spouse: Up to \$8,000 Child: Up to \$4,000	Employee: Up to \$20,000 Spouse: Up to \$8,000 Child: Up to \$4,000
Paralysis	Paraplegia: \$5,000 Quadriplegia: \$10,000	Paraplegia: \$5,000 Quadriplegia: \$10,000
Prosthesis	\$1,500	\$1,500
Prosthesis Repair/Replacement	\$1,500	\$1,500
Residence/Vehicle Modification	\$1,500	\$1,500
Additional Coverage Riders		
Gunshot Wound	\$1,000	\$1,000
Organized Athletic Activity	Additional 25% of benefit amount	Additional 25% of benefit amount

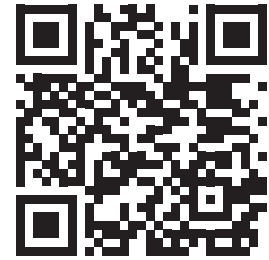


Hospital Indemnity

Aflac



Scan or Click to Watch!



Our Plans

- Aflac Mid Plan
- Aflac High Plan

Hospital Indemnity coverage pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductible and Co-pays, travel costs, food and lodging, or everyday expenses such as groceries and utilities.

Plan Name	Mid Plan	High Plan
Hospitalization Benefits		
Hospital Admission (per confinement)	\$1,000	\$2,000
Hospital Confinement (per day)	\$125	\$250
Hospital Intensive Care (per day)	Day 1: \$1,000 Day 2 to 10: \$125	Day 1: \$2,000 Day 2 to 10: \$250
Intermediate Intensive Care Step-Down Unit (per day)	\$50	\$100
Treatment Benefits		
Rehabilitation Facility (per day)	\$75	\$75



Did you know?

If you elect coverage for your children/ family, the hospital admission benefit will pay for a newborn's admission to a Hospital Intensive Care Unit if, following their birth, they are confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).



Critical Illness

Aflac



Scan or Click to Watch!



Our Plan

- Aflac Critical Illness Plan

A major illness can blindside anyone, even an employee with medical insurance. Co-pays, deductibles, alternative treatments and other out-of-pocket expenses can add up quickly. Critical Illness insurance pays cash benefits directly to you to help reduce the financial burden that can come with a serious illness.

Plan Provisions

Benefit Amounts	See Premium Rates and Plan Benefits for available options
Spouse Coverage	Up to 50% of the face amount elected by the employee
Child Coverage	Up to 50% of the face amount elected by the employee
Guaranteed Issue Amount	Employee: Up to \$50,000 Spouse: Up to \$25,000

Base Benefits

Heart Attack (Myocardial Infarction)	100%
Sudden Cardiac Arrest	100%
Coronary Artery Bypass Surgery	100%
Major Organ Transplant	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Type 1 Diabetes	100%
Coma	100%
Loss of Hearing/Sight/Speech	100%
Paralysis	100%

Cancer Benefits

Cancer (Internal or Invasive)	100%
Non-Invasive Cancer	25%
Skin Cancer	\$1,000 per calendar year
Metastatic Cancer	25%

Childhood Conditions Rider

See plan details for listed conditions	50% of employee benefit
Autism Spectrum Disorder	\$3,000

Progressive Diseases Rider

Advanced Alzheimer's Disease	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Sustained Multiple Sclerosis (MS)	100%
Chronic Obstructive Pulmonary Disease (COPD)	25%
Crohn's Disease	25%

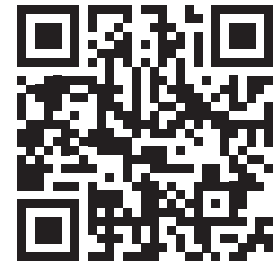


Whole Life

Aflac



Scan or Click to Watch!



Our Plan

- Aflac Whole Life Insurance Plan

Life insurance is a smart investment to protect your family's financial freedom. The Aflac Group Whole Life plan is permanent life insurance with living benefits to help provide you and your families with a financial cushion when dealing with the loss of a loved one.

Most people don't consider the demand that funeral expenses and uninsured medical costs may have on family income and discussing life insurance may be a difficult conversation to have with loved ones. Adding Whole Life insurance coverage offers some assistance with those unexpected bills.

