



2010 Employee Benefits

FOR NEW DCWASA EMPLOYEES



A Guide to Your 2010 Benefit Options

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Welcome!

Welcome to the District of Columbia Water and Sewer Authority (DCWASA). We are pleased to offer you a comprehensive package of benefits that we believe will enhance your experience at DCWASA.

We provide a wide array of options from which to choose. You may elect benefits that protect your health and your income. We also offer benefits that can help you save on taxes, build wealth for the future, and help you balance the challenges of work and personal life.

This booklet provides a summary of your DCWASA benefits, as well as instructions on how to enroll for your benefits for the 2010 plan year.

Please review the information in this booklet carefully – especially the sections on eligibility for benefits and how to enroll. And, you should keep this booklet in a safe place and refer to it when you need information.

If you have questions that are not answered by the information in this booklet, refer to the **Contact Information** at the end of this booklet for a list of phone numbers and websites.

Enrollment Checklist

Use this checklist to make sure you enroll in the benefits you want on a timely basis. For some DCWSAA benefits, you don't need to actively enroll – you become a participant as long as you meet the eligibility requirements. Other benefits only allow you to enroll only when you are first hired or during the annual Open Season. And, there are some plans in which you may enroll at any time.

Enroll as a New Hire or During Open Season	Automatic Enrollment
Medical	Section 401(a) Retirement Plan
Dental	Retirement Health Savings Plan
Vision	Employee Assistance Program
Flexible Spending Accounts	Annual, Sick, and Other Paid Leave
Short-Term Disability	
Long-Term Disability	Enroll at Any Time (if eligible)
Basic Group Term Life Insurance	Section 457(b) Deferred Compensation Plan
Supplemental Life Insurance	Metrocheck Transit Benefit Program
Voluntary Accidental Death and Dismemberment	DC College Savings Plan
Dependent Life Insurance	Gold's Gym Discount Membership Program
Group Legal Services	Washington Sports Clubs
	Savings Bonds
	Tuition Assistance
	Long-Term Care Insurance

Enrolling For 2010 Benefits

You may enroll yourself and your eligible dependents (described next) in your DCWASA benefits. You have 30 days from your hire date to enroll. If you do not enroll within 30 days, you will not be able to elect benefits coverage until the next Open Season period.

Provided you enroll within the first 30 days, most of your benefits will take effect on the first of the month following your hire date. You will not be able to make changes to your benefits elections until the next Open Season, unless you have an IRS-qualified event, such as marriage or birth. The process for making mid-year changes is explained on the next page.

Who is Eligible

If you are a regular full-time employee, you may enroll in any of the benefit options outlined in this booklet.

As an employee who is eligible for benefits under this program, you can cover your eligible dependents for certain benefits, such as health care. Eligible dependents include:

- Your lawful spouse.
- Your qualified same or opposite sex domestic partner.
- Your unmarried child up to age 22 if the child is:
 - Your biological child;
 - Your stepchild who lives with you;
 - Your legally adopted child;
 - A child for whom your adoption proceedings are pending
 - A child of your domestic partner; or
 - A child for whom you have legal guardianship and who is primarily dependent on you for financial support.
- Your unmarried child who is at least age 22, but under age 25, if he/she is:
 - Registered as a full-time student at an accredited institution; and
 - Primarily dependent on you for financial support.
- Your unmarried dependent child of any age who became physically or mentally disabled prior to his or her 22nd birthday.
- Any other dependent as legally mandated by state law.

To enroll an eligible dependent, you must provide proof of the dependent's relationship to you, when requested. If applicable, you are also required to provide proof of a child's handicap status prior to the child's 22nd birthday. Once your dependent child has reached age 22 and is a full-time student, you will be required to provide proof of student status to your health insurance provider, when required.

How to Enroll

- 1 Review your enrollment materials carefully and decide which benefits options best meet the needs of you and your family.
- 2 Enrolling online is the fastest way to elect your benefits for 2010. To enroll, log onto the Ceridian Self Service system. Your username is your employee ID, which is: "0" + the last four digits of your badge number and your password is the last four digits of your Social Security number. You can access the system from:
 - From your workstation – log onto Ceridian Self-Service by clicking on the Internet Explorer and selecting "e-Self-Service."
 - A kiosk at your worksite – click on "e-Self-Service."
 - From home – log onto Ceridian Self-Service through this link: <https://sourceselfservice2.ceridian.com/dcwasa>.

When enrolling for medical, dental and/or vision benefits, you must select a coverage category based on who you want to cover. You can select:

- Employee Only;
- Employee + One Dependent (a spouse or one eligible child); or
- Employee + Family (two or more eligible dependents).

If you are enrolling a domestic partner and/or a domestic partner's dependents, contact the Human Resources Benefits Branch.

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

Changes During The Year

The choices you make when you enroll will remain in effect through December 31, 2010. You may change your benefit elections during the year only if you have a qualified event (as shown in the chart below) and you request the change within 30 days of the qualifying event.

