



Employee Benefits Briefing

An Annual Newsletter About Open Enrollment for FCPS Employees

Fall 2012

Open Enrollment: Thursday, October 4–Friday, November 2, 2012

This briefing summarizes changes occurring to your benefits for the upcoming plan year.

Please take time to read this briefing thoroughly. Even if you don't plan on making changes to your benefit elections, this briefing has important information about changes that may impact your benefit deductions and coverage.

More in-depth information can be found in a variety of sources, including the *Employee Benefits Handbook*. You can find the handbook and more information at www.fcps.edu search "**Open Enrollment for Employee Benefits**". Employees are encouraged to visit the FCPS Benefits website throughout the year, as it is frequently updated with news and information affecting your benefit plans.

What's Changing in 2013?

2013 brings low rate increases and benefit adjustments to ensure alignment with market standards and legislative requirements.

Rate changes:

- Premium increases range from 0% - 6.5%
- FCPS two employee spouse discount rate adjusted; premiums to increase

Medical plans:

- Office visit copayments increase from \$15 to \$20 under the CareFirst plans
- CareFirst POS plan referral requirement eliminated; plan is now POS Open Access
- Newborn services not automatically covered for first 30 days; baby must be added for services to be covered

Vision benefits:

- Annual allowance for contact lenses increases from \$105 to \$125 under United Healthcare Vision

Dental benefits:

- Aetna Dental PPO plan adds enhancements for dental implants, full mouth debridement, crown lengthening, and delivery of antimicrobial agents; annual maximum benefit unchanged.

Important dates

Open Enrollment Begins Thursday, Oct. 4

OPEN HOUSES

- **Thursday, Oct. 11, 3:30–6:30 p.m.**
Hayfield Secondary School Cafeteria
- **Wednesday, Oct. 17, 3:30–6:30 p.m.**
Chantilly High School Cafeteria
- **Thursday, Nov. 1, 3:30–7 p.m.**
Gatehouse Administration Center Café

Open Enrollment Ends Friday, Nov. 2

Final Benefits Confirmation E-Mails to Employees Week of Nov. 12

Effective Date of Elections January 1, 2013

Flexible Spending Accounts:

- Health Care FSA maximum reduces to \$2,500 in compliance with the Affordable Care Act
- Claims submission deadline changes for terminated employees; applies to 2013 services

Low Rate Increases

While premiums will be increasing under the CareFirst medical and Aetna dental plans for 2013, rate increases remain lower than those experienced by many surrounding jurisdictions. Rate increases for 2013 compared to 2012:

| FCPS Plan | Rate Increase |
|----------------------|---------------|
| CareFirst POS Plan | 1% |
| CareFirst PPO Plan | 6.5% |
| Kaiser Signature HMO | 0% |
| Aetna Dental DMO | 4.3% |
| Aetna Dental PPO | 5.1% |

What's Changing in 2013?

Health Plan Changes

Several benefit changes and enhancements are being made to ensure FCPS health plans are aligned with the current market. The following plan changes are effective January 1, 2013.

Premium adjustments:

- FCPS two employee spouse rates will increase to reflect an employee contribution rate of 20% of total medical and/or dental premiums. Currently, two employee spouses pay 10% of total premium.

Medical plan changes:

- Office visit copayments for both primary care physicians and specialists will increase from \$15 to \$20 for the CareFirst Point of Service (POS) and Preferred-Provider Organization (PPO) plans. Physician copayments under the Kaiser Permanente plan will remain at \$15 for 2013.

Copayments under the CareFirst plans have not increased since 2006. The \$20 copayment is within the range of neighboring public school jurisdictions, such as Loudoun and Prince William counties, where copayments range from \$15-\$25 for primary care physicians and \$30-\$50 for specialists.

