

2011 Benefits Update

This document is published annually to communicate the most important and current information involving employee insurance plans and other benefits. This publication is designed for quick and easy reference. Detailed information, forms, and regulations governing the benefits are available through the Human Resources Department. These benefits are subject to change without notice.



During these tough economical times, we understand the financial pressures placed upon you and your family. New Horizons Regional Education Centers (NHREC) Employee Benefit plans are provided to assist and protect you against known and unknown health related expenses. We ask that you review the information carefully and attend the required "Open Enrollment" meetings. Your thorough understanding of these programs will enable you to make sound enrollment decisions for you and your family.



Medical- Optima/Sentara Health Management

We have completed our healthcare renewal negotiations with Optima/Sentara Health Management. Optima continues to be our carrier of choice as they are one of the largest healthcare providers in the area and they offer a comprehensive network of physicians and hospitals that can provide quality medical care to our employees and their dependents.

National healthcare trends continue to rise at a rate of approximately 10%-12% a year. Because we are mindful that any increase affects us all, we will continue to focus on offering a "Choice" of benefit plans that meet the individual needs of our employees.

The medical plans that will be offered this year are the Vantage HMO 20/40 Plan, the Vantage HMO 500/25/70% Plan and the Plus PPO 500/25/80% Plan. These plans will include a \$10/\$30/\$50/\$50 Prescription Drug Benefit with a \$100 calendar year deductible.

In addition to these three plan options, we will offer a "new" High Deductible Health Plan (HDHP), the Equity Vantage 3000/100% plan with the option to include a Health Savings Account (HSA).

Optima has a website to assist you and your family with specific questions that you might have. Just go to www.optimahealth.com for a list of participating physicians and hospitals and for up-to-date prescription drug information. Please refer to the medical packets for a detailed description of the benefits.

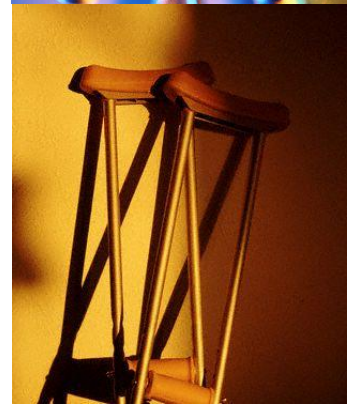
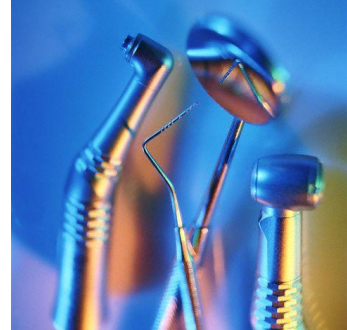


New Health Savings Account (HSA) Option- Optima Health Equity

An HSA is an account that accumulates funds to cover your health care expenses. The account can only be established and contributed to for an individual enrolled in a high deductible plan as defined by federal law.

HSA's offer you the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for eligible medical expenses.
- **Reduce your out-of-pocket costs.** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- **Employer Contributions.** New Horizons will contribute up to \$900 for employee and \$1,800 for other tiers. New Horizons will make an initial contribution of \$500 for the employee and \$1,000 for other tiers and then contribute a 50% match to employee contributions for the remainder.
- **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you retire or leave employment. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- **The opportunity for long-term savings.** Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.



National Health Care Reform – October 1, 2011

The Affordable Care Act (ACA) was passed March 2010 and becomes effective for the New Horizons Health plan effective October 1, 2011. While the majority of changes resulting from this legislation will be implemented in 2014, the following changes to our plan will be effective October 1, 2011.

- Eligible Children may be enrolled in the New Horizons medical and dental plans and can be covered until age 26 regardless of student or marital status. Coverage will end on the last day of the month the child turns age 26.*
- The New Horizons medical plans do not include annual or lifetime benefit limits.*
- The New Horizons medical plans may not rescind coverage (that is, coverage may not be canceled retroactively) for any covered individual for any reason other than fraud, misrepresentation of material fact, or failure to make timely requirement premium payments or contributions.
- Under Optima/Sentara Health Management, preventive care visits will be covered with no copayment, coinsurance, or deductible required when received from an in-network plan provider.

*Notice Requirements included below.