Qualifying Events		
If you...	You can...	Within...
Gain a dependent through: marriage; birth of a child; legal adoption; or guardianship	<ul style="list-style-type: none"> • Enroll in or change your coverage category for Medical, Dental and/or Vision coverage • Enroll in or increase Voluntary Life insurance by one level • Elect a Dependent Care FSA and/or increase your Health Care FSA contribution amount • Enroll in Group Legal Services 	30 days after the date of the event
Lose a dependent through: divorce; legal separation; death; attaining age 22 and not a full-time student; no longer meeting the full-time student requirement and under age 25; or attaining age 25 and still a full-time student	<ul style="list-style-type: none"> • Cancel or decrease your coverage category for Medical, Dental and/or Vision coverage • Cancel or decrease Voluntary Life insurance • Cancel or decrease your FSA contribution amount 	30 days after the date of the event
Have an eligible dependent who loses coverage under another group health insurance plan	<ul style="list-style-type: none"> • Enroll in or increase your coverage category for Medical, Dental and/or Vision coverage • Enroll in or increase your FSA contribution amount 	30 days after the date of the event
Have a spouse whose employment status changes from: unemployed to employed; employed to unemployed; or full-time to part-time	<ul style="list-style-type: none"> • Increase or decrease your coverage category for Medical, Dental and/or Vision coverage • Increase or decrease your FSA contribution amount 	30 days after the date of the event
Lose coverage as a dependent under another group health insurance plan	<ul style="list-style-type: none"> • Enroll in Medical, Dental and/or Vision coverage • Enroll in or increase your FSA contribution amount 	30 days after the date of the event

The Cost of Health Coverage

Benefits are affordable for you because DCWASA contributes a significant amount toward the total cost of your benefits — which will exceed \$9 million in 2010 for medical, dental and other health and welfare benefits. DCWASA pays 80% of the total cost for medical benefits. The premium you pay for medical coverage contributes \$1 out of every \$5 needed to pay plan benefits.

Your contributions for coverage are automatically deducted from your pay.

Health Plan	Bi-weekly Employee Contribution	Bi-weekly DCWASA Contribution	Total Bi-weekly Premium	Employee Percentage
CIGNA Network Plan				
Employee Only	\$47.63	\$190.50	\$238.13	20%
Employee + 1	\$100.01	\$400.06	\$500.07	20%
Family	\$142.88	\$571.50	\$714.38	20%
CIGNA Open Access Plus				
Employee Only	\$49.39	\$197.55	\$246.94	20%
Employee + 1	\$103.71	\$414.86	\$518.57	20%
Family	\$148.16	\$592.66	\$740.82	20%
Kaiser (HMO)				
Employee Only	\$38.67	\$154.68	\$193.35	20%
Employee + 1	\$77.33	\$309.34	\$386.67	20%
Family	\$112.14	\$448.54	\$560.68	20%
United Concordia (DHMO)				
Employee Only	\$0.00	\$6.01	\$6.01	0%
Employee + 1	\$0.00	\$12.13	\$12.13	0%
Family	\$0.00	\$24.17	\$24.17	0%
Delta Dental (PPO)				
Employee Only	\$6.00	\$6.00	\$12.00	50%
Employee + 1	\$11.65	\$11.65	\$23.31	50%
Family	\$20.21	\$20.21	\$40.42	50%
UnitedHealthcare Vision				
Employee Only	\$0.00	\$4.09	\$4.09	0%
Employee + 1	\$0.00	\$4.09	\$4.09	0%
Family	\$0.00	\$4.09	\$4.09	0%

Medical

DCWASA Benefits offer a comprehensive selection of plans. Giving you choices is one of the most valuable aspects of the program — you can make the most out of what you spend for benefits by selecting just what you need. The cost you pay depends on the plans and options you elect.

CIGNA Options

There are two CIGNA options — the Open Access Plus Plan and The Network Plan. In addition, you may choose the Kaiser Permanente HMO option. All medical options include prescription drug coverage. Each plan has distinct differences. The plan that is right for someone else may not be the best choice for you and your family. Before you enroll, review the benefits and ask plan representatives any questions you may have about coverage.

If you participate in one of the CIGNA medical plans, you will receive a new ID card for 2010. Shortly after enrollment, you will receive a packet of information that contains a brochure detailing your medical plan and information on the prescription drug program, along with mail-order prescription drug forms.

CIGNA Open Access Plus Plan (PPO-type plan)

The Open Access Plan allows you to decide when, where and how to receive medical services. You are not required to select a primary care physician (PCP). This option features a large network of participating providers. Plan benefits are most generous when you use network providers, but the plan also offers benefits for covered services that you receive out-of-network.

- If you choose to receive care from a network provider, you save money. In-network benefits are higher, and providers will not charge amounts that exceed what the plan allows for covered services. You also avoid paperwork, because providers will file claims and receive payment directly from the plan. A list of in-network providers can be found by viewing the CIGNA Website at www.cigna.com.
- If you choose to receive care out-of-network, you will be responsible for paying your provider and filing claims for reimbursement. There is also no assurance that out-of-network charges will be within amounts allowed by the plan. Any amounts in excess of what the plan allows are your responsibility.

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

CIGNA Network Plan (HMO-type plan)

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

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

There are no annual deductibles required under this plan. Your out-of-pocket expenses are minimal. You are only required to pay a copayment each time you visit your PCP or a participating specialist when referred by your PCP. No out-of-network benefits are covered, except in emergency situations.

Kaiser Permanente HMO

Kaiser Permanente is a partnership between Kaiser Foundation Health Plan of the Mid-Atlantic States and the Mid-Atlantic Permanente Medical Group. It is a traditional group model HMO plan with 32 Kaiser Permanente Medical Centers throughout the region from which you can choose to receive care. In addition, Kaiser offers you an expanded HMO physician network of primary care physicians (PCPs) and specialists who will provide you with medical care from their own offices.

