

COMMUNITY COLLEGE OF PHILADELPHIA

Welcome to Community College of Philadelphia Benefits Guide







A GUIDE TO YOUR 2026-2027 BENEFITS

2026-2027 Benefits Guide

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Your 2026-2027 Benefits

Please take this time to carefully review the 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 2026-2027 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.



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 **to 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 college.

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 Workterra 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

Permanent full-time, PT classified 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

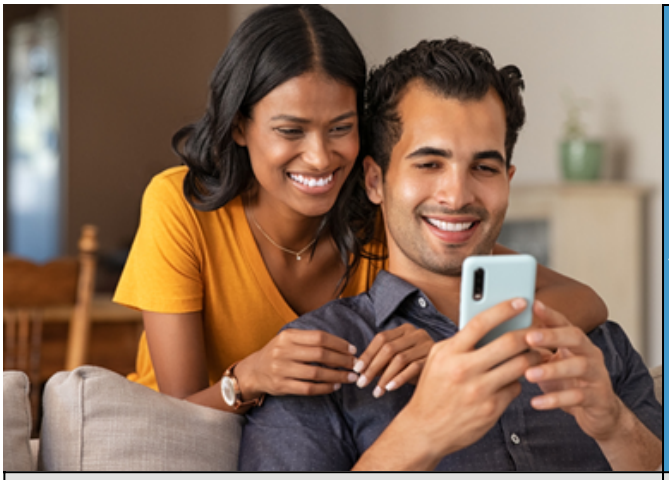
Community College of Philadelphia is pleased to offer you and your eligible dependents access to quality, affordable medical coverage through IBC's (PPO) Plus plan. IBC's medical plans offer you the freedom to receive care from many sources and cover a broad range of health care services.

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.



Community College of Philadelphia Benefits At-a-Glance

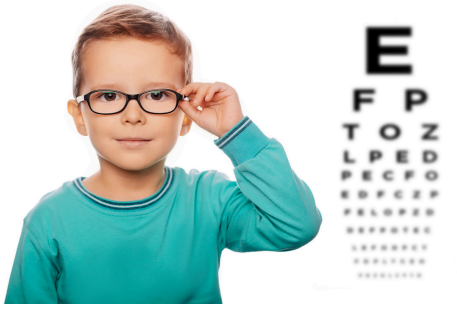
Community College of Philadelphia is pleased to offer a full range of benefits

Medical: Independence Blue Cross	• Keystone Point-of-Service • Personal Choice
Vision: Independence Blue Cross- Davis Vision	• Keystone Vision Plan • Personal Choice Vision Plan
RX CVS/Caremark	• Retail • Mail Order
Dental Plan: Delta Dental of PA	• Delta Dental PPO • Delta Dental DHMO “Enhanced”
Flexible Spending Accounts: Navia Benefits	• Health Care FSA • Dependent Care FSA • GoNavia Commuter Benefit
Basic Life/AD&D: UNUM	• Eligibility based on class, please refer to Workterra 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: UNUM	• Employer-Sponsored Benefit (one-year waiting period)
NEW! Voluntary Benefits: MetLife	• Hospital Indemnity • Accident • Critical Illness • Identity Theft • Term Life
Workterra Businessolver	Online access to your benefits information 24 hours a day, seven days a week through Workterra, which can be used to: • Review current benefit plans • Review beneficiaries/dependents • Find other benefit related information

IBX Medical Plans

Community College of Philadelphia is pleased to offer you and your eligible dependents access to quality, affordable medical coverage through IBX. 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	IBX Medical			
	Keystone POS Plan		Personal Choice Plan	
	Referred	Self-Referred	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	No Limit	$4,500 / $9,000	No Limit
Coinsurance Coinsurance Limit	0% N/A	20% $2,000/$6,000	0% N/A	30% $1,500/$4,500
Annual Copay Maximum PCP Copay Specialist Copay	$650 $10 $25	N/A 20% after deductible 20% after deductible	N/A $10 $40	N/A 30% after deductible 30% after deductible
Diagnostic Procedures Diagnostic x-rays MRI / MRA, CT Scans / PET	$0 $0	20% after deductible 20% after deductible	$20 $40	30% after deductible 30% after deductible
Hospital Care Inpatient Hospital Outpatient Surgery	$0 after deductible $0 after deductible	20% after deductible 20% after deductible	$0 after deductible $0 after deductible	30% after deductible 30% after deductible
Emergency Room Copay	$35 (waived if admitted)	$35 (waived if admitted)	$100 (not waived if admitted)	$100 (not waived if admitted
Urgent Care Copay	$24	20% after deductible	$70	30% after deductible
Routine Eye Care	$25	Not Covered	Covered under Davis Vision	Not Covered



IBX Vision Benefit

The vision benefit is designed to provide routine preventive care such as eye exams, eyewear and other vision services. This benefit is included with your IBX medical plan.

