

# Highlights of your 2026 – 2027 Benefits Offerings:

- Medical: We will continue to provide medical plan options through Independence Blue Cross (IBC) and prescription drug benefits through CapitalRx.
- Mail Order/Specialty: CapitalRx is continuing mail order and specialty drug administration from through Costco.
- Dental: United Concordia will continue to manage the dental benefit with no changes.
- Flexible Spending Accounts (FSAs): Remember to elect your FSA plan participation and amounts if you wish to participate this year. Further details inside.
- Contribution Rates: Further details inside.
- Telemedicine uses are expanding through Teladoc and Blue Cross. General Med, Behavioral Health and Dermatology are now included.

2026 – 2027



# Open Enrollment

Newsletter

## Qualified Life Events

Open Enrollment Period: May 4, 2026 – May 15, 2026 or 30 days after your start date / life event.

The choices you make during Open Enrollment will be in effect for the 12-month plan year from July 1, 2026 – June 30, 2027. 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 contact Human Resources with the necessary changes within 31 days of the event and changes will be effective the date of the event.**

Our annual Open Enrollment period is your opportunity to review your benefits and make any changes for the year ahead. During this year's Open Enrollment, you will learn about your options, evaluate your needs, and choose the benefits that will protect you (and your eligible family members) for a full year.

We are committed to offering you:

- Quality benefit choices designed to meet your needs and the needs of your family
- Tax advantages — pre-tax payroll deductions

Health benefits remain one of the most valuable components of any employee compensation program. As in the past, the School District of Springfield Township (SDST) is dedicated to offering you a comprehensive benefit plan.

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 spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare
- Offer of coverage elsewhere



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## Eligibility and Enrollment

### Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Proof of dependent eligibility will be requested when enrolling a spouse or child. Dependents who are eligible for benefit coverage include:

- Your legally married spouse
- Your dependent children

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

- Your 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

For medical/rx and dental insurance, your 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.



## Overview of all Medical and Prescription Drug Changes Effective 7/1/2026



### Premium Contribution Rate Changes:

- For Full-time Professional, Confidential, Administrator and Support Class A & B:
  1. Employee contribution to Core Plan (Keystone) medical go to 17 %.
  2. Employee contribution to Personal Choice HDHP w/HSA plan medical only remain at 9%.
- For Support Class C Aides :
  3. The employer contribution remains at \$6000.
- For Support Class C All Others:
  4. The employer contribution remains at \$1200.
- For Support Class D:
  5. The employer contribution remains at \$0.

### HSA Contribution Stays the Same:

- For Professional, Confidential, Administrator and Support Class A, B & C:
  6. SDST will contribute \$500 for single and \$1000 for Adult/Child, Adult/Children, Two Adults or Family.
- For Support Class D
  7. SDST does not contribute to your HSA.

### **IMPORTANT:**

***Please take this time to review all your benefits and confirm that the dependent information on file is current. Your benefit elections will remain in effect for the 2026–2027 fiscal year.***

This Open Enrollment newsletter covers only the highlights of SDST's employee benefits program.

While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. SDST intends to continue these programs, but reserves the right to change or end them at any time through negotiations with the appropriate parties. Participation in the programs does not imply a contract of employment.

## Enrollment Process

**NOTE:** All employee and dependent information is protected and will be in the virtual enrollment system prior to meeting with benefit counselors!

### OPTION 1: Self-Enrollment (applies to Open Enrollment only)

**Step 1:** Go to: <https://sdst.mybenefitsinfo.com> and click on “Click here to enroll in your benefits without assistance.”

**Step 2:** Fill in your username and password.

In the Employee ID or SSN field please enter your Employee ID or Social Security Number (SSN).

**PIN:** Is a combination of the last 4 digits of your SSN, and the last two digits of your birth year. For example:

- Date of Birth: January 7, 1972
- SNN: 123-45-6789
- PIN Number: 678972

Please take note of this as you will also need your PIN to complete and sign your enrollment form if you make any changes due to a qualifying life event.