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

Medical Benefit Summary				
Plan Provisions	CIGNA Open Access Plus Plan		CIGNA Network Plan	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Waiting Period	None	None	None	None
Annual Deductible: Single Family	\$200 \$400	\$400 \$800	None None	None None
Out-of-Pocket Maximum: Single Family	\$1,500 \$3,000	Combined with In-Network	\$2,000 \$6,000	\$3,500 \$9,400
Lifetime Maximum	\$1,000,000	Combined with In-Network	Unlimited	Unlimited
Hospital Services				
Emergency Room (waived if immediately admitted)	Plan pays 100% after \$50 copay	Plan pays 100% after \$50 copay (if not true emergency, 80% after deductible)	Plan pays 100% after \$75 copay	Plan pays 100% after \$50 copay
Urgent Care Facility	Plan pays 100% after \$25 copay	Plan pays 100% after \$25 copay (if not true emergency, 80% after deductible)	Plan pays 100% after \$25 copay (waived if admitted, if not true emergency, services are not covered)	\$10 copay (waived for children up to age 5)
Inpatient – non-MH/SA related (requires pre-admission authorization for non-emergency admissions)	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$150 copay	Plan pays 100%
Outpatient – non-MH/SA related	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$20 copay	\$10 copay/visit (waived for children up to age 5)
Inpatient mental health/substance abuse (requires pre-admission authorization for non-emergency admissions)	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$150 copay	Plan pays 100%
Outpatient mental health/substance abuse	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100% after \$20 copay	\$10 copay/visit
Ambulance Services (emergency only, if medically necessary)	Plan pays 100%	Plan pays 80% no deductible	Plan pays 100%	Plan pays 100%

Plan Provisions	CIGNA Open Access Plus Plan		CIGNA Network Plan	Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Physician Services				
Inpatient	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100% after \$150 copay	Plan pays 100%
Allergy Treatment	PCP: \$15 copay/visit Specialist: \$20 copay/visit	Plan pays 80% after deductible	PCP: \$15 copay/visit Specialist: \$20 copay/visit	\$10 copay/visit (waived for children up to age 5)
Routine Well Child Care	Plan pays 100%	Plan pays 80% no deductible	Plan pays 100%	Plan pays 100%
Physician Visits: PCP Specialist	\$15 copay/visit \$20 copay/visit	Plan pays 80% after deductible	\$15 copay/visit \$20 copay/visit	\$10 copay/visit (waived for children up to age 5); plan pays 100% for preventative care
Other Medical Services				
Maternity Care: Initial Office Visit Subsequent Visits Hospital Delivery	PCP: \$15 copay/visit Specialist: \$20 copay/visit Plan pays 100% Plan pays 100% after deductible	Plan pays 80% after deductible	PCP: \$15 copay/visit Specialist: \$20 copay/visit Plan pays 100% Plan pays 100% after \$150 copay	\$10 copay Plan pays 100% Plan pays 100%
Diagnostic X-ray & Lab: Physician's Office Facility	PCP: \$15 copay/visit Specialist: \$20 copay/visit Plan Pays 100%	Plan pays 80% after deductible	Plan pays 100% Plan pays 100%	Plan pays 100% Plan pays 100%
Home Health Care & Privacy Duty Nursing	Plan pays 100% up to 60 days per calendar year	Plan pays 80% after deductible up to 60 days per calendar year	Plan pays 100% up to 60 days per calendar year	Plan pays 100%
Hospice Care	Plan pays 100% after deductible	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Chiropractic	\$20 copay \$1,000 maximum per contract year	Plan pays 80% after deductible \$1,000 maximum per contract year	\$20 copay \$1,000 maximum per contract year	\$15 copay for up to 20 visits per year
Therapy (speech, occupational, physical)	100% after deductible (up to 60 combined visits per condition)	Plan pays 80% (same criteria as in-network)	\$20 copay/visit (limited to 60 combined visits per condition)	\$10 copay/visit (limited to 90 visits per year)
Retail Prescription Drugs (includes oral contraceptives)	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 (up to a 30-day supply)	Plan pays 80% (up to a 30-day supply)	Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 (up to a 30-day supply)	\$5 Kaiser Pharmacy \$15 participating Pharmacy per prescription for Generic or Brand up to a 60-day supply; 1.5 times retail co-pay for 90-day supply of maintenance medication
Mail Order Drug Program (maintenance drugs)	Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 (90-day supply)	Not covered	Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 (90-day supply)	\$3 copay for up to 60-day supply; 1.5 times retail copay for up to 90-day supply



CIGNA Participants: Getting Care When Your Doctor Is Not Available

The best place to receive most medical care is at your doctor's office. Your doctor knows you and your medical history. But, what happens if you or a dependent needs care right away and your doctor is not available, say for example, after business hours or on the weekend?

If it's a medical emergency, call 9-1-1 or go immediately to the nearest Emergency Room. But, if it is less serious, you have several options under the CIGNA Plans.

Convenience Care Centers/Clinics

Many major retail pharmacy chains offer convenience care centers or clinics (such as CVS Minute Clinic®). Credentialed nurse practitioners provide simple health services, such as treating colds, flu, ear infections, sinus infections, and sore throats. And, no appointment is necessary. Retail stores that offer these clinics include CVS, Rite Aid, Target, Walgreens, and Wal-Mart. Call before you go to confirm the availability of the clinic and the hours of operation.

Urgent Care Centers

Urgent care centers are medical facilities designed to offer immediate evaluation and care by a physician for health conditions that are urgent, but not severe enough to require treatment in the hospital or ER. These conditions include respiratory infections, small cuts, sprains, and minor broken bones.