We will continue to provide information regarding the Affordable Care Act as it impacts our plans over the coming years.

Affordable Care Act – Dependents to age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in one of the New Horizons Medical Plans, administered by Optima/Sentara Health Management. Individuals may request enrollment for such children for 30 days from August 1, 2011 to August 31, 2011. Enrollment will be effective October 1, 2011. Coverage will end on the last day of the month the child turns age 26. For more information contact the New Horizons Human Resources Department at 757-766-1100.

Affordable Care Act – No Lifetime or Annual Limits for Essential Benefits

The lifetime limit on the dollar value of benefits under the New Horizons Medical Plans, administered by Optima/Sentara Health Management do not apply. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from August 1, 2011 to August 31, 2011, to request enrollment. For more information contact the New Horizons Human Resources Department at 757-766-1100.

Employee Contributions for 2011 – 2012

Premiums have increased substantially for the new plan year. However, NHREC decided to keep the employee contribution levels the same as last year. All employee costs for benefits under the Health Plan are paid with pre-tax dollars unless the Payroll Office is notified in writing that you wish to have your premiums paid with after tax dollars.

Total Cost	PPO Plus 500/25/80%	HMO Vantage 20/40	HMO Vantage 500/25/70%	HMO Equity Vantage 3000/100%
Employee	\$ 718.20	\$ 634.69	\$ 492.63	\$ 354.36
Employee/Child	\$ 1,113.22	\$ 983.76	\$ 763.52	\$ 549.21
Employee/Spouse	\$ 1,539.71	\$ 1,364.16	\$ 1,058.74	\$ 761.57
Employee/Family	\$ 2,161.42	\$ 1,910.08	\$ 1,482.42	\$ 1,066.33
NHREC Cost				
Employee	\$ 612.20	\$ 588.69	\$ 467.63	\$ 339.36
Employee/Child	\$ 830.22	\$ 791.76	\$ 713.52	\$ 519.21
Employee/Spouse	\$ 1,133.71	\$ 1,083.16	\$ 974.74	\$ 697.57
Employee/Family	\$ 1,614.42	\$ 1,502.08	\$ 1,354.42	\$ 958.33
Employee Cost				
Employee	\$ 106.00	\$ 46.00	\$ 25.00	\$ 15.00
Employee/Child	\$ 283.00	\$ 192.00	\$ 50.00	\$ 30.00
Employee/Spouse	\$ 406.00	\$ 281.00	\$ 84.00	\$ 64.00
Employee/Family	\$ 547.00	\$ 408.00	\$ 128.00	\$ 108.00

Dental Coverage

United Concordia will continue to be our dental carrier of choice. The dental benefits will continue without any changes. New Horizons will continue to cover the cost of the employee coverage. Please refer to the dental packets for a detailed description of the benefits. For a listing of participating dentists please visit their website at www.ucci.com

United Concordia Dental Plan	Total Cost	NHREC Cost	Employee Cost
Employee	\$ 31.69	\$ 31.69	\$ -
Employee/Child	\$ 46.74	\$ 32.88	\$ 13.86
Employee/Children	\$ 64.28	\$ 34.28	\$ 30.00
Employee/Spouse	\$ 61.35	\$ 34.05	\$ 27.30
Employee/Family	\$ 96.40	\$ 36.84	\$ 59.56

Avesis Vision Program

NHREC offers the opportunity to purchase a comprehensive vision benefit program through Avesis. This plan includes coverage for an exam, lenses and contact lenses every 12 months and frames every 24 months at no cost to you. Avesis also provides Lasik Surgery discounts, all at a very low monthly premium. Please refer to the vision packets for a detailed description of the benefits. For a listing of participating providers please visit their website at www.avesis.com

Avesis Vision Plan	Total Cost	NHREC Cost	Employee Cost
Employee	\$ 8.56	\$ -	\$ 8.56
Employee/Child	\$ 15.83	\$ -	\$ 15.83
Employee/Spouse	\$ 14.98	\$ -	\$ 14.98
Employee/Family	\$ 22.25	\$ -	\$ 22.25