The IBX vision plan includes a routine vision exam by a participating provider once every two years. If you visit a non-network provider, there is a reimbursement schedule for eyewear and other professional services.
To locate a participating provider, visit the IBX website at **www.ibx.com** and access the Member Home page.

IBX Vision Plan - $100 Vision

Feature/Service	Keystone Plan	Out of Network	Personal Choice	Out of Network
Routine Eye Exam	Covered under Medical Plan	Not Covered	No Charge	$35
Retinal Imaging	$39	Not Covered	$39	Not Covered
Frequency **Lenses** 1 every 24 months for lenses & frames Single/Bifocal/Trifocal/Lenticular	No Charge	$100 Reimbursement	No Charge	$100 Reimbursement
Frames Collection Fashion Frames Collection Designer Frames Collection Premier Frames	No Charge	Not Covered	No Charge	Not Covered
Non-Collection Frames	Up to $65 Allowance plus a 20% discount on overage	$100 Reimbursment	Up to $65 Allowance plus a 20% discount on overage	$100 Reimbursment
Visionworks Frames Options	Up to $65 Allowance plus a 20% discount on overage	Not Covered	Up to $65 Allowance plus a 20% discount on overage	Not Covered
Contact Lenses (instead of glasses) **(1 pair/ Every 24 months)**				
Collection Contact Lenses Evaluation, Fitting & Follow- Up Care, Contact Lenses	Not Covered	Not Covered	Not Covered	Not Covered
Non- Collection Standard/ Specialty Contact Lenses Evaluation, Fitting & Follow- Up Care, Contact Lenses	Up to $100 Allowance	Not Covered	Up to $100 Allowance	Not Covered
Non-Collection Contact Lenses	Up to $100 Allowance	$100 Reimbursment	Up to $100 Allowance	$100 Reimbursment
Medically Necessary Contact Lenses	No Charge	$225 Reimbursment	No Charge	$225 Reimbursement



Set Goals and Take an Active Role in your Health and Well-Being

Take Advantage of IBX'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. Reimbursements.

Fitness Programs

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

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

IBX Wellness and Member Perks

IBX 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.

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

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, 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.

Schedule an appointment

Members have a $10 copay for this service. Learn more and make an appointment at **teladochealth.com.**

How Teladoc General Medical works

Initiate: You can access Teladoc by:

- Calling 1-800-835-2362, or
- Visiting teladochealth.com, or
- 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.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

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.

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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 teladochealth.com, or
- Downloading the Teladoc mobile app

Inform:

Complete the intake form and provide details about your concerns.

Schedule an appointment

Members have a $10 copay for this service. Learn more and make an appointment at **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.

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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

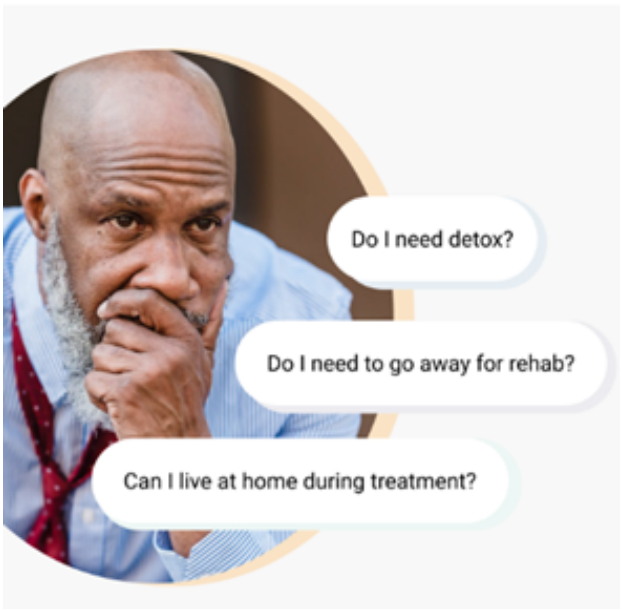
The Atlas tool contains a comprehensive list of addiction treatment providers, including hospital– based inpatient facilities, residential facilities, and intensive outpatient services. When searching for care on Atlas, you can filter results by location, specific treatment services offered, language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

For more information about the Atlas tool, visit Treatmentatlas.org.