**Step 3:** Complete all screens making your selections and signing with your PIN at the very end.

If you have questions about your benefits, need login assistance or navigation assistance, contact the Open Enrollment Call Center at 215-486-6269. Benefit specialists will be available Monday – Friday 9am to 6pm.

### OPTION 2: Assisted Enrollment

#### Call Center Enrollment Information:

Once again, we are partnering with U.S. Enrollment Services to assist in our Open Enrollment and have contracted for their Call Center and Co-Browsing support. The benefits specialist will be trained on all benefit programs available to district employees and will be able to answer questions regarding your programs. They will review your current elections and will assist you in making changes or modifications to benefit programs for the upcoming Plan Year.

- Please go to: <https://sdst.mybenefitsinfo.com> for more details.
- Appointments are not necessary. Please call 215-486-6269 to speak to an enroller between 9am-6pm Monday through Friday during open enrollment. If you are enrolling for a life event, call 215-486-6269.

#### What to expect during my enrollment call:

Your enrollment call with the Benefits Specialist should take about 20 minutes. During this time, they will verify all demographic and dependent information, as well as discuss each benefit program with you. This is your annual opportunity to review and ask questions regarding any of your benefit programs.

If you are at a computer or mobile device with internet access, the Benefit Specialist can share their screen (Co-browse) as they walk through the enrollment system. They will provide instructions at the time of your call.



# Independence Blue Cross Medical Plans

SDST will continue to provide you with medical benefits through Independence Blue Cross (IBX). All 3 plans are available for Professional, Confidential, Administrative and Support Staff Class A and B. The plans available for Support Staff Class C and D are Keystone POS C2F201 and Personal Choice HDHP with HSA.

The plan options provide you with enhanced benefits and services at a reasonable cost. You may view all Summary of Benefits for each plan on the [Human Resources Google Intranet Site](#). Please note that any deductible or maximums will accrue on a fiscal/school year (July through June).

## Keystone Point of Service Plan

The Point-of-Service (POS) plan is a managed care program that gives you freedom to select any doctor or hospital, in or out of the network. You must select a Primary Care Physician (PCP) for yourself and each family member, then each time you need medical care, you decide whether to use referred or self-referred care. For example, if you require specialty care, you may choose to get a referral from your PCP or self-refer to a provider of your choice. However, if you choose to go out of the network, the plan will often pay less and you will have to pay more under the plan, you must select a PCP and referrals are required for some services. For some services you must use the site capitated by your primary care physician.



## Personal Choice PPO

The Personal Choice PPO plan gives you the freedom to choose your own doctors or hospitals. You will maximize your coverage by choosing participating providers within the BlueCard® PPO program. Under the Personal Choice PPO plan, you do not need to select a Primary Care Physician (PCP) or need to obtain a referral for services. However, if you receive care from a provider out of the Personal Choice network, the plan pays a lower percentage of covered services and you will have higher out-of-pocket expenses, such as higher copays.

## High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP is a preferred provider organization plan that utilizes IBX's national BlueCard PPO network. Your medical plan options provide you with direct access to in- and out-of-network providers and no referrals are required under this plan. However, if you choose to see a non-network provider, your out-of-pocket costs will be higher.

When you enroll in the HDHP, you will be automatically enrolled in a Health Savings Account (HSA). The district may contribute into this account for you based on your employee classification. In addition, you will have the option to open and contribute pretax dollars into this personal health savings account. You may then use your funds to pay for qualified medical expenses or save the money in your interest-bearing HSA. Any funds you don't use accumulate indefinitely and will grow the account for future qualified medical expenses. There is no "use it or lose it" rule.

