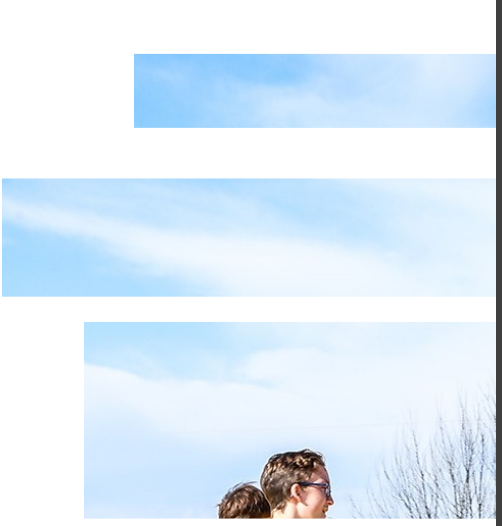
NOVA PARKS
Northern Virginia Regional Park Authority




# 2022

# BENEFITS GUIDE

Part-Time Employees

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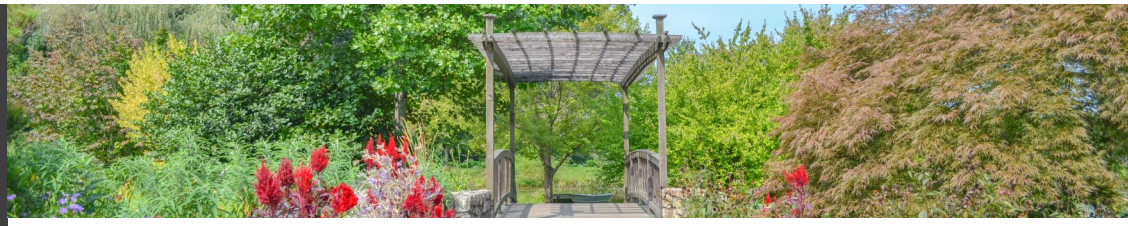

Dear NOVA Parks Colleague:

NOVA Parks cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

As an active, part-time employee of NOVA Parks, you are eligible for health insurance as well as dental and vision benefits. Premiums for all health, dental, and vision benefits are deducted on a bi-weekly, pre-tax basis over 26 pay periods.

Consider your benefit options carefully before you make your benefit elections. The benefits you choose will be in place from your eligibility date through the end of the calendar year, unless you have an IRS qualifying event during the year such as marriage, birth, death, etc. It is the employee's responsibility to notify Human Resources of any mid-year qualifying events that affect their coverage within 30 days of the event.

# MEDICAL

| BENEFIT | HMO SIGNATURE IN-NETWORK ONLY | HMO SELECT IN-NETWORK ONLY |
|---|---|---|
| **Primary Care Physician (PCP)** | $10 copay[1] | $10 copay[1] |
| **Specialty Care** | $20 copay | $20 copay |
| **Annual Deductible** | **None** | **None** |
| **Out-of-Pocket Maximum** | **$3,500 Individual<br>$9,400 Family** | **$3,500 Individual<br>$9,400 Family** |
| **Preventive Care—All Ages**<br>Routine Preventive Care<br>Immunizations<br>Mammogram, PAP, PSA Tests | No charge | No charge |
| **Inpatient Hospital Facility** | $100 per admission | $100 per admission |
| **Outpatient Hospital Facility** | $50 per visit | $50 per visit |
| **Outpatient Professional Service** | $50 copay | $50 copay |
| **Chiropractic Care** | Not covered | Not covered |
| **Hearing Aids** | Not covered | Not covered |
| **Emergency Room** | $50 copay[2] | $50 copay[2] |
| **Urgent Care Facility** | $20 copay | $20 copay |
| **TMJ, Surgical and Non-Surgical**<br>Physician's Office | Copay costs vary based on location of service | Copay costs vary based on location of service |
| **In-Patient Mental Health & Substance Abuse Treatment** | $100 per admission[3] | $100 per admission[3] |
| **Annual Prescription Drug Deductible** | None | None |
| **Annual Prescription Drug Out-of-Pocket Maximum** | Combined with medical | Combined with medical |
| **Prescription Drug**<br>**Kaiser Pharmacy** 30 day supply | Generic: $10 copay<br>Preferred Brand: $20 copay<br>Non-Preferred: $35 copay<br>Mail Order[4]: $20/$40/$70 | Generic: $10 copay<br>Preferred Brand: $20 copay<br>Non-Preferred: $35 copay<br>Mail Order[4]: $20/$40/$70 |
| **Prescription Drug**<br>**Community Pharmacy** 30 day supply | Generic: $20 copay<br>Preferred Brand: $40 copay<br>Non-Preferred: $55 copay | Generic: $20 copay<br>Preferred Brand: $40 copay<br>Non-Preferred: $55 copay |