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 provider 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.

Connect with a board-certified dermatologist

Get answers to your skin care questions



If you have concerns about your skin, Teladoc Health (Teladoc) Dermatology can connect you to doctors who can diagnose your condition, recommend a treatment plan, and provide follow-up.

Teladoc Dermatology gives you access to board-certified dermatologists anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin condition like acne, rosacea, or psoriasis, Teladoc Dermatology can help.

Using Teladoc Dermatology is quick and convenient. You get access to:

- A network of board-certified dermatologists
- An online message center where you can connect with your dermatologist
- A personalized treatment plan with follow-up care

How Teladoc Dermatology works

Initiate: You can access Teladoc by:

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

Schedule an appointment

Members have a $10 copay for this service. Learn more and make an appointment at **teladochealth.com.**

Inform: Complete the intake form and provide details about your skin concern.

Upload images: Upload a minimum of three digital pictures, so the dermatologist can evaluate your skin.

View online results: Within two business days, you will get a notification in the online message center from your dermatologist, with a diagnosis and treatment plan. Your dermatologist can also send any prescriptions to your pharmacy.

Follow-up: Use the online message center to communicate with your dermatologist over the next seven days. You can ask any follow-up questions or report how the condition is responding to treatment.

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

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.

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Diabetes management, your way

Get an advanced blood glucose meter, strips and lancets, and support — all at no cost to you



If you have diabetes, you know how important it is to regularly monitor your blood sugar. Sometimes, it can be helpful to have extra support.

Teladoc Health offers real-time tools and guidance that can make it easier to stay on track, such as:

- Personalized tips with each blood sugar check
- Real-time, one-on-one live support when you're out of range
- Strip re-ordering right from your meter
- Optional alerts to notify emergency contacts
- Health Summary Reports that can be sent from your meter to anyone you choose
- Automatic uploads instead of paper logbooks

Get the support you need to manage your blood sugar and stay healthy.

Get started

To enroll, visit teladochealth.com/register/INDEPENDENCE or call 1-800-835-2362 and use registration code INDEPENDENCE.

This program analyzes trends and provides support through your secure Teladoc Health account and mobile app. This program does not provide a phone, tablet, smartwatch, or any other digital tracking device.

Teladoc Health, Inc is an independent company that provides diabetes management services.

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.

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High blood pressure management, your way

Get an advanced blood pressure monitor and personalized support — all at no cost to you



If you have high blood pressure, you know it's important to manage it to stay healthy. But sometimes, it can be challenging.

With Teladoc Health, you can get the extra help you need, with real-time tools that work for you, including:

- Advanced blood pressure monitor
- Personalized insights
- Live one-on-one coaching
- Easy-to-use app and dashboard
- Guidance to develop healthy habits

Get the tools to help you manage your blood pressure for $0 out of pocket.

Get started

To enroll, visit teladochealth.com/register/INDEPENDENCE or call 1-800-835-2362 and use registration code INDEPENDENCE.

This program analyzes trends and provides support through your secure Teladoc Health account and mobile app. This program does not provide a phone, tablet, smartwatch, or any other digital tracking device.

Teladoc Health, Inc is an independent company that provides hypertension management services.

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.

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Family planning and reproductive health benefits



Our health plans* include family planning and reproductive health benefits, medications, and services to help meet the varied needs of our members.