- The requirement to obtain primary care physician referrals for specialty care under the CareFirst POS plan will be eliminated and the plan will now be a POS Open Access plan. While POS plan members will no longer need a referral from their primary care physician, members must still designate a primary care physician to help coordinate and manage care. Remember to use an in-network physician to keep your out-of-pocket expenses lower.
- Newborns must be added within 30 days of birth to ensure coverage. No claims are covered if the newborn is not added to the parent's coverage. Claims for newborns will be covered once the employee has submitted the necessary forms to add the baby to their policy, along with the required legal documentation (such as the proof of birth letter and birth certificate). **Remember, newborns are not automatically added to your coverage – you must apply for coverage within the 30-day window.**

Vision plan changes:

- The annual allowance for contact lenses will increase from \$105 to \$125. All FCPS medical plan enrollees continue to have coverage under United Healthcare Vision.

Dental plan changes:

- Benefits will be added to the Aetna Dental PPO plan reflect changes to group coverage in the marketplace. Included in these enhancements are coverage for:
 - Dental implants
 - Crown lengthening
 - Full mouth debridement
 - Localized delivery of antimicrobial agents

Search "**PPO Dental Benefits Summary**" at www.fcps.edu for more details. The annual maximum benefit will remain unchanged (in-network is \$1,500 per individual; out-of-network is \$1,200 per individual).

Note: Some of these services are not available under the Aetna DMO plan.

Flexible Spending Account Changes:

- In accordance with the Affordable Care Act (ACA), the annual maximum for the Health Care Flexible Spending Account (FSA) will decrease to \$2,500. The limit is currently \$4,000.
- Terminated employees will have the same FSA claims filing deadline as active employees beginning with the 2013 plan year. Claims incurred during 2012 must still be filed within 90 days of termination or loss of eligibility. In all cases, services must be provided prior to termination of employment.

Flexible Spending Account Contacts

- ▶ For enrollment and claims questions, contact:
Automatic Data Processing (ADP)
P.O. Box 1853
Alpharetta, GA 30023-1853

Member Services: 1-800-654-6695
Monday – Friday, 7 am – Midnight EST
Fax: 1-866-392-4090

www.flexdirect.adp.com

Hot Topics

Insurance Premiums and Dues Deductions Resume This Fall

In January all employees were placed on a 10-month deduction cycle and certain benefit deductions were not taken over the summer months. 11 and 12-month employees did not have deductions during the summer for:

- Health and Dental Insurance
- Flexible Spending Accounts
- Long-Term Disability and Long-Term Care Insurance
- Optional Life Insurance
- Dues Deductions

Benefit deductions will resume in September for monthly paid employees and in October for biweekly paid employees. Some deductions (such as retirement, VRS Life, 403(b) and 457(b) contributions) continue to be taken during the summer months and are not affected.

Does FCPS Have Your Correct Mailing Address? Go to *UConnect* to Verify/Update

Each year mailings are returned to FCPS by the post office as undeliverable because we do not have the employee's current address. With the end of year approaching, please take a minute to verify your address and phone number information using *UConnect*.

To review your address information

Go to www.fcps.edu and search "**UConnect**"

- Click "Log in to *UConnect*"
- Enter your user name and password. This should be the same login you use to access your work computer
- On the Employee Self-Service menu bar to the left, click "My Address & Phone"
- Review the information on Welcome screen, click "Continue"
- If your information is correct, click "No Changes"

To update your address in *UConnect*

Follow the steps listed above, then:

- Complete the required information to update your address/phone number, click "Save Changes"
- You must click "Save Changes" before closing your screen or your information will be lost
- After changes have been submitted, you will receive a confirmation email

NOTE: There is no need to submit a change of address form if you have requested the change through *UConnect*

Eligible FCERS Employees May Apply for Increased Optional Life Coverage

Employees covered by the Fairfax County Employees Retirement System (FCERS) who have less than 2x salary in optional life coverage may again apply to increase insurance during open enrollment. Employees may increase coverage by one level (no coverage to 1x coverage, or 1x coverage to 2x coverage) without supplying medical evidence of insurability, as long as they have not been denied coverage in the past due to a medical condition. Employees who increased coverage during last year's open enrollment may apply for increased coverage if carrying less than 2x optional coverage.

