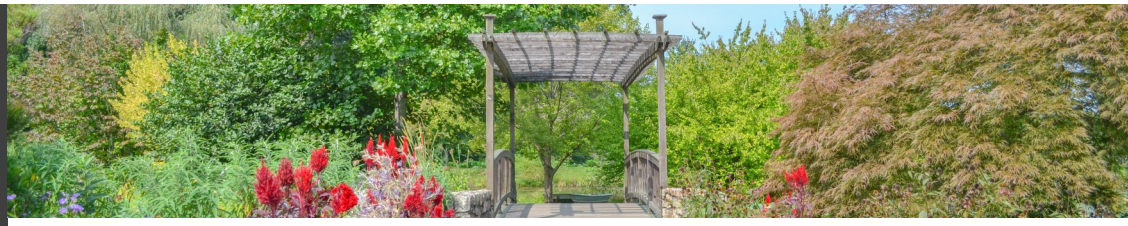
NOVA PARKS
Northern Virginia Regional Park Authority

2023

BENEFITS GUIDE

Full-Time Employees



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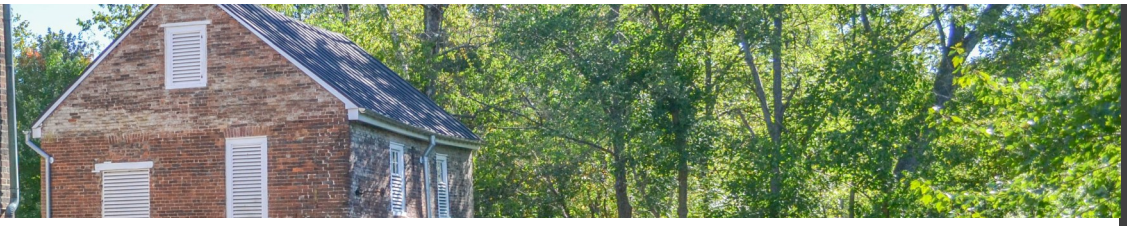
Dear NOVA Parks Colleague:

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, full-time employee, you are eligible for a variety of valuable benefits such as health insurance, dental and vision benefits, flexible spending plans, and an employee assistance program. NOVA Parks is also pleased to provide employer-paid life, AD&D, short term disability, and long term disability insurance, as well as access to optional employee-paid voluntary benefits including additional life and AD&D insurance. 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.



BenefitsVIP®
Help starts here.

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, Avēsis, Renaissance, BRI,** and **INOVA EAP** 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.

Please note, BenefitsVIP is limited in their ability to service questions and concerns that apply to the Cigna medical and EyeMed plans.

BenefitsVIP.com

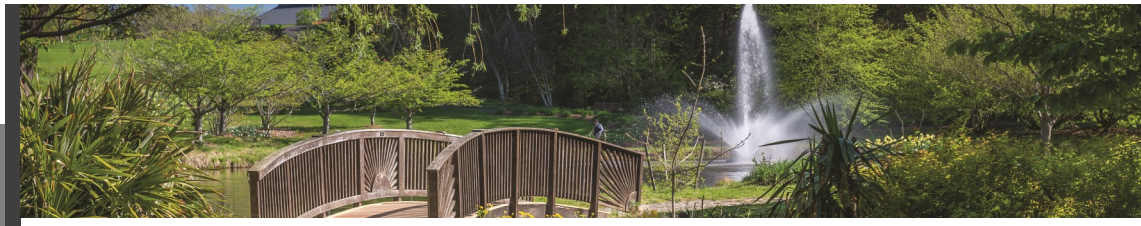
ADVOCACY

BENEFITSVIP.COM

Request member assistance and order ID cards with a click.

HEALTHDISCOVERY.ORG

Get vital, useful and fun health insurance and wellness facts.



MEDICAL

CIGNA PLANS

NOVA Parks offers two medical plans, managed by Cigna. These plans offer out-of-network coverage and include vision benefits (pg.9). To find a doctor, log on to www.mycigna.com.