| BI-WEEKLY CONTRIBUTIONS | EMPLOYEE | NOVA PARKS | EMPLOYEE | NOVA PARKS |
|---|---|---|---|---|
| Employee Only | $39.71 | $225.01 | $41.47 | $234.97 |
| Employee + 1 Dependent | $132.36 | $397.08 | $138.22 | $414.66 |
| Employee + Family | $191.92 | $575.77 | $200.42 | $601.25 |

[1] No charge for children under 5 years old
[2] Copay waived if admitted
[3] Outpatient: $10 per individual visit / $5 per group visit
[4] 90 day supply

KAISER PERMANENTE®

## KAISER PERMANENTE INSURANCE PLANS

NOVA Parks offers two Kaiser Permanente insurance plans; the HMO Signature and HMO Select. These plans only provide in-network coverage — no out-of-network benefits are available.

The HMO Select plan has the same benefits as the HMO Signature plan, but offers a larger network of doctors to choose from. In other words, the HMO Select plan does not require you or your dependents to visit a Kaiser Permanente medical facility for care, while the HMO Signature plan is a local HMO medical center based design.

Visit www.kp.org or call 1.855.249.5018 for a list of network providers.

# DENTAL

MetLife

## METLIFE DENTAL

NOVA Parks offers two MetLife dental plans; the low plan and high plan. To locate a dentist, visit www.metlife.com/dental or call 1.800.275.4638.

You may choose either an in or out-of-network dentist. However, if you choose an out-of-network dentist, your out-of-pocket costs may be higher. Before receiving service, MetLife recommends that you request a pre-treatment estimate for services in excess of $300. Your dentist can submit a request online at www.metdental.com or can call 1.877.MET.DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office!

| | LOW PLAN | | HIGH PLAN | |
|---|---|---|---|---|
| **BENEFIT** | **IN-NETWORK** | **OUT-OF-NETWORK** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Annual Deductible** | **Individual:** $50<br>**Family:** $150 | **Individual:** $50<br>**Family:** $150 | **Individual:** $50<br>**Family:** $150 | **Individual:** $50<br>**Family:** $150 |
| **Annual Maximum** | $1,000 | | $1,750 | |
| **Diagnostic & Preventive Services** Prophylaxis (Cleanings, up to 4 per plan year); Oral Examinations; Topical Fluoride (up to age 14); Bitewing; X-rays | 100% | 60% | 100% | 80% |
| **Basic Services** Problem Focused Examinations; Fillings; Extractions; Oral Surgery; Endodontics; Scaling, Root Planning, and Periodontal Surgery; Anesthesia; Repairs; Sealants and Space Maintainers (up to age 14) | 80%* | 40%* | 80%* | 80%* |
| **Major Services** Bridge and Dentures; Crowns, Inlays, Onlays, Implants; Consultations | 50%* | 10%* | 50%* | 50%* |
| **Orthodontia Services** | Not Covered | | Not Covered | |
| **BI-WEEKLY CONTRIBUTIONS** | **EMPLOYEE** | | **EMPLOYEE** | |
| Employee Only<br>Employee + 1 Dependent<br>Employee + Family | $15.81<br>$32.34<br>$55.91 | | $21.79<br>$44.37<br>$75.05 | |

* After deductible

# VISION

## AVESIS VISION

| BENEFIT | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| **Eye Exam** | $10 copay | Up to $35 reimbursement |
| **Frequency**<br>Exam/Lenses or Contact Lenses/Frames | 12 /12 /24 months | |
| **Frames** | $120 allowance[1] | Up to $45 reimbursement |
| **Lenses**<br>Single Vision Lenses<br>Bifocal Vision Lenses<br>Trifocal Vision Lenses | <br>Covered in full after $15 copay<br>Covered in full after $15 copay<br>Covered in full after $15 copay | <br>Up to $25 reimbursement<br>Up to $40 reimbursement<br>Up to $50 reimbursement |
| **Contact Lenses[2]**<br>Standard Contact Lens Fitting & Follow-up<br>Elective Contact Lenses<br>Medically Necessary Contact Lenses[3] | <br>$50 maximum copay<br>$110 allowance<br>Covered in full | <br>n/a<br>Up to $85 reimbursement<br>Up to $250 reimbursement |
| **BI-WEEKLY CONTRIBUTIONS** | **EMPLOYEE** | |
| Employee Only | $2.76 | |
| Employee + Spouse | $5.22 | |
| Employee + Child(ren) | $5.70 | |
| Employee + Family | $7.33 | |

