

2024-2025

BENEFITS GUIDE

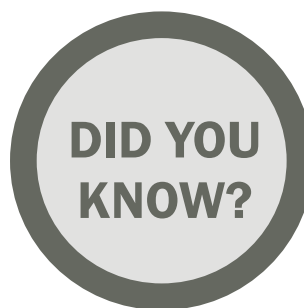
What's Inside...

Introduction	3
Qualified Life Events	4
Benefits At-A-Glance	5
IBC Medical Plans	6
CVS/ CareMark Prescription Drug Coverage	7
Delta Dental Plan	8
UCCI Dental Plan	9
IBC's Health and Wellness Programs	10
Teledoc	11-12
Acupuncture & College Tuition Benefit	13
Shatterpoint	14-15
Added Dental Benefits	16
Life Perks	17
Amplifon	18
Carebridge	19
Tess	20
Flexible Spending Accounts (FSAs)	21
Basic Life and AD&D Family and Medical Leave Act Short-Term Disability Income Protection Benefits Long-Term Disability	22
Added Benefits and Contributions	23
Dutch	24-25
PlanSource	26
Contact Information	27
Important Regulations	28
CHIP Notice	29-30
Medicare Part D Notice	31
Marketplace Notice	32
FMLA	33

Your 2024-2025 Benefits

Please take this time to carefully review your benefit options available to you through Community College of Philadelphia and choose wisely to fit you and your family's needs. This guide contains basic information about your 2024-2025 benefits programs.

For more details about your Community College of Philadelphia benefits, refer to the Summary Plan Description (SPDs) for each plan. If there is any difference between the information in this document and the plan documents, the plan documents will govern.



If you (and your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices for your prescription drug coverage. Please see page 31 for more details.

Benefits designed with you in mind



Welcome to Community College of Philadelphia's Benefits Guide

Community College of Philadelphia recognizes the hard work you do every day and the role you play in contributing to our success. As a result, we have worked hard to create a comprehensive benefits package that's meant to keep you healthy and productive, while also giving you options to plan for and protect yourself in the future. This Benefits Guide is a great tool to help you understand the plans and programs that you and your family will be enrolled in for the plan year.

The ever-changing world of health care has become increasingly complex. Our goal in providing this Benefits Guide is to help you better understand the benefits we offer and easily navigate the health care landscape. To get the most out of your employee benefits program, we encourage you to review this booklet in its entirety. Included, you will find details about:

- Who is eligible to participate
- How to make changes during the year, if applicable
- Each benefit and a summary of what is covered under the plan
- The Insurance Companies who administer our benefits and how to contact them if you need assistance
- Information on Health and Wellness Programs
- And much more!

Offering competitive and cost effective benefits to you and your family is important. It is a way for us to say “thank you” for contributing to the underlying success of the company.

If you have any questions about the employee benefits described herein or would like more information, please refer to your plan documents, insurance booklets or contact the Human Resources Department.



Qualified Life Events

The choices you make when enrolling in your benefits will be in effect for a 12-month plan year. However, you may make changes during the year if you experience a qualified life event. **If you need to report a life event during the year, you will need to go directly to PlanSource to submit your qualifying event.** Some examples of life events are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a dependent (including loss of dependent status)
- Change in your own employment status
- Change in residence that affects the benefits offered to you

Eligibility

Who Can Enroll

Regular full-time, part-time, classified, & confidential employees are eligible to participate in the employee benefits program.

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

- ✓ Your legally married spouse
- ✓ Your same-sex domestic partner
- ✓ Your opposite sex domestic partner
- ✓ Your dependent children

Included in the definition of dependent child(ren) are:

- You or your spouse's state registered and unregistered domestic partner's naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian
- You or your spouse's state registered and unregistered domestic partner's dependent child(ren) up to age 26 whether they are a full-time student or not. Coverage ends at the end of the month following the date they turn 26
- You or your spouse's state registered and unregistered domestic partner's continuously disabled dependent child (ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age

Please Note: Domestic Partner's medical expenses cannot be reimbursed under your Health Care Flexible Spending Account HCFSA. According to current IRS regulations, you must be legally married.

IBC Medical Plans

Community College of Philadelphia is pleased to offer you and your eligible dependents access to quality, affordable medical coverage through IBC's Preferred Provider Organization (PPO) Plus plans. IBC's medical plans offer you the freedom to receive care from many sources and cover a broad range of health care services. **Please note with the updated portal all will receive new ID cards.**

Keystone Point-of-Service

Community College of Philadelphia offers the Keystone Point-of-Service plan to you and your eligible dependents at no cost. This plan lets you maintain freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided or referred by your primary care physician (PCP). Please note you will need a referral to see a specialist. You will also need to go to a designated site for the following: Laboratory, Radiology, Physical Therapy and Occupational Therapy. If you do not go to your selected PCP or their PCP's designated site, your claims will process as Self-Referred. With a Keystone Point-of-Service, you have the freedom to self-refer your care either to a Keystone participating provider or to providers who do not participate in our network; however, higher out-of-pocket costs apply.

Personal Choice

Personal Choice®, our Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing your care through Personal Choice's network of hospitals, doctors, and specialists, or by accessing care through preferred providers that participate in the BlueCard® PPO program. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice network or BlueCard PPO program when outside of the service area. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement. Employees who enroll in the Personal Choice plan will pay a monthly premium based on their annual salary. The premium will be paid through payroll deduction on a pretax basis, starting with the **September 6, 2024** pay.

Community College of Philadelphia Benefits At-a-Glance

Community College of Philadelphia is pleased to offer a full range of benefits effective 9/1/2024.