CO-INSURANCE

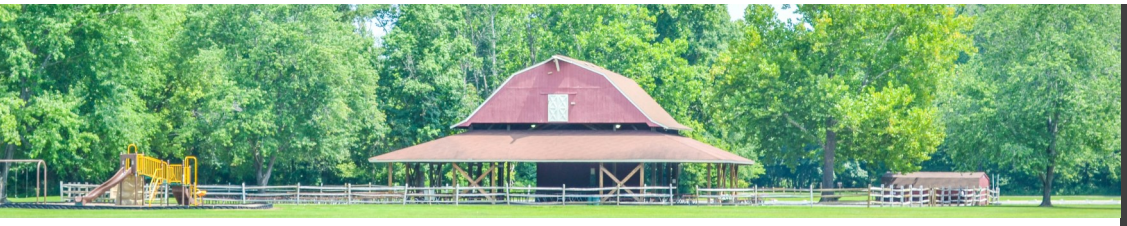
Cigna's share of the cost of a covered health service, calculated as a percent of the allowed amount for the service. You pay the remaining co-insurance, copays, and any deductibles you owe.

OAP 80% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	80%*	60%*
Specialty Care	80%*	60%*
Annual Deductible	**$500 Individual** **$1,000 Family**	**$1,000 Individual** **$2,000 Family**
Out-of-Pocket Maximum	**$3,000 Individual** **$6,000 Family**	**$6,000 Individual** **$12,000 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	**Through age 17:** 70% **Ages 18 and older:** 60%*
Inpatient Hospital Facility	80%*	60%*
Outpatient Hospital Facility	80%*	60%*
Outpatient Professional Service	80%*	60%*
Chiropractic Care	80%*	60%*[1]
Hearing Aids	80%*[2]	80%*[2]
Emergency Room	80%*	80%*
Urgent Care Facility	80%*	80%*
Mental Health & Substance Abuse Treatment (In-Patient)	80%*	60%*
Annual Prescription Drug Deductible	$200 Individual $400 Family	
Annual Prescription Drug Out-of-Pocket Maximum	$2,500 Individual $5,000 Family	
Prescription Drug **Retail** 30 day supply	Generic: $10 copay* Preferred Brand: 80%* (max. $55) Non-Preferred: 65%* (max. $110)	70%*
Prescription Drug **Home Delivery** 90 day supply	Generic Maintenance: $0 copay* Generic Non-Maintenance: $20 copay* Preferred Brand: 80%* (max. $110) Non-Preferred: 65%* (max. $220)	Not Covered

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	$52.21	$295.87
Employee + 1	$169.67	$509.04
Family	$253.21	$759.65

* After applicable deductible
[1] Maximum 12 visits per year
[2] Maximum benefit is $3,000 every 24 months



OAP 90% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	90%*	70%*
Specialty Care	90%*	70%*
Annual Deductible	**$350 Individual** **$700 Family**	**$700 Individual** **$1,400 Family**
Out-of-Pocket Maximum	**$2,500 Individual** **$5,000 Family**	**$5,000 Individual** **$10,000 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	**Through age 17:** 70% **Ages 18 and older:** 70%*
Inpatient Hospital Facility	90%*	70%*
Outpatient Hospital Facility	90%*	70%*
Outpatient Professional Service	90%*	70%*
Chiropractic Care	90%*	70%*[1]
Hearing Aids	90%*[2]	90%*[2]
Emergency Room	90%*	90%*
Urgent Care Facility	90%*	90%*
Mental Health & Substance Abuse Treatment (In-Patient)	90%*	70%*
Annual Prescription Drug Deductible	$75 Individual $150 Family	
Annual Prescription Drug Out-of-Pocket Maximum	$2,000 Individual $4,000 Family	
Prescription Drug **Retail** 30 day supply	Generic: $7 copay* Preferred Brand: 80%* (max. $50) Non-Preferred: 65%* (max. $100)	70%*
Prescription Drug **Home Delivery** 90 day supply	Generic Maintenance: $0 copay* Generic Non-Maintenance: $14 copay* Preferred Brand: 80%* (max. $100) Non-Preferred: 65%* (max. $200)	Not Covered

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	$72.59	$411.35
Employee + 1	$237.70	$713.13
Family	$349.66	$1,049.00

* After applicable deductible
[1] Maximum 12 visits per year
[2] Maximum benefit is $3,000 every 24 months