The following benefits are covered under most Independence Blue Cross (IBX) health plans*:

- Office visits to diagnose infertility
- Diagnostic testing (labs, X-rays)
- Artificial insemination (intracervical, intrauterine)
- Tubal ligation
- Vasectomy
- Contraceptive devices
- Oral fertility drugs

Effective 9/1/2025, other advanced reproductive technologies (e.g., in-vitro fertilization, intrafallopian transfer, frozen embryo transfer, injectable fertility drugs) are covered up to a $7,500 lifetime maximum.*

- In-vitro fertilization (IVF)
- Zygote intrafallopian transfer (ZIFT)
- Gamete intrafallopian transfer (GIFT)
- Intracytoplasmic sperm injection (ICSI)
- Assisted embryo hatching
- Frozen embryo transfer (FET)
- Tubal embryo transfer (TET)
- Sperm retrieval techniques (SRT)

*To see what family planning and reproductive health benefits are covered under your health plan, members should refer to their Benefits Booklet or log in at ibx.com using the instructions above. Limitations for covered services align with IBX Medical Policy.

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.

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Questions?

Call the number on the back of your member ID card to learn about reproductive health services covered under your health plan.

Cost-sharing is based on the type of service, setting (e.g., doctors office, lab, hospital), and if the provider is in the IBX network. Only certain health plans offer coverage for out-of-network providers. In addition, POS health plan members need a referral from their primary care physician.

Members can review benefits and coverage information for reproductive health when you log in at ibx.com. Select *Coverage & Benefits* from the Dashboard menu on the left, and then select *Search Benefits*. To see what other family planning services are available, select *Additional Benefits and Programs* from the same menu.

IBX

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Acupuncture / College Tuition Benefit

IBX Acupuncture Benefit Coverage

Independence Blue Cross (IBX) 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 members have the options between referred : 18 visits/year ; self referred : 18 visits/year

College Tuition Benefit: Tuition Rewards Program

The College Tuition Benefit® Rewards program offering through SAGE Scholars is available to Independence Blue Cross 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.
- 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 fee free to visit the website or contact College Tuition Benefit directly at 844-244-4086.

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



Use HelpScript to save money on specialty medications



Independence Blue Cross (IBX) is working with HelpScript to deliver a new cost-share assistance program to our members. As an IBX member, if you take a medical specialty drug, you may qualify for guaranteed $0 cost-share on select medical specialty drugs.

Specialty medications are life-changing for patients diagnosed with rare, chronic, or severe conditions. However, these new and innovative treatments can be costly, especially since many are administered through infusion in a hospital or clinical setting.

If your doctor recommends infusion treatment using a specialty medication, a dedicated HelpScript Patient Advocate can help you enroll in HelpScript, eliminating high out-of-pocket expenses for over 200 drugs covered under your medical benefit.

How HelpScript provides support

HelpScript provides concierge-level service to answer questions, facilitate enrollment, and highlight the value.

Patient Advocates

HelpScript Patient Advocates will explain how the service works and answer your questions throughout the process, even after your initial enrollment. They will walk you through how to read and understand your Explanation of Benefits (EOB) documents, and how payments will be coordinated between you and your doctor.

You pay $0 cost-share on over 200 medical benefit specialty drugs!

Application process

HelpScript provides you with the application information and works with you on how to take advantage of any copay assistance available. **Participating in the service eliminates your out-of-pocket costs entirely for select medical specialty drugs.**

Available assistance

When you enroll, you will know what assistance is available for your medication.

Answer the call when HelpScript contacts you

If you're taking a specialty medication that is eligible for the program (only medical infusion drugs), HelpScript will contact you via mail and phone. So, be sure to answer when they call to take advantage of a $0 cost-share on select medical specialty drugs!

HelpScript is an independent company that provides provider-administered drug copay assistance coordination and reporting for Independence Blue Cross.

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 | helpscript | COMMUNITY COLLEGE OF PHILADELPHIA | IBX

3768000 (7/25)

CVS Prescription Drug Coverage

Community College of Philadelphia offers 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.

Prudent RX Solution provides manufacturer copay assistance program for member's **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 Rx require 90-day supply from CVS, Caremark Mail Order, Costco, or Kroger**

** **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, 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.

Dental Health Maintenance Organization (DHMO)

Under the Delta DHMO Plan (DeltaCare USA) gives you a broad range of coverage with no waiting period, annual maximum or deductible. You'll have a list of copayments for every covered procedure so you know all your costs for preventative, basic, and major services up front.

Feature/Service	Delta Dental		
	DPPO		DHMO
	In-Network Delta Dental PPO Dentists	Out-of-Network Non-Delta Dental PPO Dentists	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-Filings 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 26)	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.