Medical: <i>Independence Blue Cross</i>	• Keystone Point-of-Service • Personal Choice
RX <i>CVS/Caremark</i>	• Retail • Mail Order
Dental Plan: <i>Delta Dental of PA</i>	• Delta Dental PPO • Delta Dental DHMO
Dental Plan: <i>United Concordia</i>	• Concordia Plus network (DHMO)
Flexible Spending Accounts: <i>Navia Benefits</i>	• Health Care FSA • Dependent Care FSA • GoNavia Commuter Benefit
Basic Life/AD&D: <i>Sunlife</i>	• Eligibility based on class, please refer to PlanSource and CCP website for certificates
Short Term Disability:	• Short Term Disability (STD) is available for Administrators and Faculty after reaching benefits eligibility
Long Term Disability: <i>Sunlife</i>	• Employer-Sponsored Benefit (one-year waiting period)
Plan Source: <i>Marsh McLennan Agency</i>	Online access to your benefits information 24 hours a day, seven days a week through PlanSource, which can be used to: • Review current benefit plans • Review beneficiaries/dependents • Find other benefit related information



MEDICAL PLANS

Independence Blue Cross (IBC)

IBC Medical Plans

Community College of Philadelphia is pleased to offer you and your eligible dependents access to quality, affordable medical coverage through IBC. IBC's medical plans offer you the freedom to receive care from many sources and cover a broad range of health care services. To find participating doctors, specialists, hospitals, and facilities closest to home or work, visit www.ibxpress.com.



Services	IBC Medical			
	Keystone POS Plan		Personal Choice Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Based on a contract year, you will pay the following:			
Annual Deductible: Individual/Individuals & Dependents/Family	\$500 /\$1,000/ \$1,500	\$500 /\$1,000/ \$1,500	\$500 / \$1000/ \$1,500	\$700 /\$1,400/ \$2,100
Out-of-Pocket Maximum: Individual/Family (Out of pocket expense)	\$4,500 / \$9,000	\$0 / \$0	\$4,500 / \$9,000	\$0/\$0
Coinsurance	0%	20%	0%	30%
Annual Copay Maximum	\$650	N/A	N/A	N/A
PCP Copay	\$10	20% after deductible	\$10	30% after deductible
Specialist Copay	\$25	20% after deductible	\$40	30% after deductible
Diagnostic Procedures				
Diagnostic x-rays	\$0	20% after deductible	\$20	30% after deductible
MRI / MRA, CT Scans / PET	\$0	20% after deductible	\$40	30% after deductible
Hospital Care				
Inpatient Hospital	\$0 after deductible	20% after deductible	\$0 after deductible	30% after deductible
Outpatient Surgery	\$0 after deductible	20% after deductible	\$0 after deductible	30% after deductible
Emergency Room Copay	\$35 (waived if admitted)	\$35 (waived if admitted)	\$100	\$100
Urgent Care Copay	\$24	20% after deductible	\$70	30% after deductible
Routine Eye Care	\$25	Not Covered	Not Covered	Not Covered

PRESCRIPTION DRUG PLAN

CVS Prescription Drug Coverage



CVS Prescription Drug Coverage

When you enroll in a Community College of Philadelphia medical plan, you automatically receive prescription drug coverage through CVS/Caremark. The Pharmacy Management Formulary Program provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand-name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs. The Pharmacy Management Formulary Program utilizes the CVS/Caremark network where you can locate a participating pharmacy to fill your prescription.

The formulary drug program utilizes four levels of cost-sharing that ranges from lowest to highest cost, with generic drugs being the most affordable. To get an updated copy of the standard control formulary list of drugs, visit www.caremark.com.

Save money, use mail order!

The prescription plan also includes a mail order program through CVS/Caremark which allows you to purchase a 90-day supply of medications you take on an ongoing basis (known as maintenance drugs). When you order prescriptions through the mail, you pay 2 copays for generic, brand and non-formulary, rather than three, for a 90-day supply.

All covered maintenance medications for chronic conditions (such as blood pressure medications) must be provided through the mail order service with CVS/Caremark, which allows you to order up to a 90-day supply.



Using Mail Order services allows you to:

- Minimize trips to the pharmacy with delivery to you within 14 days
- Save time by managing your prescription refills online or with a quick phone call
- Order refills, check order status, and pay your bill online
- Manage prescription for you and your family
- And enjoy free standard shipping

To use the mail order program, have your doctor fill out your prescription and an order form. You can also speak to a representative by calling the number on the back of your member ID card.

Now available Prudent RX Solution which available manufacturer copay assistance program for their **specialty** medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution,

CVS/Caremark Prescription Drug Coverage

Annual Deductible Individual/Individual & Dependent/Family	\$50
Retail (up to 30-day supply) Generic* Preferred Brand Non-Preferred Specialty **	\$0 \$30 \$50 \$80
Mail Order (31 to 90-day supply) Generic** Brand Formulary Brand Non-Formulary Specialty**	\$0 \$60 \$100 \$160

Maintenance generic RX require 90-day supply from CVS or Caremark Mail Order*

**** Prudent RX Solution ****



Delta Dental Plan

Delta Dental manages the dental benefit. Delta’s dental program offers comprehensive dental coverage for services ranging from x-rays ,routine cleanings to fillings and major care services.

Dental Preferred Provider Organization (PPO)

Under the Delta Dental PPO plan, you have access to a broad range of providers in the Delta Dental PPO network. The expanded network gives you a greater selection of Delta -preferred dentists. You will maximize your benefits if you use a participating provider, which will lower your out-of-pocket costs.

In-network dentists are required to accept the Delta Dental negotiated fee as payment in full. If you decide to use a non-participating dentist, however, benefits will be paid based on the maximum fee that Delta Dental will approve for a given procedure in a given region. Preventive Care is covered at 100% in or out of the network.

To locate a participating dentist, visit Delta Dental’s website at www.deltadentalins.com and access the provider directory.



Feature/Service	Delta Dental		
	DPPO		DHMO
	In-Network	Out-of-Network	In-Network
	You will pay the following cost-share:		
Individual Annual Deductible	\$0	\$0	N/A
Family Annual Deductible	\$0	\$0	N/A
Annual Maximum/Person	\$1,700	\$1,500	N/A
Preventive and Diagnostic	0%	0%	0%
Basic Services-Fillings and posterior composites	0%	0%	See fee schedule
Endodontics (root canals)	0%	0%	See fee schedule
Periodontics (gum treatment)	50%	50%	See fee schedule
Oral Surgery	0%	0%	See fee schedule
Major Services- Crowns, inlays, onlays & cast restorations	0%	0%	See fee schedule
Prosthodontics- Bridges, dentures and implants	50%	50%	See fee schedule
Orthodontia (Dependent children to age 19)	50%	50%	See fee schedule (coverage for dependent & adults)
Orthodontic Lifetime Maximum	\$1,000	\$1,000	See fee schedule

When dental services are received from a Non-Participating Dentist, Delta Dental's payment is sent directly to the primary enrollee. You are responsible for payment of the Non-Participating Dentist's total fee. Non-Participating Dentists will bill you for their normal charges, which may be higher than the Premier Allowed Amount for the service. You may be required to pay the dentist yourself and then submit a claim to Delta Dental for reimbursement. Since the Delta Dental payment for services you receive may be less than the Non-Participating Dentist's actual charges, your out of pocket cost may be significantly higher.