The ability to increase coverage is available for optional life only—not spousal/dependent life. FCERS covered employees who wish to increase coverage during open enrollment can obtain the appropriate form online at www.fcps.edu, search "**Minnesota Life for Members of FCERS**" and look for the **Life Insurance** section. Increased premiums commensurate with the new coverage level will apply. VRS members who wish to change their optional life coverage must contact Minnesota Life at 1-800-441-2258 for the appropriate forms.

Walgreens Resumes Participation in Express Scripts, Inc. (ESI) Network

Express Scripts, Inc. and Walgreens have signed a multi-year agreement that restores Walgreens as a participating pharmacy in the ESI network. Beginning September 15, 2012, Express Scripts members are able to fill their retail prescriptions at any participating Walgreens pharmacy. ESI is the prescription drug program for those enrolled in CareFirst medical plans.

Members may visit www.Express-Scripts.com to find a list of all participating retail pharmacies in the ESI network.

Note: Maintenance medications should continue to be filled through ESI's home delivery program

Hot Topics (continued)

Summary of Benefits and Coverage (SBC) Mailed to All Benefits-Eligible Employees

As part of the Affordable Care Act, group health plans are required to provide employees with a short, easy-to-understand summary of health benefits and coverage options. The format of the SBC is standardized so that information is comparable across different plans.

SBCs will be mailed to employees in the next few weeks for the plan in which they are currently enrolled. For an electronic version of the SBC, or to view SBCs for other FCPS plans, go to www.fcps.edu and search "**SBC**" in the search box. Below is a sample page from an SBC. The SBC you receive will have the specific information filled in for your plan.

Employees Should Review Enrollment Records/ Covered Dependents During Open Enrollment

Your statement of current benefits enrollment is included with the Benefits Briefing mailed to your home address. Please take the time to review this statement to verify the accuracy of your elections—including coverage of dependents enrolled under your medical and dental plans.

If you will be adding dependents, you must do so prior to November 2 and supply documentation demonstrating they meet FCPS eligibility criteria.

Coverage cannot be made effective until the appropriate documentation is received in the Office of Benefit Services. You may bring your documents to any of the Benefits Open Houses, or you may scan and email the documents to HRBenefitsEnrollment@fcps.edu. Find a complete list of documentation requirements at www.fcps.edu; search "**dependent eligibility**". Changes made during Open Enrollment become effective January 1, 2013.

Sample SBC

Fairfax County Public Schools

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2013 – 12/31/2013

Coverage for: Individual | Plan Type:



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.fcps.edu or XXXXXX

| Important Questions | Answers | Why this Matters: |
|---|---|---|
| What is the overall deductible? | For participating providers \$XXX person / \$XXX family For non-participating providers \$XXX person / \$XXX family | You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible . |
| Are there other deductibles for specific services? | No | You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers. |
| Is there an out-of-pocket limit on my expenses? | Yes. For participating providers \$XXX person / \$XXXX family For non-participating providers \$XXXX person / \$XXXX family Yes, for prescription benefit \$XXXX person / \$XXXX family | The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. |
| What is not included in the out-of-pocket limit? | Premiums, balance-billed charges, and health care this plan doesn't cover, Copayments and Deductibles | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Is there an overall annual limit on what the plan pays? | No | The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits. |
| Does this plan use a network of providers? | Yes. See XXXX for a list of participating providers | If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers. |
| Do I need a referral to see a specialist? | No | You can see the specialist you choose without permission from this plan. |
| Are there services this plan doesn't cover? | Yes | Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about excluded services . |

Questions: Call XXXX at XXXX or visit at XXXX for medical questions. If you aren't clear about any of the bolded terms used in this form, see the Glossary at www.healthcare.gov/glossary.