Optima Medical Benefit Options Health Plans Effective: October 1, 2011

PLAN DESIGN/NAME	HMO Vantage Open Access	Value HMO Vantage Open Access	PPO Plus Open Access	Equity (HSA) Vantage Open Access
Description of Coverage	20/40M	500/25/70%M	500/25/80%M	3000/100%M
Contract Year Deductible⁵ (Individual/Family)	n/a	\$500/\$1,000	\$500/\$1,000	\$3,000/\$6,000
Contract Out of Pocket Maximum⁵ (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	n/a	30%	20%	0%
Pre-Authorized Injectable and Infused Medications¹	Covered at 20%	Covered at 20%	Covered at 20%	Covered at 20%
Office Visits				
Primary Care Physician ²	\$20 copay	\$25 copay	\$25 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Specialist	\$40 copay	\$50 copay	\$40 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Preventive Care				
Annual Physical	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Annual OBGYN visit	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Well Child	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Urgent Care	\$40 copay	\$50 copay	\$40 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Surgery (Outpatient)	\$200 Copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Hospitalization (Inpatient)	\$200 Copay per Day up to \$1,000 Max.	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Emergency Room	\$200 Copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 10% Coinsurance</i>
Diagnostic Lab & X-ray	\$40 copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Advance Imaging (MRI, PET, CT, etc)	\$150 Copayment	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Outpatient Therapy and Rehabilitation (30 visits per contract year)	\$25 Copayment	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Vision Exam	Covered at 100% once every 24 months	Covered at 100% once every 24 months	Covered at 100% once every 24 months	Covered at 100% once every 24 months
Pharmacy Prescription Drug^{3,4}	\$100 Deductible then \$10/\$30/\$50/\$50	Separate \$100 Rx Deductible \$10/\$30/\$50/\$50	Separate \$100 Rx Deductible \$10/\$30/\$50/\$50	After Deductible \$10/\$30/\$50/\$100
Mail Order Prescription Drug	After \$100 Deductible \$20/\$60/\$100/\$100	After \$100 Deductible \$20/\$60/\$100/\$100	After \$100 Deductible \$20/\$60/\$100/\$100	After Deductible \$30/\$90/\$150/\$300
OUT-OF-NETWORK BENEFITS				
Contract Year Deductible⁵ (Individual/Family)	n/a	n/a	\$750/\$1,500	n/a
Contract Year Out-of-Pocket⁵ Maximum (Individual/Family)	n/a	n/a	\$7,500/\$15,000	n/a
Coinsurance	n/a	n/a	After Deductible then you pay 40% Coinsurance	n/a

Note: This is a brief description of the plan benefits. Please see the Summary of Benefits and the plan Evidence of Coverage for specific coverage and exclusions.

1. Please see the Benefit Information Guide for a list of Medications and the Summary of Benefits for more specific information.
2. Please select a Primary Care Physician for the Vantage and Equity Vantage
3. Copayments for prescription drug benefits **do** apply toward your maximum out-of-pocket under the Equity Vantage plan.
4. Copayments for prescription drug benefits **do not** count toward your maximum out-of-pocket under the Vantage 20/40; Vantage 500/25/70%; or Plus
5. All plans are administered on a Contract Year from October 1, 2011 through September 30, 2012

UNITED CONCORDIA[®] DENTAL

Network: Concordia Advantage Plus

Benefit Category ¹	CONCORDIA FLEX 3W PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum³)		
Examinations	100%	100%
All X-Rays		
Cleanings		
Fluoride Treatments		
Sealants		
Palliative Treatment (Emergency)		
Class II – Basic Services		
Space Maintainers	80%	80%
Basic Restorative (Fillings, etc.)		
Endodontics		
Non-Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Simple Extractions		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Contract Program Deductible (per person/per family)	\$25/\$75 Excludes Class I	\$25/\$75 Excludes Class I
Contract Program Maximum (per person)	\$1500 Excludes Class I	\$1500 Excludes Class I
Lifetime Orthodontic Maximum (per person)	Not Covered	Not Covered
Reimbursement	Advantage Plus	90th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26. Dependent students covered to age 26.

2. The listed network percentages represent the portion of United Concordia's maximum allowable charges (MACs) for which the plan will be responsible. Network providers agree to accept United Concordia's MAC for covered services as payment in full and also agree to file claims for you. If you or your family members receive services from a non-network provider, United Concordia will apply the percentages shown to the 90th percentile for covered services and you will be responsible for the difference, up to the provider's charge. United Concordia's standard exclusions and limitations apply.