DENTAL PLAN

United Concordia Dental (UCCI)



United Concordia Dental (UCCI) Dental Plan

UCCI offers comprehensive dental coverage for services ranging from x-rays and routine cleanings to fillings and major care services.

Dental Health Maintenance Organization (DHMO)

Under the UCCI DHMO plan, you have access to a broad range of providers in the UCCI network. Treatment by an Out-of-Network dentist is not covered.

To locate a participating dentist, visit UCCI's website at www.unitedconcordia.com and access the provider directory.



Feature/Service	UCCI Dental
	DHMO
	In-Network
	You will pay the following cost-share:
Individual Annual Deductible	N/A
Family Annual Deductible	N/A
Annual Maximum/Person	\$0
Preventive and Diagnostic (Deductible waived for preventive)	0%
Basic Services	REFER TO SCHEDULE OF BENEFITS
Major Services	REFER TO SCHEDULE OF BENEFITS
Orthodontia	REFER TO SCHEDULE OF BENEFITS
Selection of Primary Dentist Office required?	YES



Set Goals and Take an Active Role in your

Take Advantage of IBC's Health and Wellness Programs

There are additional benefits available through your medical plans that are designed to encourage healthy behaviors. The discounts are available on products and services to help improve your health and save you money. You must register to take advantage of these benefits by calling 1-800-ASKBLUE or visiting the member portal at www.ibx.com and clicking on *Rewards & Incentive* then *Savings & Reimbursements*.

Fitness Programs

From discounts to reimbursements, IBC's Healthy Lifestyles Fitness Program offers you big incentives to lead a healthier life and make healthier choices.

IBC's fitness program will reimburse you up to \$150 of your fitness center fees just for completing 120 workouts during a 365-day program enrollment period. That means getting paid to work out an average of two to three times a week!

Healthy Weight, Healthy You

A healthy weight reduces your risk for heart disease, high blood pressure, diabetes, and stroke, just to name a few. If you'd like to lose weight, IBC will reimburse you up to \$150 per year of your class fees or membership costs for approved weight management programs.

Tobacco Cessation

No matter who you are, you can find a program that will give you the type of support and encouragement you need to kick the habit. Receive \$150 back when you complete your choice of proven tobacco cessation programs. Eligible programs include those that focus on behavior modification and provide frequent and regular support such as weekly meetings or telephone-based sessions.

Visit www.ibx.com, click on [Rewards & Incentives](#) then [Healthy Habits & Reimbursement](#) or [Ways to Save](#) for information about these benefits and more

IBX wire

Stay connected! App, text, and email — simple and secure ways to stay informed about your health plan

<https://www.ibx.com/stay-healthy/health-and-wellness-perks/get-connected>

10 | 2024-2025

IBC Wellness and Member Perks

IBC offers access to a variety of products and services to help you live a healthy lifestyle and manage your everyday life. You and your family members can take advantage of benefits and programs such as:

- **Stress Management** - Receive a stress-relief guide.
- **Baby BluePrints** - A maternity program designed to help you be healthy, confident, and comfortable throughout your pregnancy.
- **24/7 Nurse Line** - You have access to speak with a registered nurse 24 hours, 7 days a week.
- **Personal Health Profile** - Health risk assessments members complete through the member portal that results in a health analysis and personalized action plan.
- **Nutrition Counseling** - Receive up to 6 visits a year with a registered dietician to learn how to eat a healthier diet.
- **Immunizations** - Information on vaccines and immunizations.
- **Blue365** - Access exclusive deals and discounts on fitness gear, gym memberships, weight-loss/healthy eating programs and healthy travel experiences with Blue365.
- **Blue Insider** - Get exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums and other attractions.



Get medical care, anytime, anywhere

Talk to a doctor 24/7



When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescription requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

Nearly 90% of users are satisfied with their Teladoc experience.

Teladoc Health, Inc. is an independent company that provides virtual care, for medical and specialty.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

Independence 

Schedule an appointment
Learn more and make an appointment at
www.Teladochealth.com

How Teladoc General Medical works



Initiate: You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting www.Teladochealth.com
- Downloading the Teladoc mobile app



Request: Schedule a visit at your preferred time or request an on-demand visit for an urgent need.



Visit: Meet with your doctor, who will evaluate you and answer your health questions.



Resolve: Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.

IBX

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Take charge of your mental well-being

Get access to convenient,
confidential therapy



With Teladoc Mental Health Care, you can get trusted support for your mental and emotional health.

Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more.

Using Teladoc Mental Health Care is easy. You can:

- Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
- Schedule a virtual visit by phone or video at a time that's best for you to connect
- Get ongoing support from your mental health care provider

How Teladoc Mental Health Care works



Initiate: You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting www.Teladochealth.com
- Downloading the Teladoc mobile app



Inform:

Complete the intake form and provide details about your concerns.

Schedule an appointment

Learn more and make an appointment at

www.Teladochealth.com



Schedule: Choose your mental health care provider and schedule a virtual session.



Consult: Talk to the provider about your concerns.



Support: Schedule follow-up appointments as needed.

Compassionate care for mental well-being

Teladoc Mental Health Care providers can offer support for:

- Anxiety
- Attention-deficit/hyperactivity disorder (ADHD)
- Depression
- Eating disorders
- Grief
- Obsessive-compulsive disorder (OCD)
- Panic disorder
- Post-traumatic stress disorder (PTSD)
- Stress
- Trauma resolution
- Work pressure

More than 75% of users with depression or anxiety reported improvement after their third or fourth virtual care visit.

ACUPUNCTURE / COLLEGE TUITION BENEFIT

Independence Blue Cross (IBC)



IBC Acupuncture Benefit Coverage

Independence Blue Cross (IBC) has included acupuncture treatment with the health and wellness member-exclusive programs. The benefit will be covered for pain management and for certain other conditions/indications including:

- Headache (migraine, tension)
- Post-operative and chemotherapy-induced nausea, vomiting
- Lower back pain
- Pain from osteoarthritis of knee/hip
- Chronic neck pain

The benefit will be available without precertification.