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Plan Ahead to Retain Benefits as a Retiree

In order to retain medical, dental, or optional/dependent life insurance at retirement, you must have been enrolled for 60 consecutive months immediately prior to your retirement in each type of coverage you wish to retain. Employees are strongly encouraged to attend pre-retirement planning sessions offered by ERFC and FCERS well in advance of retirement to obtain more information on benefits eligibility in retirement.

NOTE: With the conversion to 10-month deductions, employees who retire or terminate employment during the month of June will retain coverage through August 31. Employees who retire during other months of the year will have coverage cease at the end of the month in which retirement occurs.

Free Flu Shots and Health Screenings Available at Open Houses

Free flu shots will again be provided at Open Houses to all eligible employees age 18 or older. Appointments are required; register through MyPLT (type “flu” in course offerings for a listing of available appointments). For details on eligibility and locations go to www.fcps.edu and search “flu” in the search box.

Family members age 18 or older are also eligible to receive immunizations at the Open Houses, but must pay the full cost of \$24 per person. Family members with Medicare Part B will not be charged as long as they are not enrolled in an HMO (they must bring their Medicare card to receive the immunization at no cost). FluMist is not available. Please direct questions regarding flu shots to HR Wellness at Flushots@fcps.edu.

Also, stop by the Kaiser Permanente booth at Open Houses to receive free blood pressure and body mass index screenings. You do not need to be a member of Kaiser Permanente to take advantage of these free screenings. No registration needed—screenings are on a first-come, first-served basis; wait times will vary.

Employee Wellness Programs

Are you looking for resources to quit smoking, find lactation and pregnancy information, or start a fitness program? Then visit the HR Wellness website, where you will find a vast resource library of tips on staying healthy.

The Gatehouse Fitness Center, located on the first floor of the Gatehouse Administrative Center, is open from 6 a.m. - 8:00 p.m., Monday - Friday. All FCPS employees age 18 and older may access this facility for free after submitting a participation agreement form found at www.fcps.edu/hr/benefits/wellness/.

Getting married or having a baby? Coverage changes must be made within 30 days

If you will be experiencing a major life event (such as marriage, divorce, or birth of a child), make sure you review your benefits to determine if changes are needed. If you need to add or remove a dependent, or make coverage changes to your medical, dental, life insurance or flexible spending account enrollment, you must do so within 30 days of the event. Go to www.fcps.edu, and search “**Enrollment/Change Form**” for the appropriate enrollment/change forms. Remember, to add a dependent to your medical or dental coverage, you must also forward appropriate documents establishing dependent eligibility with your enrollment form.

Kaiser Permanente Opens New Medical Center

This August, Kaiser Permanente opened the Tyson’s Corner Medical Center, a new state-of-the-art facility located at 8008 Westpark Drive in McLean, Virginia.

This six-story facility employs 500 physicians and staff, includes 20 medical specialties and provides several new services for Kaiser Permanente members in Virginia including interventional radiology, nuclear medicine (non-cardiac), outpatient procedures suite, and peritoneal dialysis. The center provides laboratory, pharmacy, radiology and urgent care services 24/7.

To learn more about Kaiser Permanente’s new Tyson’s Corner Medical Center, visit www.kp.org/tysonscorner or contact Kaiser member services at 1-800-777-7904.

Information for 10-month and 11-month employees about your pay from the Department of Financial Services:

The FCPS Summer Fund program has ended. If you wish to save on your own, you should act quickly by submitting an updated direct deposit form. If you prefer, you can enroll in Apple FCU’s Summer Pay Program. The program allows an employee to set aside money from their pay during the school year to be paid out in the summer months.

For information about the program and details about eligibility and enrollment www.AppleFCU.org/SummerPay.