Employee	Up to \$300,000
Spouse	Up to \$100,000
Child(ren)	Up to \$25,000
Guaranteed Issue	Employee: \$200,000 Spouse: \$50,000 Child: \$10,000
What riders are attached?	Waiver of Premium Rider Accidental Death Benefit Rider Accelerated Benefit Rider Children's Term Insurance Rider
Age-Based Reductions	None



Did you know?

This Whole Life Insurance policy is portable should you leave or change your job. A portable policy allows you to take your coverage with you as long as you continue paying your premiums.



Your Supplemental Benefits Costs

Accident - Monthly Cost

Plan Name	Accident Mid Plan	Accident High Plan
Employee Only	\$9.83	\$16.13
Employee + Spouse	\$16.53	\$27.17
Employee + Child	\$21.69	\$36.23
Employee + Children	\$21.69	\$36.23
Employee + Family	\$28.39	\$47.27

Hospital Indemnity - Monthly Cost

Plan Name	Hospital Indemnity Mid Plan	Hospital Indemnity High Plan
Employee Only	\$15.10	\$29.70
Employee + Spouse	\$30.68	\$60.32
Employee + Child	\$24.46	\$48.04
Employee + Children	\$24.46	\$48.04
Employee + Family	\$40.04	\$78.66

Short-Term Disability - Monthly Cost (per \$100 of benefit)

Age Band	14/14 Plan	7/7 Plan
18-49	\$2.66	\$4.34
50-64	\$2.93	\$4.53
65-74	\$3.64	\$5.66

Critical Illness - Monthly Cost (per \$5,000 of benefit)

Age	Premium Rates
18-25	\$2.69
26-30	\$3.37
31-35	\$4.08
36-40	\$5.03
41-45	\$6.33
46-50	\$8.06
51-55	\$12.12
56-60	\$14.42
61-65	\$22.96
66+	\$36.06

Note: For spouse coverage, the rate is based on the spouse's age, not the employee's age.

Whole Life Insurance - Monthly Cost (per \$5,000 of benefit)

Age*	Premium Rates
20	\$5.98
25	\$6.56
30	\$7.30
35	\$8.07
40	\$10.06
45	\$12.11
50	\$16.30
55	\$21.29
60	\$25.48
65	\$31.88
70	\$39.85

Note: For spouse coverage, the rate is based on the spouse's age, not the employee's age.

**Only selected ages listed with premium amount. For ages not listed, see your plan information.*

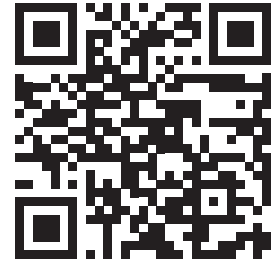


Employee Assistance Program

AllOne Health Assistance Program



Scan or Click to Watch!



The AllOne Health Assistance Program offers you and your family free, confidential support to help manage life's challenges, reduce stress, and improve overall well-being. Services include short-term mental health counseling (in-person, virtual, or by phone), life coaching, financial consultations, legal referrals, work-life resources (such as childcare and eldercare support), and medical advocacy to help navigate healthcare needs.

In addition, you have 24/7 access to a wide range of self-help tools, resources, and virtual support through the online portal and mobile app. These services are designed to support both personal and professional needs, making it easier to find guidance and balance in everyday life.

For more information call (800) 451-1834 or visit www.allonehealth.com/portal.

Your AllOne Health Code: bedcps





Value-Added Services

AMS and AIHS

Alliant Medicare Solutions

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65. We understand that figuring out the rules, not to mention how Medicare works with or compares to the employer-provided medical coverage, can be a headache.

That's why we offer Alliant Medicare Solutions (AMS) at no cost to employees, their family members and friends nearing age 65! The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?

- Call AMS at (877) 888-0165 to speak to a licensed insurance agent. Have your current medical coverage information available when you call. You can also visit www.alliantmedicareolutions.com for more information.
- Discuss with AMS your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
- If Medicare is the best option, AMS helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Alliant Individual Health Solutions

As part of our commitment to providing benefit options that meet your specific needs, we have partnered with Alliant Individual Health Solutions (AIHS). AIHS does not replace the employer-sponsored group health insurance plans; rather, it expands options available to you and your dependents, with the opportunity for significant savings.

The federal government has changed who may be eligible for Marketplace subsidies, also called the Exchange. If your family members previously were ineligible for Marketplace subsidies, they may now qualify.

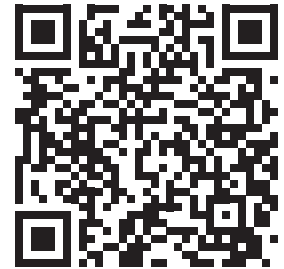
How does it work?