Why Go There?

What are the advantages of going to a convenience care center or urgent care center when your condition is not an emergency?

Faster Service – Typically, you'll be seen much quicker at a convenience care or urgent care center. These clinics see patients on a first-come, first served basis; while at the ER the sicker patients are seen first.

Lower Cost For You – For example, CIGNA participants will pay a \$25 copay at an urgent care center as compared to a \$50 or \$75 copay at the emergency room.

Lower Cost For the Medical Plan – The cost to treat a sprained ankle at the ER averages \$557 compared to \$70 at an urgent care center. The cost of the medical benefit premiums we pay is based on the cost of care. The things we do to help manage these costs may reduce future increases to what we pay for medical coverage and care.

Dental

The DCWASA Benefits Program offers two options for dental coverage: a dental PPO through Delta Dental and a dental HMO through United Concordia.

Delta Dental (PPO)

Similar to the health care PPO plan, Delta Dental has a network of participating providers who have agreed to provide services for a negotiated fee. These fees are the Maximum Plan Allowance (MPA). If you use a dentist that participates in the Delta Dental network, you can save money because:

- The dentist's overall charges will most likely be lower; and
- Delta Dental participating providers will not charge you more than the MPA — you pay only the applicable deductible and coinsurance for covered services.

You have the choice to receive services from a licensed dentist who does not participate in the Delta Dental network. However, your out-of-pocket expenses will typically be higher.

The Delta Dental PPOSM plan pays for preventive, basic and major services at different coinsurance levels. It also covers orthodontic services, and benefits for orthodontic treatment started before the effective date of your Delta Dental plan are available under many circumstances. The orthodontic benefit under this plan is for you, your spouse or domestic partner and eligible dependent children up to age 22, or age 25 if a full-time student.

The Delta Dental network is a combination of Delta Dental PPO and Delta Dental Premier[®] dentists. If you use a PPO provider you will usually receive a higher level of benefits. A Premier dentist likely will save you more money than a non-Delta Dental dentist. A list of PPO and Premier network providers can be found on the Delta Dental Website at www.deltadentalins.com.

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

Plan Provisions	Delta Dental PPO		
	In-Network		Out-of-Network
	PPO Plan Pays	Premier Plan Pays	Plan Pays
Deductible – not applicable to Diagnostic, Preventive, and Orthodontic	\$50 per person/\$150 per family		
Annual Maximum Benefit – applies to all services, excluding Orthodontics	\$1,500 per person		
Orthodontia Lifetime Maximum	\$1,500 per person		
Diagnostic – procedures to assist with evaluating existing conditions and the dental care required – includes office visits, exams and X-rays	Plan pays 100% of MPA*	Plan pays 90% of MPA*	Plan pays 90% of MPA*
Preventive – prophylaxis (cleanings), fluoride treatments to age 19, space maintainers to age 16 and sealants to age 14	Plan pays 100% of MPA*	Plan pays 90% of MPA*	Plan pays 90% of MPA*
Basic Restorative – amalgam and composite (white, non-molar) fillings	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Oral Surgery – extraction and oral surgery procedures including pre- and post-operative care	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Endodontic – procedures for pulpotomy and root canal	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Periodontic – surgical and non-surgical procedures for treatment of gums and supporting structures of teeth	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Repair & Recementation of Crowns, Inlays/Onlays and Bridges	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Denture Repair and Relining	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Injectable Antibiotics	Plan pays 80% of MPA*	Plan pays 70% of MPA*	Plan pays 70% of MPA*
Major Restorative Services – crowns, inlays and onlays	Plan pays 50% of MPA*	Plan pays 40% of MPA*	Plan pays 40% of MPA*
Prosthodontics – construction of dentures, bridges and partials	Plan pays 50% of MPA*	Plan pays 40% of MPA*	Plan pays 40% of MPA*
Orthodontics	Plan pays 50% of MPA*	Plan pays 40% of MPA*	Plan pays 40% of MPA*

* Maximum Plan Allowance

United Concordia (DHMO)

Similar to the medical HMO, United Concordia requires that you see a dentist who participates in its network in order to receive benefits – there are no benefits for services received from out-of-network providers. You select a primary care provider from United Concordia’s list of participating dentists who will provide routine dental care for you and your family. You and your eligible dependents may select different dentists. If your general dentist determines that speciality care is required, he or she will give you the required Speciality Care Referral Form and direct you to call a toll-free number for the name and location of a participating specialist.

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

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

Plan Provisions	United Concordia Copay Schedule
Deductible – not applicable to Diagnostic and Preventive services	None
Annual Maximum Benefit – applies to all services, excluding Orthodontics	None
Orthodontia Lifetime Maximum	None
Diagnostic	
Routine Office Visit	\$0 copay
X-Rays	
Intraoral – Periapical First Film	\$0 copay
Intraoral – Periapical Each Additional Film	\$0 copay
Bitewings – Single Film (X-ray)	\$0 copay
Bitewings – Two Films (X-ray)	\$0 copay
Preventive	
Flouride treatment (prophylaxis)	
Adult	\$0
Child	\$0
Space Maintainers	
Fixed – Unilateral	\$0
Fixed – Bilateral	\$0
Removable – Unilateral	\$0
Removable – Bilateral	\$0
Basic Restorative	
Amalgams	
One Surface, Primary or Permanent	\$0
Two Surfaces, Primary or Permanent	\$0
Composite Fillings	
Resin-Base composite – One Surface, Anterior	\$0
Resin-Based Composite – One Surface, Posterior	\$31.00