2013 Medical and Dental Premiums

| | Monthly Paid Employee ¹ (deductions over 10 pay periods) | | | Biweekly Paid Employee ¹ (deductions over 20 pay periods) | | |
|--|--|-------------------------------|--------------------------------|---|----------------------------------|--------------------------------|
| | Individual (coverage for you) | Minifamily (you + 1 other) | Family (you + 2 or more) | Individual (coverage for you) | Minifamily (you + 1 other) | Family (you + 2 or more) |
| | YOU PAY | YOU PAY | YOU PAY | YOU PAY | YOU PAY | YOU PAY |
| Medical Plans | | | | | | |
| BluePreferred PPO | \$ 104.61 | \$ 348.69 | \$ 435.86 | \$ 52.30 | \$ 174.34 | \$ 217.93 |
| BlueChoice POS-0A | \$ 77.83 | \$ 259.42 | \$ 324.28 | \$ 38.91 | \$ 129.71 | \$ 162.14 |
| Kaiser | \$ 101.42 | \$ 338.07 | \$ 422.58 | \$ 50.71 | \$ 169.03 | \$ 211.29 |
| Dental Plans | | | | | | |
| Aetna DPPO | \$ 15.07 | \$ 25.62 | \$ 36.32 | \$ 7.54 | \$ 12.81 | \$ 18.16 |
| Aetna DMO | \$ 9.44 | \$ 16.06 | \$ 22.72 | \$ 4.72 | \$ 8.03 | \$ 11.36 |
| Spousal Rates² (Both employee and spouse are employed by FCPS) | | | | | | |
| Medical Plans | | | | | | |
| BluePreferred PPO | | \$ 278.95 | \$ 348.69 | | \$ 139.48 | \$ 174.34 |
| BlueChoice POS-0A | | \$ 207.54 | \$ 259.42 | | \$ 103.77 | \$ 129.71 |
| Kaiser | | \$ 270.45 | \$ 338.07 | | \$ 135.23 | \$ 169.03 |
| Dental Plans | | | | | | |
| Aetna DPPO | | \$ 17.08 | \$ 24.22 | | \$ 8.54 | \$ 12.11 |
| Aetna DMO | | \$ 10.71 | \$ 15.15 | | \$ 5.35 | \$ 7.57 |
| COBRA Monthly Rates (premiums are paid over 12 months) | | | | | | |
| Medical Plan | | | | | | |
| BluePreferred PPO | \$ 592.77 | \$ 1,185.54 | \$ 1,481.92 | | | |
| BlueChoice POS-0A | \$ 441.02 | \$ 882.04 | \$ 1,102.55 | | | |
| Kaiser | \$ 574.71 | \$ 1,149.43 | \$ 1,436.78 | | | |
| Dental Plans | | | | | | |
| Aetna DPPO | \$ 42.70 | \$ 72.59 | \$ 102.91 | | | |
| Aetna DMO | \$ 26.76 | \$ 45.51 | \$ 64.38 | | | |

¹ All benefits-eligible employees pay the same rates, regardless of part-time or full-time status. Monthly paid employees have deductions taken September through June. Biweekly employees have deductions taken October through June.

² Employees and their spouses who both work for FCPS in benefits-eligible positions are eligible for a spousal discount on their health and dental insurance. Beginning January 1, 2013, two FCPS employee spousal rates will be revised to reflect an employee contribution of 20%, instead of the current 10%. If you are eligible but not currently receiving this discount, complete the FCPS Spouse Health Plan Deduction form (HR Form 134) and submit during open enrollment. As a reminder, employees are required to notify the Office of Benefit Services of any event that would cause an employee to qualify for (or cease to be eligible for) the discounted rate; including marriage, divorce, termination of employment, or commencement/termination of a leave of absence.

Your Benefits and the Law

Your FCPS benefits comply with all federal and state mandates that govern public sector benefits plans. To obtain more information about the requirements of these legislative acts, please refer to the following:

Fairfax County Public Schools— 403(b) Universal Availability Notice

All Fairfax County employees (contracted and temporary hourly) are eligible to participate in the FCPS 403(b) plan. This voluntary tax-deferred retirement savings plan is available to employees of public educational institutions and certain tax-exempt organizations. Visit www.fcps.edu and search “403b” for more information.