Based on type of coverage:

- PPO members will pay specialist cost-sharing and have an 18-visit limit (combined in and out-of-network).
- POS will need a referral, pay their specialist cost-sharing, and have an 18-visit limit (as with all POS plans, this is not a combined visit limit).

College Tuition Benefit: Tuition Rewards Program

The College Tuition Benefit® Rewards program offering through SAGE Scholars is available to Independence Blue Cross (Independence) members as a value-added program.*

The program works much like a scholarship program, where the tuition rewards can accumulate up to one year of tuition at a participating college. The tuition rewards can then be used at one of approximately 400 participating colleges and universities nationwide. See a complete list of participating schools at ibx.collegetuitionbenefit.com.

You can use your College Tuition Benefits Rewards at nearly 400 private colleges and universities across the nation.

- Each Tuition Rewards point equals a guaranteed \$1.00 minimum reduction off of the published full tuition, spread evenly over four years of undergraduate education, starting with freshman year.
- You will receive rewards each year you have medical coverage through Independence Blue Cross (Independence).
- Employees that enroll in the first year earn 2,000 tuition rewards points, plus 2,000 tuition rewards points for every year they remain enrolled in an Independence health plan, including an additional 2,500 points in year 4.
- Tuition Rewards can be used for your children and extended family members, including children, nephews, nieces, and grandchildren. Don't forget to enroll them!
- See how quickly your account can grow!

Note: After your initial registration, future points are credited 30 days after plan anniversary.

To learn more about the program and how to get started, go to www.ibx.collegetuitionbenefit.com to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 844-244-4086. The website can be accessed via the ibx portal.

*This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice.



ADDICTION TREATMENT

Shatterproof Treatment Atlas



Shatterproof Treatment Atlas

You can now access Atlas, a free online tool that connects you and your loved ones with trustworthy, in-network addiction treatment.

Finding addiction treatment can feel overwhelming. That's because one size doesn't fit all when it comes to finding the best care for your needs. Shatterproof's Treatment Atlas can help you find and compare treatment facilities.

How Atlas works

Understanding what type for treatment is needed

Complete a brief and anonymous set of questions that offers initial guidance on the most appropriate level of care and recommendations for additional treatment services.

Find and compare treatment facilities

The Atlas tool contains a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services. When searching for care on Atlas, you can filter results by location, specific treatment services offered, language spoken and more.

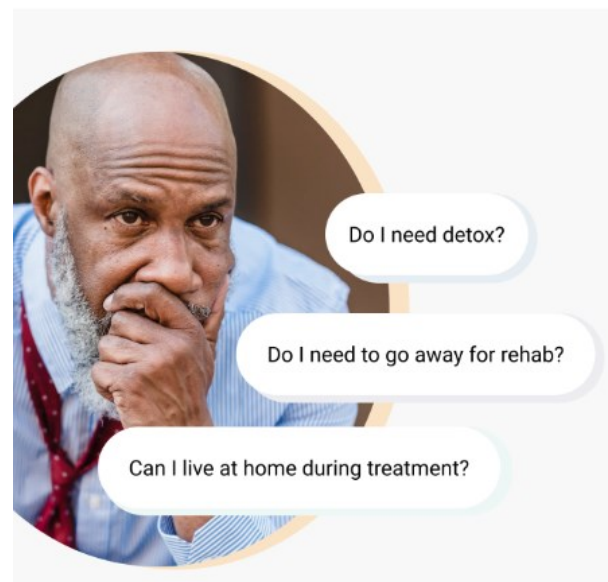
For more information about the Atlas tool, visit [Treatmentatlas.org](https://treatmentatlas.org).

Accessing the Atlas tool

Go to ibx.com and click on the Get Care tab to be get started. Click on Behavioral physical and emotional health and then

Behavioral health resources from the drop dead menu. You will find a direct link to the Atlas tool on thar page.

You can also call the number on the back of your ID card to connect with a customer service advocate who can access the Atlas tool to search for facilities. They can also send you the link to the tool by email.



Resources and support for behavioral health

Your overall health includes both your physical and mental well-being.

That's why your health plan offers resources and tools to support both.

We want to make it easier to take care of your mental health. Your benefits offer a variety of options so you can choose the ones that fit your needs and preferences, including in-person or virtual appointments with a provider and even self-guided tools you can use on your own.

Find in-network care

We offer a robust, high quality network of mental health professionals (including psychiatrists, psychologists and counselors). Here are ways to find an in-network mental health professional:

Use the Find a Doctor tool online. Log in at ibx.com anytime or use the free IBX app to search for an in-network provider. Each provider's profile includes information about their areas of focus, as well as whether they offer in-person and or / virtual appointments.

One-on-one support

Call the Mental Health & Substance Abuse number on the back of your member ID card to be connected to Customer Care Advocates who can:

- Help you find in-network providers who meet your needs or even schedule an appointment for you
- Answer specific questions about your benefits and claims
- Connect you to a licensed clinician for in the moment support

Navigate complex care with care management

Depending on your needs, you may be contacted by a case manager to offer support at critical points before, during or after treatment. Case managers provide personal support and can help you coordinate and manage your individual care.

Virtual care and online resources

Virtual care and online resources are convenient, flexible, and confidential– and you can access it all from the comfort of your home.

Telemedicine health

You have the option to schedule virtual visits with an In-network behavioral health provider who offers virtual appointments. Your cost-sharing will be the same as it would be for an in-office behavioral health visit. To see if a provider offers virtual appointments, log in at ibx.com and use our Find a Doctor tool to view their provider profile.

Mental Health Coaching

You have access to Mental Health Coaching a digital resource with proven tools and dedicated support for stress, depression, chronic pain, substance use, and more. Mental Health Coaching offers self-guided digital content to strengthen your emotional well-being and support you, wherever you are in your mental health journey. You can also use the Teledoc app, available from the Apple Store or Google Play. Log in at ibx.com and click on the Benefits tabs to start using Mental Health Coaching Program.

More Online Resources

When you log in at ibx.com, select Mental Health & Substance Use Disorder from the Benefits menu at the top. You'll find more information about your benefits and links to additional programs and support that you can access anytime 24/7.