- Explore whether your dependents are eligible for subsidies.
- Learn whether an individual health plan could be a more affordable option than the employer-sponsored group plans.
- Secure health coverage if you or your dependents are leaving a company plan.

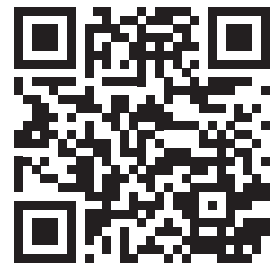
You can contact AIHS to speak with a licensed insurance agent at (877) 328-1195 or schedule an appointment at www.alliantindividualhealthsolutions.com.



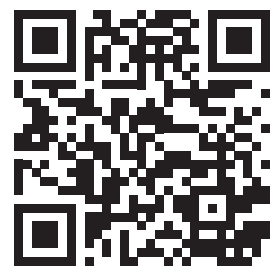
Watch: Medicare 101



Watch: Social Security



Your Guide to Medicare



Did you know?

Alliant Medicare Solutions and Alliant Individual Health Solutions are available to any of your household/family members regardless of medical plan enrollment.



Contact Information

Benefit	Administrator	Phone	Website
Medical	Anthem	1-833-592-9956	www.anthem.com
Pharmacy	Optum Rx	1-800-797-9791	www.optumrx.com
Health Savings Account (HSA)	Health Equity	1-866-346-5800	www.inspirafinancial.com
Dental	Delta Dental	1-800-237-6060	www.deltadentalva.com
Vision	Superior Vision	1-800-507-3800	www.superiorvision.com
	Anthem Blue View Vision	Please see plan ID card	www.anthem.com
Employee Assistance Program	AllOne Health Assistance Program	1-800-451-1834	www.allonehealth.com/portal
Supplemental Benefits	Aflac	1-800-992-3522	www.aflac.com
Benefits Service Center	-	1-877-219-3204	-



Need Help?

If you have any questions about your benefits, please reach out to speak to a dedicated benefits counselor.

1-877-219-3204

Monday - Friday
8:00am-5:00pm CST



Legal Notices

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for Bedford County Public Schools describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources.

Notice of Choice of Providers

The Anthem plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Anthem plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in Bedford County Public Schools' health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Bedford County Public Schools' health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Bedford County Public Schools' health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility—

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	LOUISIANA – Medicaid Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana ; Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov ; Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp ; LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711; CHP+: https://hcpf.colorado.gov/child-health-plan-plus ; CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 800-977-6740 TTY: Maine relay 711
FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html ; Phone: 1-877-357-3268	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp ; Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2	MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
INDIANA – Medicaid Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: (800) 403-0864 Member Services Phone: (800) 457-4584	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 email: HSHIPPProgram@mt.gov	RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct RlTe Share Line)
NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	UTAH – Medicaid and CHIP Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-866-614-6005	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
OREGON – Medicaid and CHIP Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Traditional Plan: \$2,000/\$4,000 deductible with 20% coinsurance; HDHP Plans: \$3,400/\$6,800 deductible with 0% coinsurance. If you would like more information on WHCRA benefits, contact your plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your plan administrator.

ACA Disclaimer

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% of your modified adjusted household income in 2026.

The 'No Surprises' Rules

The "No Surprises" rules protect you from surprise medical bills in situations where you can't easily choose a provider who's in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you're no longer in need of emergency care. These are called "post-stabilization services." You shouldn't get this notice and consent form if you're getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren't required to sign the form and shouldn't sign the form if you didn't have a choice of health care provider or facility before scheduling care. If you don't sign, you may have to reschedule your care with a provider or facility in your health plan's network.

[View a sample notice and consent form \(PDF\).](#)

This applies to you if you're a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

Medicare Part D Notice

Important Notice from Bedford County Public Schools About Your Prescription Drug Coverage and Medicare Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Bedford County Public Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Bedford County Public Schools has determined that the prescription drug coverage offered by the Anthem plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Bedford County Public Schools coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Important

Since the existing prescription drug coverage under the Anthem plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Bedford County Public Schools prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Bedford County Public Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Bedford County Public Schools changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2026
Name of Entity:	Bedford County Public Schools
Contact:	Human Resources
Address:	311 South Bridge Street, Bedford, VA 24523
Phone Number:	(540) 586-1045





Notes