## Women's Preventive Health Care

The health care reform law (Affordable Care Act) requires health plans to cover certain preventive care services for women without any cost-sharing, such as deductibles, copayments or coinsurance. The following items are included in this coverage:

- Well-woman visits (annual preventive care visit in which adult women obtain recommended preventive services)
- Gestational diabetes screening for women 24 to 28 weeks pregnant, and women at high risk
- Human papillomavirus (HPV) testing for women 30 and older, once every three years
- Annual counseling for HIV and sexually transmitted infections, plus annual HIV testing for all sexually active women
- Contraceptives and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

Be sure to check your plan's specific rules before receiving care. Though plans are required to provide these services charge, they do have the option of using cost-control measures, such as requiring you pay for a brand name drug if a comparable generic drug is available, or charging a copayment for preventive services received at out-of-network facilities.

# Capital Rx Prescription Drug Coverage



coverage through Capital Rx. We are excited to partner with Capital Rx for our enrolled plan participants due to their innovative solutions that help to reduce costs, drive greater efficiency improve member experiences, and eliminate confusion around benefits.

When you enroll in a medical plan, you automatically receive prescription drug coverage through Capital Rx. 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 Capital Rx network, where you can locate a participating pharmacy to fill your prescription.

The formulary drug program is divided into copayment categories called tiers. The copays per tier depend on the plan you choose.

To get an updated copy of the tiered formulary list of drugs, visit [www.cap-rx.com](http://www.cap-rx.com).

When you enroll in a medical plan, you automatically receive prescription drug

**With Capital Rx as your prescription drug benefit manager, you will have access to:**

- **Retail pharmacies.** A network of over 65,000 participating independent and chain pharmacies nationwide.
- **Convenient Home Delivery services through the Capital Rx Mail Order Pharmacy/Costco.** You can have up to a 90-day supply of most maintenance medications delivered directly to you. Maintenance medications are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol or diabetes.
- **Online resources.** You can go to [www.cap-rx.com](http://www.cap-rx.com) for useful health and benefit information, along with online pharmacy services.
- **Capital Rx Customer Service.** Representatives are available to you by phone 24 hours a day, 7 days a week. Pharmacists are also available around the clock for consultation.
- **Specialist Pharmacists.** These pharmacists are available 24/7 by phone to help you and your doctors make sure that your medications act safely together and work well for you. Each has had specialized training in the medications used to treat a specific long-term condition, such as diabetes, high blood pressure, and asthma.

## 1. What are generic drugs?

Generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications.

## 2. Are generic drugs just as safe as brand-name drugs?

Yes. Laboratories that produce generic drugs must meet the same high FDA standards as the facilities of brand-name drugs, and all generic drugs are FDA-approved to be therapeutically equivalent to brand-name drugs.

## 3. Why are generic drugs less expensive?

When a new medicine is invented, a patent is filed so that no other company may reproduce that drug. While the patent is current, companies can charge a much higher price for the drug because there is no competition. In addition, companies often spend large amounts of money for advertising and promotion, further increasing the cost of the brand name medication.

When a medication's patent expires, other companies may produce this drug, creating generic medications. Due to increased competition, and because these other companies rarely spend money on advertising, the price of the generic drug is significantly lower.

## Go Generic! Keep You and Your Wallet Healthy

### 4. What is different about generic?

The appearance of brand-name drugs is protected by law, so generic drugs will have different shapes, flavors, and/or colors. However, since the active ingredients are the same, they will work the same way in your body as the brand-name drug.

### 5. Does every brand-name drug have a generic drug equivalent?

No. Pharmaceutical companies have a patent on their brand-name medications, so new drugs will not have a generic equivalent until the patent expires.

### 6. What if my brand-name drug is not available in generic form?

Even if your brand name drug is not available in generic form, there may be a different generic drug that could work just as well. Ask your doctor if a therapeutic alternative might be right for you. A generic therapeutic alternative is the equivalent for a different brand-name drug and treats your condition using a different active ingredient. If your doctor agrees, you can feel confident about using the generic therapeutic alternative and feel good about saving money too!