ADDED DENTAL BENEFITS

Delta Dental

BrushSmart

BrushSmart is an oral wellness program, exclusively for Delta Dental enrollees, that offers personalized solutions, oral care tips and discounts on the products that help you improve your dental care routine. Regular brushing and flossing — with the right tools — have always been the best way to strengthen your smile and protect your oral health. We've partnered with Philips Sonicare to bring you deals and products tailored to your specific needs and lifestyle.

Want to get started? It's easy:

1. Go to brushsmart.org.
2. Fill out the sign-up section.
3. Check the user agreement box, then click the Join BrushSmart button.

When you complete these steps, you'll receive your coupon code and a confirmation email. Visit brushsmart.org for more information.

Toothpic

Toothpic is a photo-based teledentistry app for PPO™ and Premier® plan members that offers virtual dental screenings from a Delta Dental dentist. Answer a few questions about your oral health and take photos of your mouth from your smartphone to receive a personalized dental report in under 24 hours. This dental report includes:

How to Register:

- Scan this QR code with your smartphone or visit deltadental.toothpic.com



- Click on Register Now to create an account and download Toothpic
- Open Toothpic and log in to your account to get started!

Virtual Consult

Virtual Consult connects Delta Dental members and dentists for real-time video appointments. This benefit is **free** with your existing Delta Dental PPO™ or Delta Dental Premier® plan.

When you have an urgent issue, even if it's after hours, Virtual Consult makes getting a dentist's advice simple. Virtual Consult is great if you are experiencing an urgent dental issue, don't have a regular dentist, can't take time off work or have difficulty visiting the dentist's office, or aren't feeling well.

With Virtual Consult, you can:

- Get urgent dental care for issues such as pain or pressure, bumps or swelling, cuts or lesions, chipped teeth and bleeding. You can even get e-prescriptions for pain or infections sent directly to the pharmacy of your choice.
- Have a live video consultation with a Delta Dental dentist from the comfort of your own home or anywhere you have a camera and internet-equipped computer.
- Get follow-up instructions sent to you and visit summaries and histories made available for your regular dentist. Your medical information and visit history will also be stored in your secure profile for any future visits.

Ready to get started?

Visit <https://deltadentalvirtualconsult.com/> for more information and to learn how to download and use Virtual Consult. **Reminder the virtual consult has a \$0 copay.**





Savings to smile about

Support a healthy lifestyle with LifePerks



Wellness is more than oral health

That's why, as a Delta Dental member, you have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life.

How do I get the discounts?

Register and learn more about LifePerks today. After registering for LifePerks, visit the online platform or take advantage of the members-only deals periodically emailed to you.

Special offers	
Oral health	Discounts to help keep your oral health on track
Health & wellness	Access whole body health deals on nutrition, fitness equipment and gym memberships
Lifestyle	Save big on childcare, groceries, home services, pet insurance and financial and auto services
Travel & entertainment	Keep the whole family entertained with discounted access to movie theaters, theme parks, vacation planning and travel services
Customer service	24/7 email customer support

Register and learn more about LifePerks today.



Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT.



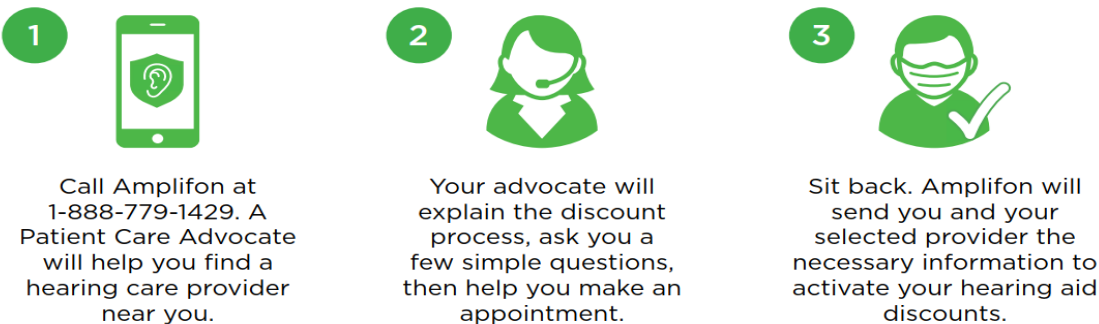
LifePerksML.lifemart.com

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EF100 #25252 (rev. 6/23)

Amplifon

- You now have access to discounts on hearing aids through Amplifon Hearing Health Care. Delta Dental selected Amplifon, a leader in hearing health care, to act as you personal concierge. They'll guide you through every step, from using your discounts to finding the right products and care to match your hearing needs
- There's no sign-up fee for the program, and you'll enjoy 62% average savings off retail pricing. If you find a lower price at local provider. Amplifon will not only match it, they'll beat it by 5% Plus, no interest financing is available
- Amplifon offers access to the nation's leading hearing aid brands featuring the latest technology. And, all products are backed by a 60 day no risk trial
- With a broad network of hearing clinics across the nation, its likely Amplifon has a provider near you
- The advantages of Amplifon don't stop right after you buy. You get one year of free follow-up care, two years of free batteries and three year product warranty for all hearing aid purchases

Ready to get started? It's simple.



Take advantage of your value-added feature!
Visit www.amplifonusa.com/deltadentalins or call 1-888-779-1429 to get started.

Qualsight

QualSight LASIK

Think you'd never be able to afford LASIK eye surgery? Now it may be within reach. Why? Because Delta Dental has selected QualSight to offer you access to discounts on LASIK services. Through QualSight, you can save 40%-50% off the national average price of Traditional LASIK along with big savings on Custom and Custom Bladeless LASIK procedures.

Extra savings

You get preferred pricing on LASIK through QualSight providers across the nation. Plus, pre- and postoperative visits are included, along with a one-year assurance plan

Expert surgeons

There's no need to fear- QualSight's network is built with credentialed laser eye surgeons who have collectively performed more than 6.5 million procedures.

Expansive choice

With more than 1,000 LASIK locations you can choose the physician with the experience, reputation and technology your vision correction requires.

1. Get ready.

Give a QualSight care manager a call at 1-855-248-2020.

2. Get set.

A care manager will explain the program and answer any questions.

3. Save!

Pick a physician and pay a discounted price for LASIK services.

To learn more about the LASIK discounts, visit www.qualsight.com/-delta-dental.