Women’s Health and Cancer Rights Act

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

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

These benefits are subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. Find more information in each medical plan provider’s summary plan document (on the FCPS Benefits website or through the plan provider).

Medicare Prescription Drug (Medicare D) Plan

All FCPS medical plans include prescription drug coverage that is currently more comprehensive than the Medicare prescription drug plan. As an active employee, your FCPS medical coverage is primary to Medicare and you do not need to enroll in a Medicare Rx (Medicare D plan). For more information, see “Important Notice from Fairfax County Public Schools About Your Prescription Drug Coverage and Medicare” in the *Employee Benefits Handbook*.

Patient Protection & Affordable Care Act

Disclosure of Grandfather Status—Fairfax County Public Schools believes its health insurance plans are considered “grandfathered health plans” under the Patient Protection and Affordable Care Act (PPACA). As permitted by the Act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your CareFirst POS and PPO plans, and Kaiser Permanente HMO plan, may not include certain consumer protections of the PPACA that apply to other plans. For example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on essential benefits.

Medicaid & Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children & Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP program to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Virginia, you can contact the Virginia Medicaid and CHIP program offices to find out if premium assistance is available:

Medicaid: www.dmas.virginia.gov
800-432-5924

CHIP: www.famis.org
866-873-2647

FCPS Plans Comply With the Affordable Care Act (ACA)

On March 23, 2010, President Obama signed the Affordable Care Act, which puts in place comprehensive health insurance reforms that will roll out over a period of several years. Most changes to health coverage will take place by 2014.

The following articles describe key provisions of the Act that affect FCPS plans. The federal government continues to issue guidance on provisions of the Act; the Office of Benefit Services will provide updates as new information becomes available.

Key Provisions of the ACA

FCPS, like other employer plans, continues to implement the provisions of the ACA and is in compliance with requirements of the Act, including:

- No lifetime limits on essential coverage;
- No rescission of coverage when people get sick;
- No coverage exclusions for preexisting conditions;
- Extension of health coverage for adult dependent children until age 26;
- No excessive waiting periods;
- Minimum loss ratio requirements for fully insured health plans (for FCPS, this applies only to the Kaiser Permanente plan).

In early 2012, FCPS also added expanded appeal rights, a provision that is not required by the ACA until 2014.

Some portions of the Act do not apply to grandfathered plans, but will apply at some point in the future when plans lose grandfathered status. The most well known provision is the elimination of copayments for preventive care. FCPS plans continue to meet grandfathered status, therefore, copayments for preventative care and family planning benefits still apply.

Many large employers, including FCPS, have kept the grandfathered status for their health plans. The rule was designed to preserve the benefits and coverage of current plans while allowing employers flexibility to make routine changes. The impact of the ACA will continue to evolve, with more changes expected in 2014 as health care exchanges become operational.

Health Care Flexible Spending Reduced to \$2,500 for Plan Year 2013

The ACA limits the amount that can be contributed to the Health Care FSA to \$2,500 annually beginning January 1, 2013. If two employees work for FCPS in benefits-eligible positions, each employee can contribute up to \$2,500 annually. Prior to 2013, the FCPS maximum for the health care FSA was \$4,000.

This limit of \$2,500 will be indexed for cost-of-living adjustments for plan years after 2013. The limit does not apply to the dependent day care limit, which will continue to be \$5,000 for 2013.

Health Care Costs to be Displayed on W-2

Per new IRS regulations, the aggregate cost of your health insurance (employee and employer contributions) will be reported on the 2012 W-2 that you will receive in January 2013. The amount listed is only an informational item intended to inform employees about the total cost of their health care coverage. This amount does not represent taxable income; consult your tax advisor if you have any questions.

Lactation Support Programs

In recognition of the well-documented health advantages of breastfeeding for infants and mothers, and in conjunction with the Affordable Care Act, FCPS provides a supportive environment and reasonable break times to enable lactating employees to express milk during the workday, for up to a year after the birth of a child. Find more information, including a manager's toolkit and employee request form, at www.fcps.edu, search "**lactation**".