Plan Provisions	United Concordia Copay Schedule
Oral Surgery	
Extractions	
Cornal Remnants Decidious Tooth	\$0
Erupted Tooth or Exposed Root (Elevation and/or Forcaps Removal)	\$0
Removal of Impacted Tooth – Soft Tissue	\$56.00
Removal of Impacted Tooth – Partially Bony	\$95.00
Endodontic	
Pulpotomy	
Pulp Cap-Direct*	No copay
Pulp Cap-Indirect*	No copay
Therapeutic Pulpotomy*	No copay
Pulpal Debridement – Primary or Permanent	No copay
Root Canal	
Root Canal Therapy – Anterior*	\$0
Root Canal Therapy – Bicuspid*	\$0
Root Canal Therapy – Molar*	\$193.00
Periodontic	
Gingivectomy or Gingivoplasty (One to Three)	\$30.00
Gingivectomy or Gingivoplasty (Four or More)	\$92.00
Orthodontics	
Maximum Benefit	None
Major Services	
Repair and Recementation of Crowns Inlays/Onlays and Bridges Denture Repair and Relining Injectable Antibiotics Major Restorative Services Prosthodontics	Please see schedule of copays

* Excluding final restoration

Vision

Vision care is important to your overall health, and vision benefits can be a valuable part of your total benefits package — covering exams and prescription eyewear for you and your family. UnitedHealthcare Vision has been carefully selected as the vision care provider for the DCWASA Benefits Program.

UnitedHealthcare Vision Program

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

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

UnitedHealthcare Vision operates 69 vision care facilities, including United Optical retail stores. It also operates a laboratory that produces more than 6,500 pairs of eyeglasses weekly. To find a network provider nearest you, visit the UnitedHealthcare Vision Website at www.myuhcspecialtybenefits.com or call 1-800-839-3242. For laser vision correction surgery referrals, contact UnitedHealthcare Vision's Laser Vision Network of America at 1-877-287-4448.

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

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



Plan Provisions	In-Network You Pay:	Out-of-Network the Plan Will Reimburse You:
Deductible	N/A	N/A
Eye Exam once every 12 months from your last exam	\$0 copay	Up to \$40
Lenses for glasses – once every 12 months from your last date of service:		
Single Vision	\$0 copay	Up to \$40
Bifocal	\$0 copay	Up to \$60
Trifocal	\$0 copay	Up to \$80
Lenticular	\$0 copay	Up to \$80
Progressive	\$0 copay + preferred price	Up to \$60
Frames – once every 12 months from your last date of service:		
Covered	\$0 copay	Up to \$45
Non-covered	Wholesale cost + \$5	Up to \$45
Lens Options:Tints (plastic lenses)	No charge at UnitedHealthcare Optical facility, otherwise at discounted amount	\$0
Photochromatic	No charge at UnitedHealthcare Optical facility, otherwise at discounted amount	\$0
Progressive Lenses	\$60	\$0
Blended Bifocals	\$35	\$0
Rimless	\$6	\$0
Oversize Single Vision	\$7	\$0
Oversize Bifocal	\$9	\$0
Hi-Index Lenses	Discounted Amount	\$0
Scratch Resistant	Discounted Amount	\$0
UV and Anti-Reflective Coatings	Discounted Amount	\$0
Contact Lenses in lieu of lenses and frame – once every 12 months from your last date of service: Covered (from list)		
Gas Permeable	\$35	Up to \$105
Extended Wear	\$80	Up to \$105
Toric	\$100	Up to \$105
Opaque	\$100	Up to \$105
Medically Necessary (authorization required)	\$150	Up to \$105
All Other Contacts	All costs above \$105	Up to \$210
Mail Order Contact Lenses	20% discount	\$0
	10% discount	Not available
Laser Vision Correction	Discounted amount	\$0
LASIK or PRK	Discounted amount	\$0

Flexible Spending Accounts (FSAs)

When making your benefit choices for the 2010 plan year, keep in mind that you may also enroll in a Health Care FSA and/or a Dependent Care FSA. These accounts allow you to pay for eligible health care and dependent care expenses on a tax-free basis.

If you decide to participate in a Flexible Spending Account (FSA), keep in mind that your contributions for these accounts will be deducted for less than a full year. You should only contribute the eligible expenses you plan to incur from the first of the month following your date of hire through the end of the year.

Please take care when determining the amount you wish to contribute since money left in your account at the end of the year cannot be returned to you.

Health Care FSA

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

- Deductibles
- Copays
- Coinsurance
- Eyeglasses
- Contact lenses
- Many over-the-counter medicines*
- Orthodontia
- Hearing aids

* Only those over-the-counter medicines and drugs that are used for the diagnosis, cure, mitigation, treatment, or prevention of disease are reimburseable. Items used to promote general good health, such as vitamins, cosmetics, and toiletries are not reimburseable.

For a complete list of eligible expenses, refer to IRS publications # 502 and #969, available through the IRS website: www.irs.gov/publications.

Dependent Care FSA

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

Eligible dependent care expenses include:

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

You can pay for day care expenses for children under 13 years of age, disabled children, disabled parents, a disabled spouse, or other relatives who qualify under the Internal Revenue Code. Educational expenses are not eligible.

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

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

ELIGIBLE FSA EXPENSES

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

Did You Know?

Tax-Free? How Does That Work? The money you contribute to an FSA is exempt from federal, state, and Social Security taxes. You never pay taxes on your contributions. Depending on your tax bracket, your tax savings can be hundreds of dollars.