Cigna

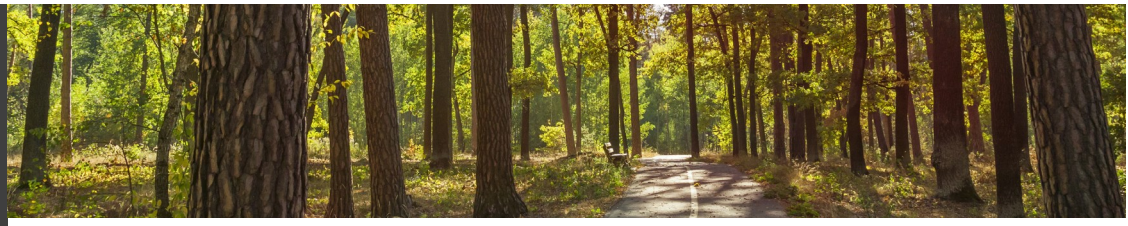
CIGNA PRESCRIPTION

Most diabetic medications and supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.

Generic Preventive Medications are $0 and any deductible is waived.

A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now Participating Pharmacy.

MEDICAL



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.

	HMO SIGNATURE	HMO SELECT
BENEFIT	**IN-NETWORK ONLY**	**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 $9,400 Family**	**$3,500 Individual $9,400 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations 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 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 **Kaiser Pharmacy** 30 day supply	Generic: $10 copay Preferred Brand: $20 copay Non-Preferred: $35 copay Mail Order[4]: $10/$20/$35	Generic: $10 copay Preferred Brand: $20 copay Non-Preferred: $35 copay Mail Order[4]: $10/$20/$35
Prescription Drug **Community Pharmacy** 30 day supply	Generic: $20 copay Preferred Brand: $40 copay Non-Preferred: $55 copay	Generic: $20 copay Preferred Brand: $40 copay Non-Preferred: $55 copay

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS	EMPLOYEE	NOVA PARKS
Individual	$41.69	$236.26	$43.53	$246.72
Two-Party	$138.97	$416.93	$145.12	$435.38
Family	$201.51	$604.54	$210.43	$631.30

[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

DENTAL

MetLife

METLIFE DENTAL

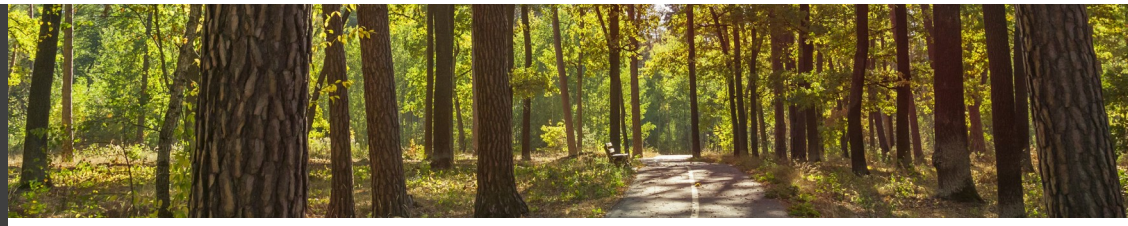
NOVA Parks offers two MetLife dental plans; the low plan and high plan. To locate a dentist, visit www.metlife.com/dental or call 1.800.275.4638.

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 **Family:** $150	**Individual:** $50 **Family:** $150	**Individual:** $50 **Family:** $150	**Individual:** $50 **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**	
Individual Two-Party Family	$15.80 $32.33 $55.91		$21.79 $44.37 $75.04	

* After deductible

VISION



BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	$10 copay	Up to $35 reimbursement
Frequency		
Exam/Lenses or Contacts/Frames	12 /12 /24 months	
Frames	$120 allowance[1]	Up to $45 reimbursement
Lenses		
Single Vision Lenses	Covered in full after $15 copay	Up to $25 reimbursement
Bifocal Vision Lenses	Covered in full after $15 copay	Up to $40 reimbursement
Trifocal Vision Lenses	Covered in full after $15 copay	Up to $50 reimbursement
Polycarbonate Lenses (Single/Multi-Focal)	Covered in Full	Up to $10
Standard Scratch-Resistant Coating	Covered in Full	Up to $5
Ultra-Violet Screening	Covered in Full	Up to $6
Solid or Gradient Tint	Covered in Full	Up to $4
Standard Anti-Reflective Coating	Covered in Full	Up to $24
Level 1 Progressive	$75 copay	Up to $40
Level 2 Progressive	$110 copay	Up to $40
All Other Progressive	$50 allowance + up to 20%	Up to $40
Transitions (Single/Multi-Focal)	$70/$80 copay	N/A
Polarized	$75 copay	N/A
PGX/PBX	$40 copay	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses[2]		
Standard Contact Lens Fitting & Follow-up	$50 maximum copay	n/a
Elective Contact Lenses	$110 allowance	Up to $85 reimbursement
Medically Necessary Contact Lenses[3]	Covered in full	Up to $250 reimbursement

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE
Employee Only	$3.65
Employee + Spouse	$7.01
Employee + Child(ren)	$7.65
Employee + Family	$9.88

[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

To locate in-network providers, call 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.

VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK	ONLY IN-NETWORK & DEPENDENT COVERAGE
Eye Exam	No charge	Up to $40 reimbursement	$10-20 copay[1]
Frequency Exam/Frames & Lenses/Contacts	12/12/12 months		12/12/12 months[2,3]
Frames	$150 allowance[4]	Up to $50 reimbursement	No charge[5]
Lenses			
Single Vision Lenses	No charge	Up to $50 reimbursement	No charge[5]
Bifocal Vision Lenses	No charge	Up to $75 reimbursement	No charge[5]
Trifocal Vision Lenses	No charge	Up to $100 reimbursement	Not covered
Contact Lenses			
Standard Fitting & Follow-up	Up to $40 copay	Not covered	Not covered
Premium Fitting & Follow-up	10% off retail price	Not covered	Not covered
Conventional Lenses	$150 allowance[6]	Up to $140 reimbursement	1 pair covered in full
Disposable Lenses	$150 allowance	Up to $140 reimbursement	1 pair covered in full
Medically Necessary Lenses[7]	No charge	Up to $225 reimbursement	2 pair covered in full

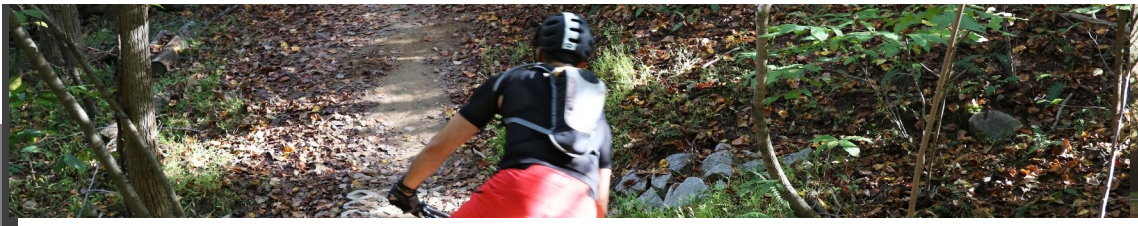
*No coverage for ages 19 and older, discounts available
1 Optometrist $10 copay / Ophthalmologist $20 copay
2 Frames & Lenses in lieu of contact lenses
3 Contact Lenses in lieu of frames & lenses
4 20% off balance over $150
5 Some limitations apply
6 15% off balance over $150
7 Medically Necessary Lenses require prior approval

EYEMED VISION

If you are enrolled in a Cigna insurance plan, vision insurance, provided by EyeMed, is included. You have access to providers such as Target Optical, LensCrafters, MyEyeDr, America's Best, Pearle Vision, JC Penney, or Sears Optical. To find a vision provider or discounts, visit www.eyemed.com.

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.



BRi Benefit Resource Inc.

BUDGET APPROPRIATELY

FSAs are typically "use it or lose it" type programs meaning if you do not use all of the funds you elect to contribute to your FSA during the plan year, you will lose those remaining funds. This is why it is important for you to budget appropriately and use all of the funds within the FSA plan year. With a Health Care FSA, you will be eligible to carryover amounts up to $610 into the next plan year. The only time you may make a change to your contribution amount is during open enrollment or if you experience an IRS qualified status change.

Internal Revenue Service tax regulations require participants to make a new election each year. In other words, you must complete a new enrollment form each year.