## Medical and Prescription Drug Benefits

Below is an at-a-glance chart that highlights the medical benefits under the Independence Blue Cross medical plans. The chart provides a quick snapshot of the differences in copayment and coinsurance levels when you use in-network providers. This is not intended to be a comprehensive summary, it will only give you basic details about your plans. For more details, please refer to the Summary of Benefits for each plan.

Benefit (only in-network costs are listed here)	Independence Blue Cross		
	Personal Choice PPO 10/20/70	Keystone DPOS C2-F2-01	Personal Choice HDHP with HSA
<b>Deductible</b> Individual / Family	\$0 / \$0	\$0 / \$0	\$2,000 / \$4,000
<b>Health Savings Account</b> Contribution by District	No	No	Contribution depends on your employee type. Full-time Prof/Admin/Confid/Support A, B & C (Aides)= \$500 Single; \$1,000 Family *Contribution prorated for mid-year enrollments.
<b>Out-of-Pocket Limit</b> Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$8,500 / \$17,000 not very relevant due to Deductible.
<b>Referrals Required</b>	No	Only for routine radiology, spinal manipulation & OT/PT	No
<b>Outpatient Care</b>			
<b>PCP Office Visits</b>	\$25	\$25	No charge after deductible
<b>Specialist Office Visits</b>	\$40	\$40	No charge after deductible
<b>Outpatient Surgery</b>	\$75	\$75	No charge after deductible
<b>Laboratory/Pathology Services</b>	\$0	\$0	No charge after deductible
<b>Routine Radiology / Diagnostic</b>	\$20	\$30	No charge after deductible
<b>Magnetic Resonance Imaging (MRI)</b>	\$20	\$60	No charge after deductible
<b>OT/PT/Speech</b>	\$25 (60 visits/year)	\$30 (OT/PT-30 visits/year; Speech-20 visits/year)	No charge after deductible (OT/PT= 30 visits/year; Speech- 20 visits/year)
<b>Hospitalization</b>	\$75/day; max of 5 copays per admission	\$100/day; max of 5 copays per admission	No charge after deductible
<b>Emergency Room</b>	\$40	\$100	No charge after deductible
<b>Urgent Care Center</b>	\$28	\$70	No charge after deductible
<b>Routine Eye Exam</b>	No coverage	\$40	No coverage, eligible HSA or FSA expense
<b>Prescription Drugs</b>			
<b>Retail (Up to 30-day supply)</b>	Generic: \$15 Brand: \$45 Non-Formulary: \$60	Generic: \$15 Brand: \$45 Non-Formulary: \$60	Generic: \$15 after deductible Brand: \$45 after deductible Non-Formulary: \$60 after deductible
<b>Mail Order (Up to 90-day supply)</b>	2x retail	2x retail	2x retail after deductible

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# Health Savings Account (HSA) and High Deductible Health Plan (HDHP) – Q&A

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The SDST is committed to helping you and your family manage the high costs of health care by providing you with an HSA program that you can use in conjunction with the HDHP. An HSA provides tax-free dollars for qualified out-of-pocket health expenses if you are enrolled in a high deductible health plan. The following are a few important things you should know about:



## What is a Health Savings Account?

The HSA is a tax-favored account used in conjunction with a high deductible health plan. The HSA allows you and/or the district to contribute funds on a pretax or tax-deductible basis, which you may use to pay for eligible medical, dental and vision expenses. Eligible expenses are defined by the IRS Publication 502. If you don't use all the money in your account, the balance rolls over to following years. Those dollars continue to earn interest — and continue to be available for medical expenses year after year.

## Who is eligible to establish an HSA?

You are eligible to open an HSA provided you have met the following criteria:

- Must be enrolled in an HDHP and not also be covered by another health plan that is not an HDHP
- Not listed as a dependent on another person's tax return
- Not entitled to benefits under Medicare

## How is a HDHP/HSA plan different than a traditional health plan?

Health insurance premiums under a HDHP are lower than the cost of traditional health insurance. Therefore, you do not have to pay as much upfront for the cost of benefits if you do not use it. You will have to pay a deductible.