Dependent Care Tax Credit vs. Dependent Care Flexible Spending Account

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

Getting Reimbursed

Claim reimbursement is handled in one of two ways. You can submit a claim form and PayFlex will process your claim on a weekly basis. PayFlex's policy is "claim in by Tuesday — mailed out by Thursday." Or, you can take advantage of the Flex MasterCard. With the Flex MasterCard, you simply pay for allowable expenses by swiping your card at approved merchants. However, you should keep your receipts in case you need to verify a claim.

If you elect to participate in a Dependent Care FSA, you can elect to have PayFlex pay your provider directly. You can also set up direct deposit and PayFlex will deposit your reimbursement directly into your bank account.

IRS FSA Regulations

The IRS has established certain rules for using Health Care and Dependent Care FSAs:

- Use it or lose it. The IRS requires that any money left in your account at the end of the year cannot be returned to you. However, you will have until March 15, 2011 to incur expenses and be reimbursed from a 2010 FSA. But, keep in mind, all claims for reimbursement from a 2010 FSA must be filed by April 30, 2011.
- Accounts are not interchangeable. You cannot use the Health Care FSA to pay for dependent care expenses and vice versa.
- Mid-year changes not permitted. Due to the tax-favored status of these accounts, the IRS does not allow mid-year changes to your FSA election, unless you have a qualified family status change.
- You must re-enroll each year. Enrollment does not roll over into the next year. You must elect to participate in an FSA each year during Open Season.

Disability Insurance

Most people realize the importance of life insurance, but many do not consider how important disability insurance is — even though there is a greater chance of becoming disabled during the course of your employment.

If you become disabled and cannot work for a period of time, disability insurance may provide some income protection for you and your family. DCWASA's disability insurance benefits are administered by CIGNA.

The DCWASA Benefits Program offers you the opportunity to purchase both Short-Term Disability (STD) and Long-Term Disability (LTD) coverage. You are considered "disabled" when you cannot perform the primary functions of your job due to an injury or illness.

To provide you with flexibility in planning for your needs, you may choose between two ways of paying for disability coverage:

- Pay premiums on a pre-tax basis, but you will pay income taxes on any STD and/or LTD benefits you receive.
- Pay premiums on an after-tax basis and not pay income taxes on STD and/or LTD benefits you receive.

If you choose to pay after-tax premiums, the taxes on the premium is generally much lower than taxes you would pay on a disability benefit; and therefore, your tax liability will be significantly less.



Short-Term Disability

Short-Term Disability (STD) insurance is a voluntary benefit. If you become disabled and are unable to work, the STD benefit continues 50% of your basic weekly pay, up to a maximum of \$2,000 per week. If you elect STD coverage, any income from other sources, such as Workers' Compensation or Social Security, will be deducted from your 50% weekly benefit. The maximum benefit period is 26 weeks, or until the end of the disability, whichever comes first.

If you become injured or sick and cannot perform the primary functions of your job, you may apply for STD benefits. Benefits will be paid starting on the first day of an accident and after the sixth day of sickness, upon approval by CIGNA. You must use all accrued sick leave before disability benefits are paid.

Long-Term Disability

Long-Term Disability (LTD) insurance is also a voluntary benefit. LTD benefits will be paid when STD ends or at a minimum of 180 days of total disability, upon approval by CIGNA. If eligible, you may receive 66 2/3% of your basic monthly salary, up to \$8,000 per month.

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

Life Insurance

DCWASA Benefits afford you the ability to provide financial resources for your family in the event of death. You can elect life insurance coverage for yourself and your eligible dependents.

Basic Group Term Life

You are automatically provided Basic Life Insurance equal to one times your annual base pay (rounded to the next higher \$1,000), up to a maximum of \$200,000. For example, if you earn \$42,100, your Basic Life Insurance would be equal to \$43,000.

Please Note: Since the cost of your Group Term Life Insurance is paid by DCWASA, the IRS considers the cost of life insurance coverage over \$50,000 to be imputed income. Imputed income is calculated from an IRS table, based on your age and the amount of life insurance in excess of \$50,000. Imputed income is subject to FICA, federal and state income taxes.

Supplemental Life

To provide your family with additional financial protection in the event of your death, you may purchase Supplemental Life Insurance from one to five times your annual base pay (rounded to the next higher \$1,000), up to a maximum of \$400,000.

The cost of Supplemental Life is determined based on your age and your annual pay.

When Proof of Good Health is Required

Evidence of insurability or proof of good health is required if you elect Supplemental Life Insurance coverage that is more than the lesser of two times pay or \$150,000. The increase in coverage does not go into effect until CIGNA, the life insurance company, approves your evidence of insurability application.

Accidental Death And Dismemberment (AD&D)

Accidental Death and Dismemberment insurance pays benefits if you die or suffer certain serious injuries as the result of an accident, including:

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

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

Dependent Life Insurance

Dependent Life Insurance provides you financial protection in the event of the death of your eligible dependents. The plan will pay you a benefit of \$10,000 if your spouse dies, and \$5,000 if an eligible dependent child dies. In the event of the death of a dependent child who is at least 15 days old up to six months of age, the life insurance benefit payable is \$500. No benefits are payable for the death of a child under 15 days of age.

Accelerated Benefit Option

Employees enrolled in Basic or Supplemental Life insurance are eligible for an Accelerated Benefit Option. The ABO allows benefits to be paid to terminally ill individuals with less than six months to live. The maximum amount that may be accelerated is up to 50% of the life insurance benefit, subject to a maximum of \$250,000.