[1] Up to 20% discount above frame allowance
[2] In lieu of frame and spectacle lenses
[3] Prior authorization is required for medically necessary contacts

### AVĒSIS VISION

To locate in-network providers in your area, call 1.800.828.9341 or visit www.avesis.com. Members who use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement

## KP VISION

| BENEFIT | IN-NETWORK ONLY |
|---|---|
| **Eye Exam** | $10-20 copay[1] |
| **Frames**<br>Frames from KP | <br>No charge[2] |
| **Lenses**<br>Single Vision Lenses<br>Bifocal Vision Lenses | <br>No charge[2]<br>No charge[2] |
| **Contact Lenses**<br>Lenses from KP<br>Medically Necessary Lenses | <br>1 pair covered in full<br>2 pair covered in full |
| **Frequency**<br>Exam<br>Frames/Lenses or Contact Lenses | <br>12 months<br>12 months |

[1] Optometrist $10 copay / Ophthalmologist $20 copay
[2] Some limitations apply

### KAISER PERMANENTE (KP) VISION

If your dependents under age 19 are enrolled in the Kaiser Permanente insurance plan offered by NOVA Parks, they have vision benefits included. You and your dependents over the age of 19 do not have vision benefits included in the plan, but may be eligible to receive a discount on your eyeglass lenses and frames. Visit www.kp.org for more information.

# DISCLOSURES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)
Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)
QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)
If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

COVERAGE EXTENSION RIGHTS UNDER THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)
If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW
Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage.
The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:
1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008
This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:
The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive that the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)
GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.
GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited situations.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)
The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires employers who provide medical coverage to their employees to offer such coverage to employees and covered family members on a temporary basis when there has been a change in circumstances that would otherwise result in a loss of such coverage [26 USC §4980B ] This benefit, known as "continuation coverage," applies if, for example, dependent children become independent, spouses get divorced, or employees leave the employer.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA)
Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual cease to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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, 2020. Contact your State for more information on eligibility:

ALABAMA: Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA: Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email:CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS: Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

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://www.colorado.gov/pacific/hcpf/childhealth-plan-plus
CHP+ Customer Service:
1-800-359-1991/ State Relay 711

FLORIDA: Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA: Medicaid
Website: https://medicaid.georgia.gov/health-insurancepremium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA: Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: http:/www.indianamedicaid.com
Phone 1-800-403-0864

IOWA: Medicaid
Medicaid Website:
https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website:
http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS: Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY:


# DISCLOSURES

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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA: Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618- 5488 (LaHIPP)

MAINE: Medicaid
Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html
Phone: 1-800-442-6003 TTY:
Maine relay 711
MASSACHUSETTS: Medicaid and CHIPWebsite: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA: Medicaid
https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"]
Phone: 1-800-657-3739

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

NEBRASKA: Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA: Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE: Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218 Toll free number for the HIPP program:
1-800-852-3345, ext 5218

NEW JERSEY: Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/ dmahs/clients/medicaid/
Medicaid Phone:
609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

NEW YORK: Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA: Medicaid
Website: https://dma.ncdhhs.gov
Phone: 919.855.4100

NORTH DAKOTA: Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA: Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON: Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA: Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical /HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND: Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA: Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA: Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS: Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH: Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website:
http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT: Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA: Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

WASHINGTON: Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA: Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN: Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING: Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

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

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

PAPERWORK REDUCTION ACT STATEMENT

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

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

OMB Control Number 1210-0137 (expires 1/31/2023)

# ADVOCACY

BenefitsVIP®
Help starts here.

NOVA PARKS
Northern Virginia Regional Park Authority

### WEBSITE

Stay informed with the latest health news, biometric tools, calculators and information at **benefitsvip.com!**

### BLOG

**HealthDiscovery.org** is a lifestyle blog with wellness articles, tips, quizzes, recipes, and more!

## HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your Kaiser, MetLife, and Avēsis benefits issues.

For service that's confidential and responsive, contact:

# 866.293.9736

Monday—Friday
8:30am—8:00pm (ET)
Fax: 856.996.2755
**solutions@benefitsvip.com**

## QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

# BenefitsVIP.com



CORPORATE SYNERGIES®