DELTA DENTAL®

Member perks for your smile and beyond



Extra features. Exceptional outcomes.

Your Delta Dental membership brings exclusive product discounts, resources and more to support a healthy lifestyle for your smile and beyond.

Your Delta Dental membership includes access to:

- **Thousands of discounts with LifePerks**
  Save on oral health products, auto, travel and entertainment, food delivery and more. **Register now**.
- **Virtual dentistry offerings**
  Get remote video or photo consultations with a dentist at low or no cost.[1]
- **Free wellness resources**
  Check out articles, videos, recipes, newsletters and more that will help you lead a healthy life.
- **LASIK discounts with QualSight**
  Call 855-248-2020 to save up to 35% off the national average price of LASIK with QualSight.[2]
- **Hearing aid discounts with Amplifon**
  Call 888-779-1429 to save an average of 66% off retail pricing for hearing aids with Amplifon.[3]
- **Healthcare Spending Card[4] through Lane Health**
  Get exclusive access to 12-month, 0% financing[5] for dental expenses and more. **Apply now**.

Ready to make the most of your membership?

To get started, visit:
www1.deltadentalins.com/memberperks

[1] Virtual dentistry is covered under PPO plans, but a DeltaCare USA member can use it for an out-of-pocket fee.

[2] As compared to the reported overall national LASIK eye surgery cost by Market Scope LLC 2021. Discounts or savings may vary by provider.

[3] Based on an Amplifon 2022 MSRP analysis. Your savings may vary.

[4] Lane Health is a financial technology company, not a bank. The Healthcare Spending Card is issued by Lead Bank pursuant to a license from Visa USA Inc.

[5] Subject to credit line approval. Lane Health does not charge interest on, or an annual fee for, the Healthcare Spending Card. "0% financing" pertains to repayment options that do not charge interest (0% interest) nor fees ($0 fees). Each Advance can be repaid in full, 4-month term or 12-month term (with a minimum $3 due each payment period). Transactions other than qualified dental or hospital expenses (based on merchant category code) will be charged an origination fee of 5% and periodic finance fees. Late fees apply. You can review the fee table at https://lanehealth.com/hsc-lb-dd-fees. Opportunity may be subject to change without notice.

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.

deltadentalins.com/members

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DELTA DENTAL

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 for Lifeperks to learn more today. After registering, 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**

Scan to register for Lifeperks and start saving 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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DELTA DENTAL

Get check-ups remotely with virtual dentistry!



Expert dental advice is available anytime, anywhere

When you can't make it to the dentist's office or have an urgent question outside of regular hours, you can still get expert dental advice, virtually. Say hello to virtual dentistry!

Virtual dentistry offers members convenient access to a Delta Dental dentist[1] for answers to questions, quick checkups, second opinions or other oral health needs in between visits to the dentist's office. Virtual assessments don't count towards exam frequency limitations and are a covered benefit for Delta Dental PPO™ and Delta Dental Premier® members.[2]

Virtual dentistry offers two kinds of virtual assessments:

- Photo assessments within 24 hours for simple dental concerns, and
- Live video visits when you want expert advice immediately or are experiencing pain.

Want to learn more?

Scan this QR code with your smartphone or visit **www1.deltadentalins.com/members/virtual-dentistry.html**

1. Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and affiliated companies. Delta Dental is a registered trademark of Delta Dental Plans Association.
2. Deductibles, annual maximums and coinsurance apply. Some Delta Dental plans may not allow you to use your benefits to pay for a virtual dental assessment. If your plan is not eligible, or if you choose to not use your benefits, you may still receive a virtual dental assessment for an out-of-pocket fee.

West Virginia: Learn about our commitment to providing access to a quality dentist network at **deltadentalins.com/about/legal/index-enrollee.html**.

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Employee Assistance Program

Some days it can be tough to manage the competing priorities in our lives, and keep it all running smoothly. The Allone Health 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 Allone Health 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 Allone Health EAP at no cost to you.