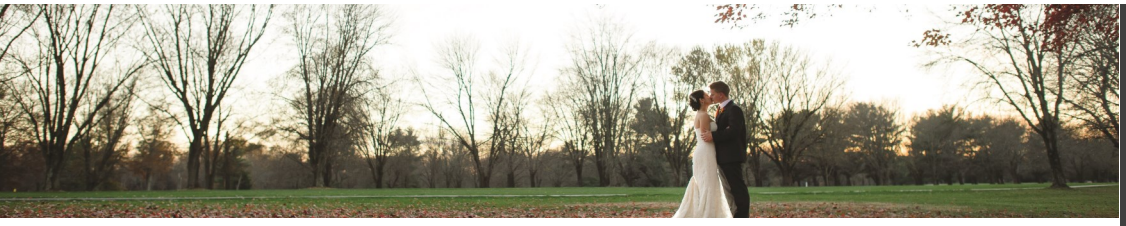
WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your pay which may be used to cover out-of-pocket health care expenses incurred by you or your dependents, as well as dependent day care expenses throughout the year.

SAVE ALL RECEIPTS

You must save all receipts from purchases made on your FSA debit card, if provided one. Benefit Resources Inc. (BRI) may request that you substantiate your FSA health care purchases.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE TAX BENEFIT
Health Care FSA	• Medical Plan Deductibles • Most Insurance Co-payments • Prescription Drugs • Vision Exams • Eyeglasses/ Contacts • Laser Eye Surgery • Dental • Orthodontia (Braces)	2023 maximum contribution is $3,050 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made	Save 20% - 40% on your health care expenses Save on purchases not covered by insurance Reduce your taxable income
Dependent Care FSA	• Daycare • Day Camp • Eldercare • Before and After School Care	2023 maximum contribution is $5,000 per year ($2,500 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account (You will only be reimbursed based on your accumulated contribution amounts)	Save 20% - 40% on your dependent care expenses Reduce your taxable income



LIFE & DISABILITY

Renaissance
Life & Health Insurance Company of America

TERM LIFE AND AD&D INSURANCE

Life Insurance coverage provides important financial protection for your family in the event of your death. Accidental death and dismemberment (AD&D) insurance coverage provides financial protection in the event of death, loss of hand, feet, and/or vision due to a covered accident. NOVA Parks provides all active full-time employees with Term Life and AD&D coverage through Renaissance. The benefit amount is your annual salary rounded to the nearest thousand not to exceed $100,000. Benefit reductions begin when the employee reaches the age of 65. NOVA Parks pays the full cost of this benefit.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Full-time employees are eligible to purchase voluntary life insurance through Renaissance in increments of $10,000, with an overall benefit up to the lesser of five times their annual salary or $500,000. Spouse insurance is available in $5,000 increments, up to $100,000. Dependent children can have coverage amounts in $1,000 increments, up to $10,000. For insurance amounts in excess of $100,000, the insured will be required to undergo medical underwriting. Any costs associated with record requests or testing for the medical underwriting will be at the employee's expense. Premiums are based on employee age and amount of coverage elected. Employees are responsible for 100% of the cost of this benefit.

SHORT TERM DISABILITY

Short term disability (STD) is designed to provide income replacement if you become disabled due to an accident or illness and are unable to work. NOVA Parks provides all active full-time employees with STD coverage through Renaissance. The STD benefit replaces 60% of your gross salary to a maximum of $1,000 per week. NOVA Parks pays the full cost of this benefit.

LONG TERM DISABILITY

Long term disability (LTD) is designed to provide income replacement if you become disabled due to an accident or extended illness and are unable to work. NOVA Parks provides all active full-time employees with LTD coverage through Renaissance. The LTD benefit replaces 60% of your gross salary to a maximum of $5,000 per month. NOVA Parks pays the full cost of this benefit.

LIFE ASSIST

Renaissance
Life & Health Insurance Company of America

TRAVEL ASSISTANCE

Whether employees are traveling on business or pleasure, an unexpected illness, virus exposure, toothache, or lost baggage can ruin a trip. With travel assistance services, you have access to emergency transportation, travel support, personal and security assistance, and concierge services while traveling. With a local presence in 200 countries and territories, and 365 24/7 assistance centers staffed with multilingual assistance coordinators, case managers, medical staff and security, travel assistance helps you obtain the care you need in case of an emergency while traveling. In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance, then contact Generali Global Assistance (GGA).

IDENTITY THEFT RESOLUTION ASSISTANCE

With increasing cyber security risks and the significant stress that may be associated with having one's identity stolen, employees may benefit from a resource that will help them restore their identity if they find themselves to be victims of ID Theft.