EMPLOYEE ASSISTANCE PROGRAM

Carebridge



Employee Assistance Program

Some days it can be tough to manage the competing priorities in our lives, and keep it all running smoothly. The Carebridge Employee Assistance Program (EAP) is a confidential around-the-clock service that helps you and your family balance the demands of work, life and personal issues. A trained professional will help assess your needs. The EAP can assist you with:

- Mental health and well-being
- Personal and professional relationships
- Substance abuse
- Family life
- Childcare and Eldercare
- Financial, Legal and Identity Theft

Please note: There is no charge to you or your family for using the EAP program; however, if you choose to use any referrals to additional resources, those charges, if any, would be your responsibility.

What Does It Do?

The EAP and Work/Life program provides a professional counselor to listen and:

1. Help define the problem clearly
2. Assess the type of help needed
3. Either provide the required help or make the most appropriate, cost- effective referral for you

Who Can Use It?

The Carebridge EAP program is available to employees, their spouse, their significant other, and their dependent children even if you have waived coverage under our health plans. As an employee of Community College of Philadelphia, you are automatically enrolled in the Carebridge EAP at no cost to you.

Download The App

Get confidential 24 hours assistance and fast access available by downloading the Carebridge App for free.

Have Questions? Need Help?

Contact Carebridge - EAP

1-800-437-0911

Toll free, 24 hours a day, 7 days a week. You can also visit online at: www.myliferesource.com

Access Code: KJC7Y

[Carebridge Employee Orientation Video](#)

Introducing Tess

From Prevention to Intervention, Carebridge Can Help.

Emotional Support Using Artificial Intelligence

1

Say hi

Start by chatting with Tess by texting "hi" to 415.360.0039.

Text messaging rates may apply.

2

Tess asks

Like a coach, Tess works to understand your needs by asking, "how are you?"

3

Tess helps

Tess delivers coping strategies based on the emotions you express.

More than 8 million people have access to Tess.
Tess is free and available 24-7 within the United States
for you, and for members of your family over the age of 13.



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FLB-TSI-06-22-A0



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Navia Benefits

Flexible Spending Accounts (FSAs)

FSAs are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. Two types of accounts are available — Health Care Spending Account and Dependent Care Spending Account. The Flexible Spending Account, managed by Navia Benefits, runs from **January 1–December 31**. All full-time employees working at least 32 hours a week and scheduled for twelve months of continuous service with Community College of Philadelphia at the start of the plan year are eligible. **Please Note:** There will be a separate open enrollment period held in November for FSA programs.

Health Care FSA

A Health Care FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs not covered by your health plan. Your Health Care FSA lets you pay for eligible medical and dental care expenses not covered by your insurance plan with pretax dollars. This means that you end up paying less in taxes and taking home more of your paycheck. Your Health Care FSA covers a wide range of medically necessary expenses including, but not limited to: copays, coinsurance, deductibles, prescriptions, dental expenses, vision expenses and orthodontia care.

The IRS allows you to contribute to your FSA through pre-tax payroll deductions, meaning those funds are deposited into your account before any deductions for income tax, Social Security or State withholding taxes are taken. This benefit is optional, and contributions are funded entirely by you as the employee.

Each year during Open Enrollment, you decide how much to set aside for the upcoming calendar year for expenses. You must elect each year in order to participate. The maximum annual contribution is \$3,200.

Please note: The ACA requires medical plans to cover dependents to the age of 26 (if offered by your employer), but it doesn't require these dependents to be tax dependents. To use FSA funds for dependents expenses, the dependent must specifically be able to be claimed as a dependent on your tax return.

Some examples of eligible expenses include: covered prescription and doctor copays and deductibles, medical deductibles and coinsurance, eyeglasses and contact lenses, eligible over-the-counter (OTC) items (contact lens solution, band-aids, birth control, etc.), orthodontics and more.

Some ineligible expenses: premiums for medical, dental, vision, etc., amounts reimbursed by health care plans, non-medical physical treatments, cosmetic surgery and more. For a complete list of items, visit the Internal Revenue Service (IRS) website at www.irs.gov.

Use it or Lose it

As you think about your FSA for this plan year, be sure to carefully estimate your expenses and the amount you want to contribute to your account. As you do, remember that, as a result of national health care reform, you may no longer use the Health Care FSA to pay for certain over-the-counter drug and medicines without a doctor's prescription or letter of medical necessity. The goal in estimating carefully is to use

whatever you set aside so you don't lose it.

That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule, which means if you don't spend everything in your FSA by the end of the plan year, you'll forfeit funds in excess of \$640.

\$640 Rollover

Community College of Philadelphia offers the option to roll over \$640 of unused health FSA balances into the following plan year. The \$640 rollover amount will be in addition to whatever new money you plan to put into your account through pretax payroll deductions. This option applies only to the Health Care FSA; you will still be able to elect up to the maximum amount of \$3,200 per calendar year. Any amounts remaining at the end of the plan year over the \$640 rollover amount must be forfeited.

Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. **You can contribute up to \$5,000 (\$2,500 if married and file individual tax return) for the Dependent Care FSA** for children under age 13 and for disabled adults in your care.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent day care (in or out of your home)
- Nursery schools and preschools (excluding kindergarten) and summer day camp

GoNavia Commuter Benefit

The GoNavia Commuter program allows you to pay for your work-related parking and transit expenses using pretax dollars. Visit www.naviabenefits.com to register. The order amount will be deducted from your paycheck pretax and loaded onto a Navia Benefits Card. You can then use the Navia Benefits card, in place of a personal debit or credit card, to purchase services at any transit or parking facility that accepts MasterCard. The monthly limit is **\$315** for 2024.

As a month-to-month benefit, you can opt in and out of the benefit at any time based on your transit or parking needs for the upcoming month.

BASIC LIFE INSURANCE

Sunlife



Sun Life Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Community College of Philadelphia is pleased to offer life insurance coverage with Sunlife. This benefit is available at no cost to you for those that are deemed eligible.

If you have people who depend on you for financial support, life insurance will help protect them in case something happens to you — your designated beneficiary will collect a financial benefit upon your death.

Also included is AD&D coverage which provides an additional level of protection upon your death or a serious injury or accident. This benefit is equal to your life insurance amount.

Although there are no enrollment forms to complete, you are encouraged to update your beneficiary designations in Plansource.