Download The App

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

Have Questions? Need Help?
800-451-1834
Toll free, 24 hours a day, 7 days a week. You can also visit online at: **allonehealth.com/portal**

Access Code: **KJC7Y**
Allone Health Employee Orientation Video
https://vimeo.com/1121363150



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. Three types of accounts are available —Health Care Spending Account,Dependent Care Spending Account & Commuter Benefits . 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 and take advantage of the rollover. The maximum annual contribution is $3,400.

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 $680.

$680 Rollover

Community College of Philadelphia offers the option to roll over $680 of unused health FSA balances into the following plan year. Please note enrollment in the FSA for the next calendar year is required to use any rollover funds. The $680 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 $3,400 per calendar year. Any amounts remaining at the end of the plan year over the $660 rollover amount must be forfeited.

Flexible Spending Accounts (FSAs)

Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. **You can contribute up to $7,500 ($3,750 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. You will be able to manage your account and see all balances at **www.naviabenefits.com**. 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 **$340** for 2026-27.

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

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

Community College of Philadelphia is pleased to offer life insurance coverage with Unum. 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 Workterra.

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 FT 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 FT 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 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.
You can increase or change your contribution to your retirement account (above the mandatory 5%) at any time.
Shortly after your hire date you will have access to the **Retirement@Work® website**. It brings all of your Community College of Philadelphia Retirement Plan retirement account information together, regardless of investment provider—TIAA or Fidelity Investments. The Retirement@Work phone contact center, managed by TIAA, can be reached at 844-567-9090 and will be available for assistance with enrolling and managing your accounts weekdays, 8 a.m. to 10 p.m. (ET).

You can also meet with a financial advisor to ensure you're contributing enough to your plan to meet your retirement goals. Contact TIAA at 800-732-8353 or Fidelity at 800-642-7131 to schedule a session.

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.

NEW! MetLife Voluntary Benefits Discount Marketplace

Access exclusive discounts through BenefitHub and explore the CCP Voluntary Benefits Program. Enroll in a range of MetLife Voluntary benefits designed to support your needs at every stage of life. **These benefits are direct bill and are not deducted from your paycheck.**

- Accident Insurance
- Critical Illness
- Hospital Indemnity
- Term Life
- Aura Identity Theft

Access your benefits and start saving!

- Visit https://CCPhilly.benefithub.com
- Register with your name and preferred email address

2026-2027 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 Employees making $60,000 or less will not have any bi-weekly employee contributions for the 2026-2027 plan year. Please refer to for the rate sheet and further contribution information.

Student Loan Benefit

Public Service Loan Forgiveness (PSLF) Support

Expert guidance to help you qualify for tax-free student loan forgiveness

Budget– Friendly Payments

Find the best Income-Driven Repayment (IDR) plan with lower, more affordable payments based on your income and family size– plus these payments count toward loan forgiveness programs.

One– On– One Coaching

Your own dedicated loan advisor for personalized guidance to keep you on track and plan ahead

Streamlined Process

Access your personalized portal get a tailored repayment strategy, and complete annual recertifications with easy– to use forms.
What's New

Monthly Webinars

Join our monthly webinars for the latest student loan and PSLF updates– registration details will be sent via email to Peoplejoy participants.

Get Started

Visit ccp.peoplejoy.com
Complete our assessmentr . Need help finding your MSD? Click Here!

Have questions?