3. Preventive Incentive@benefit included – covered Class I services do not count toward the plan maximum (in states where available).

UnitedConcordia.com • 1-800-332-0366

New Horizons Regional Education Ctr.

Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

In-Network Benefits

Vision Examination Your vision exam is covered in full after a co-pay.

\$200* When choosing the frames and spectacle lenses package!
average retail

FRAMES

Providers typically charge between \$100 - \$150* for frames covered in full by your plan allowance.**

AND

SPECTACLE LENSES

Standard lenses are covered in full. Providers typically charge between \$60 - \$120* for standard lenses.



Contact Lenses

In lieu of frames and spectacle lenses, members receive an allowance up to \$130 for materials and fit and follow-up exam

Medically necessary contact lenses are covered in full (prior authorization is required)

LASIK Surgery

Members receive a one-time/lifetime allowance of \$150

Additional Discounts

Progressive Lenses

Are discounted up to 20% off retail in addition to a \$50 allowance

Lens Options, Non-Covered Items and Additional Purchases

Are discounted up to 20% off retail

Specialty Lenses

Are discounted up to 20% off retail in addition to the corresponding standard lens allowance

LASIK Surgery

5% - 25% off retail

* Values provided may be more or less depending on the providers retail pricing.

** Provider wholesale frame pricing for your plan is \$50. Participating Wal-Mart locations cover frames up to a \$88 retail value.

Avēsis

A National Vision and Dental Company

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO Policy #: VC-16, Form M-9059

Group Details

Effective Date: 10/01/2009
Group Number: 30790-1442
Plan #: 914

Benefit Frequency

Every:
Vision Exam 12 Months
Spectacle Lenses 12 Months
Frames 24 Months
Contact Lenses 12 Months

Co-Pays

Vision Examination \$0.00
Materials \$0.00

Rates

Employee Paid Rates Per Month

Employee Only \$8.56
Employee + Spouse \$14.98
Employee + Child(ren) \$15.83
Employee + Family \$22.25

Out-of-Network Reimbursement

Up to:
Exam \$35.00
Standard Single Vision \$25.00
Standard Bifocal \$40.00
Standard Trifocal \$50.00
Standard Lenticular \$80.00
Progressive \$40.00
Specialty Lenses Corresponding Standard Lens Reimbursement
Frame \$45.00
Contact Lenses (Elective) \$130.00
Contact Lenses (Med. Necessary) \$250.00
LASIK Surgery \$150.00

www.avesis.com

Flexible Benefits Plans

Under Section 125 of the Internal Revenue Service Code, certain medical and dependent care expenses can be paid for on a pre-tax basis if the employee makes an election each year to do so. This plan allows the employee to set aside up to \$3,000.00 per year for eligible medical expenses and up to \$5,000.00 per year for eligible day care or aged adult care expenses. (These are out of pocket medical expenses and dependent care expenses not covered by any insurance benefits.) The elected amount is deducted directly from each paycheck for 9 months. Funds are not carried over year to year. **This plan is administered by Flexible Benefit Administrators .**

Note: *A new enrollment form must be completed during open enrollment each year to continue in this plan.*

Open Enrollment

Please keep in mind that New Horizons' open enrollment period will run through **August 31, 2011**. This is an opportunity for employees that are eligible to ask questions and elect the benefit program that best fits you or your family's individual needs.

Please remember, if you do not elect coverage when you are first eligible, the insurance carriers will require that you wait until next year's open enrollment period before enrolling into their insurance plan. This may include varied imposed waiting periods on benefits, or in regard to Life and Disability, you may need to complete an Evidence of Insurability form in order to be approved for coverage. All other changes throughout the year can only be made if a qualifying event occurs such as:

- Marriage or Divorce;
- Death of a spouse or dependent child;
- Entitlement or loss of entitlement to Medicare or Medicaid;
- Birth or adoption of a child or change in legal custody;
- Dependent ceasing to satisfy definition of dependent;
- Spouse gaining or losing employment or benefit-eligible status;
- Spouse's annual or open enrollment period occurs; or
- Employee or spouse taking FMLA qualified leave or unpaid leave.