Family and Medical Leave Act (FMLA)

After one year of service and completion of 1,250 hours of service with the College during the 12-month period immediately preceding the commencement of the leave, you are entitled to 12 weeks of unpaid job-protected leave for certain family and medical reasons. You may be eligible for 26 weeks of unpaid leave in a single twelve-month period to care for a military service family member, i.e. son, daughter, spouse, parent or next of kin (nearest blood relative). You are not required to take the 12 or 26 weeks consecutively. If you need to take the leave in increments other than consecutive weeks, please discuss this with your supervisor and the Benefits Office. Certain kinds of paid leave such as Short-Term Disability, Income Protection Benefits, and Worker's Compensation will run concurrently with Family Medical Leave.

Short-Term Disability (STD)

Short Term Disability (STD) is available for Administrators and Faculty after reaching benefits eligibility. This benefit provides up to 180 days of salary continuation at 100% of your base pay for an approved disability.

Income Protection Benefits (IPB)

Income Protection benefits (IPB) are available for Confidential and Classified employees after reaching benefits eligibility. There is a 28-day waiting period during which you must use your accrued sick, vacation, or personal time. This benefit provides 80% of base pay up to 152 days for an approved disability. Employees can use 1 accrued sick, vacation, or personal day each week to receive 100% pay during their absence.

Long-Term Disability (LTD) Insurance

If you are an active full-time employee and deemed eligible based on class working a minimum of 32 hours per week, you are eligible for this benefit. Benefits begin after a year of active service.

The LTD benefit provides income during an extended period of disability if you are disabled and unable to return to work after 180 consecutive days. You may receive monthly LTD benefits as long as you are deemed disabled by the insurance carrier or until you reach Social Security normal retirement age.

There are processes that need to be followed and forms that need to be completed by you and your physician for each benefit. Please contact the Benefits Office by emailing benefits@ccp.edu for more information or to request a leave.



ADDED BENEFITS AND CONTRIBUTIONS

Retirement Plan

You can change your retirement plan investment vendor (TIAA or Fidelity) any time during the year. Please note that you can enroll in Community College of Philadelphia 403b Supplemental Contributions Plan (elective deferrals, no Community College of Philadelphia contributions) at any time, regardless of your employee classification.

Forms to change your retirement plan contribution amounts / percentages are also found on Community College of Philadelphia HR website. You can increase or change your contribution to your retirement account (above the mandatory 5%) at any time.

Health Fitness Connections LLC

Health Fitness Connections LLC offers one-on-one nutritional service between you and a registered dietitian. A registered dietitian will help you navigate your dietary and nutrition needs as it relates to your health and wellness concerns. Counseling services provide a personalized experience, your registered dietitian will create a dietary plan and provide tips and strategies based on your specific needs. Dietitians can help not only with weight loss/management, but can help you with disease management (diabetes prevention and management, high blood pressure, high cholesterol), stress management, healthy cooking strategies, exercise and nutrition, healthy grocery selections and much more!

Visit www.healthfitnessconnections.com/nutrition-counseling-1 to book your free appointment with a Health Fitness Connections registered dietitian. Sessions are conveniently by video chat or phone.

2024-2025 Contributions

Each year Community College of Philadelphia reviews our benefit programs and make revisions and updates to ensure that we continue to offer a competitive, cost-effective benefit program to you and your family. **Please note there will be NO changes to your bi-weekly employee contributions for the 2024-2025 plan year.** Please refer to PlanSource for the rate sheet and further contribution information.

Meet your new pet telehealth benefit

When your pet isn't feeling well, you just want help fast. That's where your new Dutch benefit from your employer comes in. We're an online vet clinic that makes it faster, easier, and more affordable to get vet care and medication — from the comfort of home.



With your annual Dutch membership, you'll enjoy:



- ✓ Fast access to licensed vets, often within an hour
- ✓ Unlimited video calls & messaging
- ✓ Customized prescription treatment plans
- ✓ Competitive prices on medications
- ✓ Free shipping on every order
- ✓ Ongoing care & follow-up
- ✓ Care for up to 5 pets

Some things we can help with:



- ➔ Allergy
- ➔ Anxiety
- ➔ Arthritis & joint pain
- ➔ Coughing
- ➔ Destructive behavior
- ➔ Diarrhea & vomiting
- ➔ Diet & nutrition
- ➔ Ear health
- ➔ Flea & tick
- ➔ Hair loss
- ➔ Itching
- ➔ Skin issues
- ➔ Tooth health
- ➔ Trembling or shaking
- ➔ Urinary health

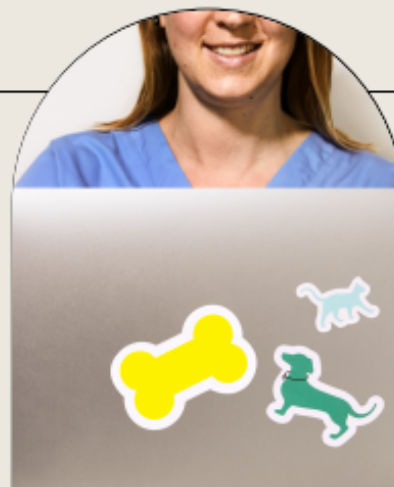
Sign up with your work email & get a year for \$10/month



www.dutch.com USE CODE: CDP120

Please note: *Prescriptions available in most states. In states where we don't offer prescriptions, we can provide general vet advice and over-the-counter treatment options.

Frequently asked questions



What types of pets does Dutch treat?

Our vets treat dogs and cats. Your membership includes up to 5 pets.

Can I get medication through Dutch?

Yes. Our vets can recommend medications (including prescription medications in many states), which you can buy directly from our online pharmacy. Shipping is always free.

Is prescription medication available in my state?

Laws governing telemedicine vary from state to state. In some states, vets can prescribe medications virtually, while in others, they cannot. These laws do change, and you can find a current list of states where we can prescribe [here](#). However, our vets can offer advice and over-the-counter treatment options in all 50 states.

What if my pet needs in-person care?

Dutch is a virtual-only veterinary service. If your pet needs to be seen in person, our vets will recommend that you take them to a local clinic or pet hospital. Your pet's health is our top priority.

What if my pet has preexisting conditions?

Dutch is not pet insurance, and we don't have restrictions around preexisting conditions. Our vets are happy to provide consultations for any pet health conditions, whether they're new or chronic. If you have medical records from previous vet visits, you can upload them in your Dutch account so our vets can see your pet's full medical history.