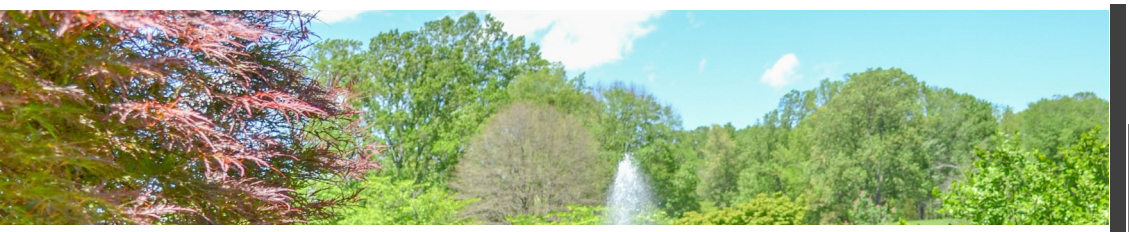
- Certified Resolution Specialists available 24/7 to help resolve any issues that arise
- Assistance with affidavit submission-used to dispute any fraudulent activity to the authorities, credit bureaus and creditors on a Member's behalf
- Creditor Notification, Dispute and Follow-Up
- Assistance in reporting fraudulent activity to the law enforcement and forwarding a report to creditors

BENEFICIARY COMPANION ASSISTANCE

At a time of loss, many survivors may not want to make phone calls and handle paperwork. Our Beneficiary Companion Assistance helps take care of the administrative details involved in closing a loved one's affairs, and helps relieve the stress of paperwork, allowing beneficiaries to focus on the healing process.

- 24/7 counsel and guidance
- Identity protection and resolution assistance in the event of theft
- Notification assistance, third-party vendor and bank communications, social media closure
- Assistance in managing insurance and a loved one's final affairs

To contact Life Assist, call their 24/7 assistance line at **1-213-338-6614** (Local/Direct Number) or **1-833-960-1152** (Toll-free)



RETIREMENT

MissionSquare RETIREMENT

DEFERRED COMPENSATION

The NOVA Parks Deferred Compensation Plan is administered by MissionSquare Retirement. This plan provides employees with an opportunity to save a portion of their wages for retirement on a pre-tax basis. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement NOVA Parks' defined benefit retirement plan.

The annual deferral limit is set each year, with some employees eligible to make catch-up contributions. If you have questions about your account or catch-up contributions, please contact Human Resources or reach out to MissionSquare Retirement directly at www.missionsq.org or 1.800.669.7400.

DEFERRED COMPENSATION ELIGIBILITY

Employees are eligible to enroll at any time. Changes to the amounts that you contribute can be made on a bi-weekly basis.

Important to note is that you are not allowed to borrow or withdraw any funds from this account while employed with NOVA Parks.

DEFINED BENEFIT RETIREMENT PLAN

The NOVA Parks Defined Benefit Retirement Plan is an annual annuity (payable monthly) equal to the employee's average final compensation, multiplied by the number of years of creditable service and 1.9% or 2.1%.* Various annuity forms are available, including survivor benefits for married retirees. There are options for both early and normal retirement. Detailed information is in the Retirement Plan document.

* 1.9% for employees hired after July 1, 2002 and 2.1% for employees hired prior to July 1, 2002.

RETIREMENT PLAN ELIGIBILITY

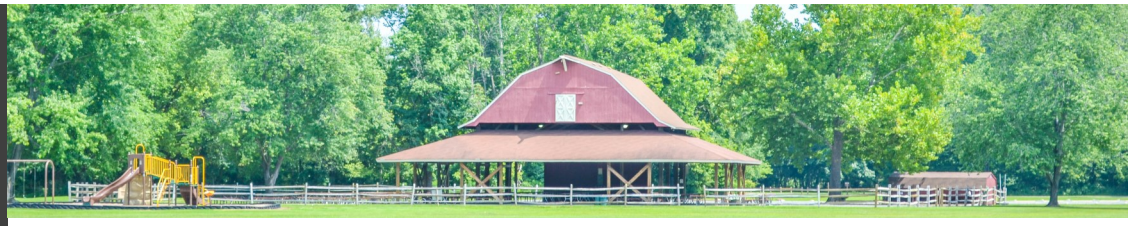
Full-time employees are automatically enrolled and covered.