If you are declining medical and / or dental , you MUST complete a waiver form. If you do not plan to make changes to your current medical or dental plan you do not need to do anything! You will need to fill out a new application for medical, dental and vision if you wish to enroll for the first time, add or delete dependents, or change plans. If you participate in the flexible spending accounts, You **must** complete a new enrollment form and elect your new contribution amount to the spending accounts.

Thank you for your cooperation during our open enrollment period.

Open Enrollment - Employee Eligibility

All full-time employees are eligible to participate in the Plan. Health insurance or dental coverage will begin the first of the month following your date of hire. Applications for such coverage must be completed within 30 days of employment.

Employees must enroll for health, life, income protection, and/or family dental coverage under the Plan by completing a Designation of Insurance Subsidy form, in order to participate in their plan(s) of choice. **Open enrollment will be from August 1, 2011 – August 31, 2011.** Forms will be available at each campus or you may contact the Benefits/Payroll Office at 757-766-1100.

Virginia Retirement System:

The Virginia Retirement System (VRS) was established on March 1, 1952, and administers a statewide multiple-employer public employee retirement system providing defined benefits pension plan coverage for state employees, teachers, and non-professional employees of public school boards. An eligible employee is automatically enrolled in VRS with full membership contributions being paid by NHREC. An eligible member becomes vested after five years of service. Active members of VRS may be eligible to purchase prior service credit.

Life Insurance:

Eligible employees are automatically enrolled in life insurance through the Virginia Retirement System (VRS). NHREC pays the total premium for group life insurance for these employees. The plan provides group term insurance protection to your designated beneficiary(ies) in the event of your death while covered by the Plan. Coverage is determined by rounding your annual salary up to the next \$1,000 then doubling it. (i.e. a salary of \$10,100 would be rounded to \$11,000 and doubled for coverage of \$22,000).

When you retire, your basic group life insurance coverage continues at no cost to you provided you are at least 55 years of age and have at least five years of service, or are 50 years of age with at least 10 years of service. In both cases you must have at least five continuous years as an employee, within the state system, immediately prior to termination of service. After retirement, the amount of your insurance reduces by 25 percent annually starting January 1 of your first full year following retirement, until your coverage reaches 25 percent of its value at your retirement.

Optional Life Insurance:

All full time employees covered by Virginia Retirement System are eligible to purchase Optional Life Insurance. The rates are based on your age and salary. If you are interested, please contact the Benefits Office for additional information.

Worker's Compensation:

All employees are covered by worker's compensation insurance in case of injury "on-the-job." This includes injuries occurring on or off the premises, if one is on official business for NHREC. It does not usually include injuries sustained while going to and from your place of employment.

Employee Assistance Program (EAP):

The EAP is a confidential program that provides employees and eligible family members with assessments and short-term problem resolution at no cost. No information about participation in the program will be released to anyone without written consent unless otherwise specified by state and federal laws. The EAP can be reached 24 hours a day, 7 days a week at 757-363-6777 or 1-800-899-8174.

Tuition Reimbursement:

College course(s) will be available on a tuition reimbursement basis for those course(s) recommended by the principal or supervisor and approved in advance by the Executive Director for tuition assistance. NHREC will pay up to \$550.00 per course, for one course per year, provided there are sufficient funds in the budget. NHREC will pay up to \$1,000.00 of tuition for one class per year for initial certification in the position held. This will be determined by a letter from the Department of Education to the employee listing classes needed for initial certification. The employee must commit to Making a C or better in the course and commit to staying at least one additional semester of employment after being reimbursed tuition; otherwise the money must be paid back.

Adult Education:

All full-time employees are eligible to take a New Horizons Adult Education class free of charge on a space available basis. Please contact the Adult Education Office at 766-1101 for further details.

Sick Leave:

On the first day of employment, full-time and part-time (contracted) employees will be granted one half of annual sick leave allowance. Employees will be granted the other half of sick leave allowance the end of February. An unlimited number of sick leave days may be accumulated. Sick leave will be charged as taken.

12 month employees: allowed 15.6 sick days annually
 11 month employees: allowed 14.3 sick days annually
 10 month employees: allowed 13.0 sick days annually
 Half-time contracted employees: earn 6.00 sick days annually

Upon termination of employment of those with five (5) or more years of service, and upon request of the employee, payment of \$10.00 per day (up to 100 days) for unused sick leave accumulated at NHREC will be paid to the employee terminating employment.