See the full list of FAQs [here](#)

Enrolling In Your Benefits Through PlanSource

You have online access to your benefits information 24 hours a day, 7 days a week through PlanSource which can be used to:

Update personal information, review current benefit plans, update beneficiaries/dependents and review other benefit related information



Follow these easy steps to get started

1 Logging on to PlanSource

- Type in <https://benefits.plansource.com/logon/ccop> into the address bar of your internet browser.
- If this is the first time you are using this site, follow the instructions below for your Username and Password.

Employee Example:

Jane Anderson

Enter your Username: *janders1234*

- ✓ First initial of your First Name — j
- ✓ First six characters of your Last Name — anders
- ✓ Last four digits of your SSN — 1234

Enter your Password: *19750207*

- ✓ Your date of birth in the format YYYYMMDD. For example - a date of birth of February 7, 1975 would look like this: 19750207.

If this is your first time logging on, you will need to select and record a new password.

NOTE: PlanSource will also require a Multi-Factor Authentication (MFA) the first time an employee logs in. The employee will be prompted to select the telephone number on file or add a new telephone number to receive the verification code in order to access their account.

Please click the blue “set up” link

Please Note: The employee should add their telephone number including area code without dashes.

- ☐ Text Message
[Add Phone](#)
- ☐ Email Address
[Setup](#)
- [Backup Codes](#)
[Setup](#)

2 Update Your Personal Information

Take a moment to make sure that your personal information (which is already loaded onto the site) is correct and up-to-date.

3 Electing a Plan

You must make a selection for each benefit even to decline a benefit. All the plans available to you will be listed.

- Your Summary: This page lists all the benefits you elected. Read through the entire page carefully and verify all information.
- To make any changes to your elections:
 - ✓ Click the benefit that needs correction
 - ✓ Make corrections
 - ✓ Click Continue
 - ✓ Click Confirm

4 You are done!

At any time throughout the year, you can login to your account using your Username and your Password. If you do not remember your password, contact your Human Resources Department to have your Password reset.

Do you have a question about your coverage?

Please see the following important contact information and resources for the Community College of Philadelphia's benefit offering



Contact Information

Benefit	Provider	Web Site	Phone Number
Medical		www.ibxpress.com	Call the number on the back of your card or 800-275-2583 to speak with a representative.
Rx		www.caremark.com	Call the number on the back of your card or 844-224-7948 to speak to a representative
Dental		www.deltadental.com	800-471-7091
		www.unitedconcordia.com	866-357-3304
Teladoc		www.Teladochealth.com	1-800-835-2362
Flexible Spending Accounts		www.naviabenefits.com	800-669-3539
Basic Life & AD&D Long-Term Disability		www.sunlife.com	800-786-5433
Employee Assistance Program (EAP)		www.myliferesource.com	800-437-0911

Important Regulations

Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from IBC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact IBC at 800-275-2583.

Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for: 1. Reconstruction of the breast on which the mastectomy has been performed, 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance, 3. Prostheses, 4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program—a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide associates notification regarding CHIPRA. Please refer to the notice included in this guide.

Medicare Part D Creditable Coverage / Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. Please refer to the notice included in this guide.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find

out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	INDIANA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid— Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
ALASKA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HPP Phone: 1-888-346-9562
ARKANSAS – Medicaid	KANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
CALIFORNIA – Medicaid	KENTUCKY – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
COLORADO – Health First Colorado (Colorado's Medical Program) & Child Health Plan Plus (CHP+)	LOUISIANA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
FLORIDA – Medicaid	MAINE – Medicaid
Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA — Medicaid	PENNSYLVANIA — Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
MISSOURI — Medicaid	RHODE ISLAND — Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
MONTANA — Medicaid	SOUTH CAROLINA — Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEBRASKA — Medicaid	SOUTH DAKOTA — Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEVADA — Medicaid	TEXAS — Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
NEW HAMPSHIRE — Medicaid	UTAH — Medicaid and CHIP
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW JERSEY — Medicaid and CHIP	VERMONT — Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
NEW YORK — Medicaid	VIRGINIA — Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
NORTH CAROLINA — Medicaid	WASHINGTON — Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH DAKOTA — Medicaid	WEST VIRGINIA — Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
OKLAHOMA — Medicaid and CHIP	WISCONSIN — Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
OREGON — Medicaid	WYOMING — Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565

Important Notice from Community College of Philadelphia About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with IBC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Community College of Philadelphia has determined that the prescription drug coverage offered by CVS Health (Caremark) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Community College of Philadelphia's coverage will not be affected. Part D eligible individuals (or their dependents) can retain their existing coverage and choose not to enroll in a part D plan; or, they can enroll in a part D plan as a supplement to, or in lieu of the other coverage. Finally, if the member's existing prescription drug coverage is with a Medigap policy, they cannot have both their existing prescription drug coverage and part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you decide to join a Medicare drug plan and drop your current Community College of Philadelphia's coverage, be aware that you and your dependents will be able to get this coverage back at Community College of Philadelphia's next enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Community College of Philadelphia's and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Community College of Philadelphia changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213, TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 2024
Name of Entity/Sender: Community College of Philadelphia
Contact: Human Resources

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is an additional way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment periods for health insurance coverage through the federal Marketplace and state-run Marketplaces that use the federal enrollment website (www.healthcare.gov) generally take place from November 1 through December 15 of each year for coverage that will start on or after the first day of the new calendar year. Open enrollment dates may vary if you reside in a state with a state-run Marketplace that does not use www.healthcare.gov for enrollment. Outside of the open enrollment periods, you can only enroll in or change coverage if you qualify for a Special Enrollment Period as a result of certain life events.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if you do not have employment-based coverage, or you are offered employment-based coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of employment-based health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing, if you are not offered employment-based coverage, or you are offered employment-based coverage that does not meet certain standards. If the cost of an employment-based plan that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year 2024, or if the employment-based coverage provided does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting employment-based health coverage, then you may lose the employer or plan sponsor contribution (if any) to the employment-based coverage. Also, this employer or plan sponsor contribution - as well as your employee contribution to employment-based coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your employment-based coverage, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

FMLA

Employee Rights Under the Family and Medical Leave Act

United States Department of Labor Wage and Hour Division

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





This benefits guide covers only the highlights of Community College of Philadelphia Benefit Programs. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. Community College of Philadelphia intends to continue these programs but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.