Retirement Benefits

DCWASA Benefits help you build toward long-term goals such as retirement. DCWASA-provided contributions give you a foundation for the future. Your own contributions, an employer match and the flexibility to direct how your accounts are invested give you additional tools to reach your financial objectives.

The DCWASA Benefits Program provides a basic retirement benefit through a Section 401(a) Defined Contribution Plan. It also gives you the opportunity to supplement your retirement savings by voluntarily electing to participate in a Section 457(b) Deferred Compensation Plan and receive an additional matching contribution* to the 401(a) Defined Contribution Plan.

Section 401(a) Defined Contribution Plan

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

Section 457(b) Deferred Compensation Plan

The Section 457(b) Deferred Compensation Plan requires you to elect whether or not you want to participate in the plan. If you choose to participate in the plan, you decide how much you want deducted from your base pay bi-weekly. Your contributions are deducted on a tax-deferred basis. In addition, by participating in the Section 457(b) Plan, DCWASA will match your contributions to the plan each pay period up to 5% of pay you contribute*.

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

By participating in the Section 457(b) Plan, you can contribute up to the plan's maximum dollar amount. The plan's maximum dollar amount is determined by the IRS and may increase or decrease each year. If you are under age 50, you can contribute a maximum of \$16,500** in 2010. If you are age 50 or older (or will turn 50 before the end of the calendar year), you can elect to contribute an additional \$5,500** under the age 50 catch-up provisions.

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

Year	Section 457(b) Plan Annual Maximum Contribution	Catch-up Contribution For Age 50 – 62
2010	\$16,500**	\$5,500**

* Post-87 employees only

**Indexed for inflation in \$500 increments

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

You are responsible for making all of the decisions regarding how your Section 401(a) and Section 457(b) account funds are invested. You will be offered a broad choice of investment funds to choose from for investing your savings. You can divide your account balances among the various investment funds in multiples of 5%. Each of the investment funds offer different opportunities and risks. Before making your investment choices, you should thoroughly review the plan information on each of the investment funds before making your selection. DCWASA will provide educational information on the various types of investment options and arrange a one-on-one meeting with a Fidelity representative at your request. However, no employee of DCWASA is authorized to give any investment advice. You may wish to consult with a financial advisor before making any investment decisions.

Retirement Health Savings (RHS)

The Retirement Health Savings (RHS) plan allows employees to use sick leave that is usually forfeited upon termination, to fund an account that can be used to pay for eligible medical expenses. Participation in this plan is automatic once an employee has five years of service and has accumulated over 100 hours of sick leave.

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

- Medical, dental, and vision insurance premiums
- Medical, dental, and vision out-of-pocket expenses
- Medicare Part B, Part D, and supplemental insurance premiums
- Prescription drugs
- COBRA insurance premiums
- Qualified long-term care insurance premiums
- Non-prescription medications allowed under IRS guidelines

Additional Benefits

DCWASA Benefits offer plans that can help you with many needs – including some that you may not associate with traditional benefit programs.

A variety of plans can help provide financial protection or stretch your income in ways that are different from other DCWASA Benefits — but they can be as valuable as any benefit in meeting needs and making DCWASA a great place to work.

Group Legal Services

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

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

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

- Unlimited telephone legal services;
- Personal financial planning and tax advice services;
- Review of personal or legal documents;
- Wills and durable powers of attorney;
- Identity theft services;
- Standard immigration assistance services; and
- Online legal resources.

- Representation for:
 - Court adoption proceedings;
 - Dissolution of marriage;
 - Guardianship/conservatorship;
 - Juvenile court proceedings;
 - Name change proceedings;
 - Criminal misdemeanor;
 - Driving privilege protection (other than DWI); and
 - Civil litigation defense.

The Legal Resources plan offers you the option to seek counsel from in- or out-of-network providers. For more information about the plan or to review the plan's network provider listing, refer to the plan brochure that can be obtained from the Benefits Branch, Human Resources Department. In addition, for more information, you can refer to Legal Resources Website at www.legalresourcesplan.com.

Legal Resources has a reduced-fee network attorney panel, which offers discounts of 25% and higher for most in-office legal needs, such as representation and legal issues for matters not normally covered by this plan. Contact Legal Resources to locate panel attorneys.

Metrochek Transit Benefit Program

The Metrochek Transit Benefit Program allows employees to pay for commuting expenses with pre-tax dollars through payroll deduction. Smartcards and Metrochek vouchers are issued to participants. Smartcards can be used in Metrorail stations and Metrobus. Metrochek vouchers can be used to purchase fare passes for Metrobus, Metrorail, MARC, VRE, and 100 area bus and vanpool services. These vouchers are to be used only to commute to and from work.

If you are interested in participating in the Metrochek Transit Benefit Program, you should complete a Metrochek Transit Benefit Enrollment Form. This form can be obtained by contacting the Benefits Branch, Human Resources Department.

DC College Savings Plan

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

- \$15 if you set up a payroll deduction plan with DCWASA;
- \$25 if you set up an automatic contribution plan through a bank; or
- \$100 if you send a check.

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

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

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

The plan offers special tax benefits to encourage saving:

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

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

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

Gold's Gym Discount Membership Program

The DCWASA Benefits Program offers you the opportunity to enroll in a discounted fitness membership. Both employees and their families are eligible to participate. Members receive access to the exercise equipment and fitness classes within a network of Gold's Gym facilities.