RETIREMENT PLAN MANDATORY WITHHOLDINGS

Employees contribute 5% of their salary through 26 bi-weekly pre-tax payroll deductions per calendar year.

RETIREE HEALTH INSURANCE

Qualified retirees may participate in the health insurance program. Retirees are subject to the same procedures and rules as active employees. The Retirement Plan will pay a portion of the premium, not to exceed the cap, based on years of service.



INOVA
Inova Employee Assistance

EAP ON THE GO

iConnectYou is your EAP app that instantly connects you with professionals for instant support and help finding resources for you and your family. App features:

- Calls
- Instant messaging
- Video
- Make appointments
- Your app history
- Self-help resources and articles
- Account information

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode: 28185.

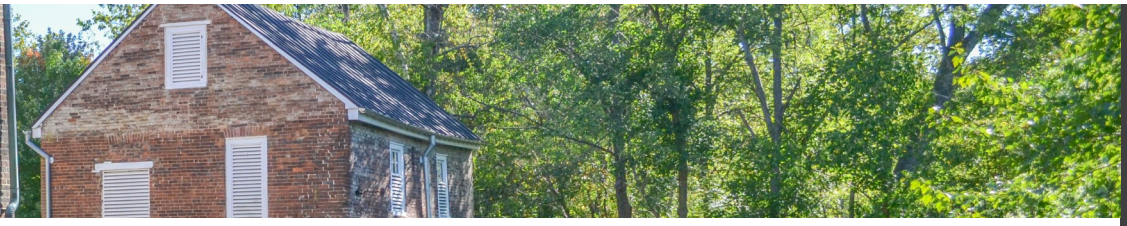
EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a free, confidential employee assistance service that offers practical, real-world solutions to help you manage problems before they adversely affect your personal life, health, and job performance. Full time employees and their household members are eligible for EAP services. The EAP includes:

- Confidential counseling
  Short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.
- Legal services
  One free 30-minute consultation with an in-network attorney and a 25% discount off the attorney's hourly rate if you choose to retain that attorney. Access wills, advance directives and other legal documents online.
- Financial services
  Speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools and calculators are available online.
- Work Life referral services
  Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. Consultants can locate resources in a variety of areas, including child care, elder care, identity theft, education information, health and wellness, pet services, and more.
- On-line resources
  An interactive web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools.

Call 1.800.346.0110 or log in to www.inova.org/eap for support, referrals, and resources.

Username: NVRPA
Password: NVRPA



NOTES

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, 2022. 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

DISCLOSURES

ARKANSAS: Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP
(855-692-7447)

CALIFORNIA: Medicaid
Website:
Health Insurance Premium Payment (HIPP)
Program http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711 Health Insurance Buy-In
Program
(HIBI): https://www.colorado.gov/pacific/
hcpf/health-insurance-buy-program
HIBI Customer Service:
1-855-692-6442

FLORIDA: Medicaid
Website:
https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA: Medicaid
A 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

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: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA-Medicaid and CHIP (Hawki)
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
HIPP Website: https://dhs.iowa.gov/ime/
members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS: Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884

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: 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
Enrollment Website: https://
www.maine.gov/dhhs/ofi/applications-
forms
Phone: 1-800-442-6003 TTY: Maine relay
711
Private Health Insurance Premium
Webpage: https://www.maine.gov/dhhs/
ofi/applications-forms Phone: -800-977-
6740. TTY: Maine relay 711

MASSACHUSETTS: Medicaid and CHIP
Website: https://www.mass.gov/
masshealth/pa
Phone: 1-800-862-4840

MINNESOTA: Medicaid
Website:
https://mn.gov/dhs/people-we-serve/
children-and-families/health-care/health-
care-programs/programs-and-services/
other-insurance.jsp
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://medicaid.ncdhhs.gov/
Phone: 919-855-4100

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

DISCLOSURES

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/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND: Medicaid and CHIP
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/en/famis-select https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924

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

WEST VIRGINIA: Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/ Medicaid Phone: 304-558-1700
CHIP Toll-free phone:
1-855-MyWVHIPP (1-855-699- 8447)

WISCONSIN: Medicaid and CHIP
Website:
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

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, 2022, or for more information on special enrollment rights, contact either:

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

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

PAPERWORK REDUCTION ACT STATEMENT

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

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

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

NOVA PARKS
Northern Virginia Regional Park Authority

This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

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