Contact support@peoplejoy.com

Stay Connected

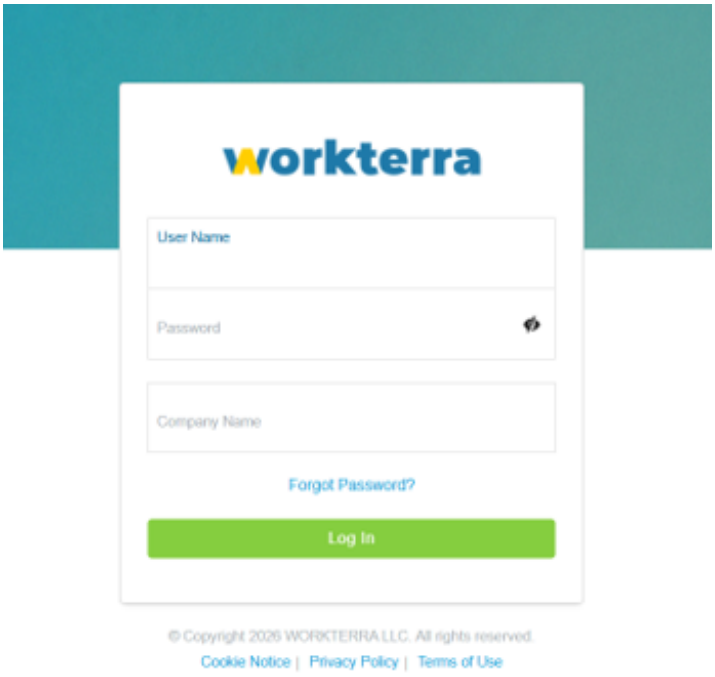
Portal Login– app.ed.peoplejoy.com



How to Enroll with WorkTerra

You can access Workterra from any computer with an internet connection. Our secure (https) site uses the latest technology to ensure that the information entered is secure and adheres to Workterra and industry security standards.

If you're experiencing difficulties logging into the site, Workterra Customer Service can assist you with password resets and technical issues. They are available Monday through Friday, 8am to 5pm Central Time at 888-327-2770.



- Launch an Internet browser such as Chrome or Internet Explorer and turn off all “Pop-Up Blockers”.
- Navigate to **https://www.workterra.net**
- Enter the information below and click Log In
- User name: Email Address
- Password: Date of Birth (Example: if your Birth Date is September 1, 2020 - use "09012020")
- Company: CCP

Please read your Welcome Page Information and then click the box next to the **Employee Usage Agreement and Legal Agreement**. Once you have read both, select **Continue**.

Please provide your security questions and answers as well as update your password. When finished select **Save** to continue.

Please note your password must be:

- Password must be a minimum of 10 characters.
- Password must contain at least one letter.
- Password must contain at least one numeric digit.
- Password must contain at least one special character.
- Password must contain at least one UPPERCASE letter.
- Password must contain at least one lowercase letter.

After completing all of your plan elections, you will come to the Confirmation Statement. Please review all of your elections for accuracy.

Please be sure to keep a copy of the confirmation statement for your records by clicking on the PDF button to download save & print.

Please click “Finish” at the bottom of the page once you have reviewed your elections. Once you click “Finish”, you will be taken to your Employee Home Page. Your enrollment process is now complete.

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	Independence	www.ibxpress.com	Call the number on the back of your card or 800-275-2583 to speak with a representative.
Rx	CVS caremark	www.caremark.com	Call the number on the back of your card or 844-224-7948 to speak to a representative
Dental	DELTA DENTAL	www.deltadental.com	800-471-7091
Teladoc	Teladoc HEALTH	www.Teladochealth.com	800-835-2362
Flexible Spending Accounts	navia benefit solutions	www.naviabenefits.com	800-669-3539
Basic Life & AD&D Long Term Disability	UNUM	www.Unum.com	866-679-3054
Employee Assistance Program (EAP)	ALLONE HEALTH	allonehealth.com/portal	800-451-1834

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

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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid

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

CALIFORNIA – 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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://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

FLORIDA – Medicaid

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

GEORGIA – Medicaid

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

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website:
https://www.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

MASSACHUSETTS – Medicaid and CHIP

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website:
https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710 (TTY: 711)
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 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 & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Regulations

Patient Protection - Designation of Primary Care Provider

Our medical plans generally do not require the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and is available to accept you or your family members. For support in managing care you are encouraged to designate a primary care physician. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the Independence Blue Cross www.ibx.com For children, you may designate a pediatrician as the primary care provider.

Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from Independence Blue Cross 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 Independence Blue Cross 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.

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 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 employees notification regarding CHIPRA. Please see attached notice.

Medicare Part D 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 see attached notice.

(Creditable Coverage Notice) 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 Community College of Philadelphia 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** 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 while enrolled in Community College of Philadelphia coverage as an active employee, please note that your Community College of Philadelphia coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Community College of Philadelphia coverage as a former employee.

You may also choose to drop your Community College of Philadelphia coverage. If you do decide to join a Medicare drug plan and drop your current Community College of Philadelphia coverage, be aware that you and your dependents may not be able to get this coverage back.

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 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 October 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 CVS Health 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: September 1, 2025
Name of Entity/Sender: Community College of Philadelphia
Contact: Human Resources



This benefits guide covers only the highlights of Community College of Philadelphia's 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.