For more information regarding the Gold's Gym Discount Membership Program, please contact the Benefits Branch, Human Resources Department.

Washington Sports Clubs

You and your family members now have the opportunity to participate with Washington Sports Clubs (WSC). For a list of clubs in this plan, visit www.mysportsclubs.com or contact the benefits branch. Employees who wish to participate in this plan will sign up directly with WSC at www.companiesgetfit.com





Savings Bonds

National Bond and Trust (NBT) offers the purchase of U.S. Savings Bonds to DCWASA employees through payroll deductions. For more information, please contact an NBT customer service representative at 1-800-426-9314 or visit www.nbtco.com.

Long-Term Care Insurance

Long-Term Care Insurance provides a benefit when you need extended help with activities of daily living — such as preparing meals, dressing or bathing.

You can choose from several available daily benefit levels, up to a lifetime maximum duration. The average length of stay in a nursing home is about three years, and you can choose protection that provides benefits for a three-year or five-year period. This, along with a choice of daily benefit options, allows you greater flexibility in customizing coverage to meet your specific needs.

The duration, whether three or five years, is used to calculate the lifetime maximum amount of money that you will have available to pay for long-term care services. The lifetime maximum is calculated by multiplying the daily benefit x 365 x the duration (in years). Many times care is rendered in the home or in alternate care facilities before the individual enters the nursing home. Longer duration plans simply allow for more care to be provided.

Your long-term care benefits give you current protection and portability, so the benefits can be there whether you need them at age 45 or age 95.

Long-term care insurance can be important because other DCWASA-sponsored benefits (such as medical coverage), Medicare and Medicaid are limited for this kind of care, and Long-Term Disability (LTD) coverage is an income replacement program.

You can cover yourself and your spouse, in addition to other family members, including parents and in-laws. Long-Term Care is available through Prudential. For information about benefits and rates, contact Prudential Customer Service at 1-800-732-0416.

Employee Assistance Program

Balancing the demands of a full-time job and a full-time life outside of work can be hard sometimes. That's why DCWASA provides its Employee Assistance Program (EAP) to you at no cost through COPE, Inc. (1-800-247-3054).

The goal of the EAP is to help you and your family deal with problems that affect your emotional well being, whether they stem from work or from home. COPE counselors help people deal with everyday problems in living, including emotional or marital problems, stress, depression and anxiety, family or relationship troubles, alcohol or drug abuse, workplace difficulties and financial or legal referrals, to name a few. Services are confidential and private.

Annual Leave

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

Years of Service	Annual Accrual
Less than 4	13 days
4 but < 15	20 days
15 or more	26 days

Available after 3 months of employment.

Sick Leave Benefits

You accrue 4 hour per pay period, and there is no limit on the total amount of sick leave that you can carry over each year.

Other Paid Leave

Court Leave- unlimited for jury
 Bereavement Leave - up to 3 days
 Personal Leave - up to 5 days
 Military Leave for Active Duty - up to 15 workdays

Tuition Assistance

\$1,200 maximum for Undergraduate
 \$1,500 maximum for Graduate

If you receive a grade of "B" or better, you receive 100% reimbursement. For undergraduate only, you receive 80% reimbursement for a grade of "C."

Contact Information

If You Need...	Contact...	Web...
Plan brochures or enrollment material	Human Resources Department Benefits Branch 202-787-2220	
Medical		
CIGNA Open Access Plus Plan (PPO-type plan) Network Plan (HMO-type plan)	Customer Service for Prospective Participants: 1-800-564-7642 (8am-6pm Mon.-Fri.)	www.cigna.com www.mycigna.com
	Customer Service for Participants: 1-800-244-6224	
	24-hour Nurse Line: 1-800-244-6224, prompt 4	
CIGNA Mail Order Pharmacy – Tel-Drug	1-800-835-3784	www.cigna.com
Kaiser Permanente HMO	Member Services: 1-800-777-7904 or 703-359-7878	www.kaiserpermanente.org
Dental		
Delta Dental DPPO	Customer Service Center: 1-800-932-0783	www.deltadentalins.com
United Concordia DHMO	Member Services: 1-866-357-3304	www.ucci.com
Vision		
UnitedHealthcare Vision	Customer Service Department: 1-800-638-3120 Laser Vision Referrals: 1-877-287-4448	www.myuhcspecialtybenefits.com
Disability		
CIGNA (Short- and Long-Term Disability)	Claims Service Center: 1-800-362-4462 (8am-8pm ET Mon.-Fri.)	www.cigna.com https://dmswebintake.group.cigna.com
Life Insurance		
CIGNA (For coverage or enrollment questions contact HR Dept. – Benefits Branch)	Customer Service Center: 1-800-732-1603 (8am-8pm ET Mon.-Fri.)	www.cigna.com
Flexible Spending Accounts		
PayFlex (Health Care FSA and Dependent Care FSA)	Customer Service Department: 1-800-284-4885	www.payflex.com
Other		
Prudential Long-Term Care Insurance	Customer Service Department: 1-800-732-0416	www.prudential.com/gltc Group name: dcwasa Password: dcwasaltc
Legal Resources Plan	Customer Service Department: 1-800-728-5768	www.legalresourcesplan.com
Fidelity Investments	Customer Service Center: 1-800-343-0860	www.fidelity.com/atwork
COPE, Inc. (Employee Assistance Program)	202-628-5100 or 1-800-247-3054	www.cope-inc.com

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