Personal Leave:

The sick leave policy provides that three days of sick leave may be used for personal leave during the year. Personal leave allowance is not cumulative and must be approved in advance by the Supervisor. Personal leave requests must be submitted at least three (3) days prior to the requested leave date or can be taken for authorized emergency use only.

Employees who have accrued at least 40 days of sick leave at the beginning of the contract year may use up to four (4) days per year for personal leave.

Up to five (5) days leave, at no charge to employee, may be used for worker's compensation related injury with a doctor's note.

Sick Leave Donation:

This is a voluntary program to assist New Horizons employees unable to work due to a non-job related injury, temporary disability, illness or incapacity of a family member. The injury, disability, illness or incapacity must be the result of an unforeseen medical emergency of a serious nature and in the opinion of a licensed physician, is expected to last at least 20 consecutive working days after all accrued paid leave is exhausted. Guidelines governing the Sick Leave Donation Program are available through the Human Resources Department.

Twelve-Month Employee Vacation:

All full time employees will be eligible for paid vacation according to the following provisions:

0-5 years employment	-	1 day per month
6-10 years employment	-	1 1/4 day per month
11-14 years employment	-	1 ½ day per month
15+ years employment	-	2 days per month

Vacation accrues based on employment as a 12 month employee at NHREC

June 1st of each year, 12 month employees will have the option of converting excess vacation over 36 days, to their sick leave balance. Once the request is approved, it cannot be changed back to vacation. Upon termination or retirement, any converted leave will be treated as sick leave. Vacation accumulation cannot exceed 36 days.

Credit Union/ Delayed Pay:

Employees are eligible to join Langley Federal Credit Union or Hampton Roads Educators Credit Union. You can choose direct deposit for your checking or savings or elect to have a specific amount to go to your checking or savings account. *Langley does not offer delayed pay.* **Delayed Pay:** A delayed pay account can be set up that will allow 10 month and 11 month employees to stretch their paychecks into 12 installments. 10 month employees must sign up by the end of August and for 11 month employees, by the end of July to participate in the delayed pay program. You must join Hampton Roads Educator's Credit Union to participate in the delayed pay program.

Retirees:

Retirees have the option of receiving payment of \$30.00 per day (up to 200 days) for unused sick leave accumulated at NHREC **OR** use accumulated sick leave to purchase group health insurance that is offered through NHREC until the employee is eligible for Medicare. You must have been employed with NHREC for five (5) years to take advantage of the health insurance coverage. The employee must have a minimum of five (5) years service vested with Virginia Retirement System (VRS) and be of age 55 or ten (10) years service vested with VRS and be of age 50. In addition, the retiree must have a minimum of 24 months participation in the health care/ hospitalization insurance program prior to retirement date. If the employee was not participating in the health insurance option, it may not be added to retirement.

Retirees may request in writing to be paid for days above what is needed for purchasing the health insurance coverage option at \$30.00 per day.

Retirees may opt to apply accrued sick leave as credit toward NHREC's contribution for "single employee" coverage based on the HMO Vantage 20/40 cost. NHREC will pay the allowable percentage of its contribution until the retiree is eligible for Medicare. The retiree pays the employee cost plus the remaining percentage of NHREC contribution. A retiree may opt for family coverage and/or other available plans but will assume additional cost or savings.

<u>Number of Sick Leave Days Earned</u>	<u>Amount NHREC Pays of Single Employee's Coverage Only</u>
1 – 49	Retiree to pay entire cost
50	50%
51 – 100	65%
101 – 150	80%
151 – 200	95%
201 or more	100%

This summary is not meant to interpret, extend, or change the terms of the Plan in any way. In case of a conflict between this summary and the actual provisions of the Plan, the provisions of the Plan will govern employee rights and benefits. Although it is intended that the Plan be maintained indefinitely, the Board of Trustees reserve the right to amend or terminate the Plan in whole or in part at any time.

For additional information contact:
New Horizons Regional Education Centers
Attention: Human Resources Department
520 Butler Farm Road
Hampton, VA 23666
(757) 766-1100