## How can an HSA save me money?

The principal balance may be held in a guaranteed fixed interest rate investment option. Interest is tax-free and higher than in many other types of savings accounts. Also, HSA's have no administrative fees so money grows faster than in an IRA or other savings or investment accounts.

## Can I still go to my regular doctor?

Yes. With an HDHP/HSA, you are free to use any doctor and any hospital you choose. With an HSA plan, you will still have an insurance ID card, and you will need to make sure that you present this card anytime you go to the doctor or pharmacy. This will ensure that you always get any network discounts available to you and that your medical provider will be able to file a claim with IBX so any out-of-pocket amounts will be applied to your deductible.

## How does it work?

Since an HSA is a tax benefit, you will need to be able to prove that money you spend from your HSA is for eligible medical expenses. If you use an in-network provider, they can file your claim for you. Or, you could simply save the bills and submit them to IBX yourself, either all at once or after you have reached a certain limit in bills. Remember to attach original receipts and any benefits statements along with your claim forms.

## Will I have to pay whatever the doctor charges me and how will I be able to obtain a timely reimbursement?

In most cases, doctors are generally encouraged to wait for the insurance company to process your claim before they request payment from their patients. You should also wait for your insurance to process your claim before making any payment to the providers. IBX negotiates a price with its network doctors which is usually much less than what the doctor typically charges, and that savings is passed on to you. If you don't receive a reimbursement within a reasonable time, check with your provider to see if you have a credit balance.

## Do I need to choose a primary care physician and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

## How much can be in the HSA account?

For plan year, 2026-2027, you can save up to the maximum contribution limit of \$4,400 for an individual health HSA plan and \$8,750 for a family HSA health plan each year through payroll deductions.

If you are married and your spouse has a family HDHP, then both spouses are determined to have family coverage. This is true even if one spouse has a family plan and the other has a self-only plan. Each spouse may have an HSA, and together you may contribute up to the family limit. You may not each contribute up to the family limit.

If you are age 55 and older you may contribute an additional \$1,000 to your HSA. This is a “catch up” contribution that may be made each year that you are eligible for a HDHP. Once you enroll in Medicare you may no longer do this.

## What does it mean to pay a deductible?

The deductible must be satisfied each year before the insurance company pays on any medical claims.

## What happens after my deductible is satisfied?

The plan pays 100% for medical services.

## Is the HSA account portable?

Yes. You keep your HSA even if you change jobs, change medical coverage, retire or make other life changes.

## Who administers the HSA?

The custodian and administrator of the HSA is WealthCare Saver. Visit their website at [www.ibx.com](http://www.ibx.com) and log into your Blue Cross account.



## How Health Care Reform Impacts Your HSA and Maybe Your Taxes

Your medical health plans with the SDST allows you to provide coverage for your eligible dependents until they reach age 26. But, the IRS tax law did not change the definition of a dependent for HSA. A tax-dependent is defined as up to age 19 or, if full-time student, age 24. There can be instances where you can have an adult dependent child covered under your health plan as allowed under the Affordable Care Act (less than age 26), BUT they are not a dependent for tax purposes. If you use the pretax dollars from your HSA to pay for health expenses for your covered dependent (who is not a dependent for tax purposes) you'll pay a penalty plus taxes.



### Here is an option you can take to avoid tax issues:

Your covered adult dependent child may open his or her own HSA and contribute up to the allowed individual maximum (\$4,400 in 2026).

To do so, call an HSA-certified specialist at your institution and ask what is required. Please be aware that the deposits to the account will be on a post-tax basis and are not handled through any payroll deductions.

**You may also continue to save up to the maximum family contribution amount in your own HSA (\$8,750 in 2026; if 55 or older an additional \$1,000).** No penalty will apply as long as you do not use your HSA to cover eligible expenses for a non-tax dependent child.

### SDST May Contribute to your HSA!

SDST helps you to fund your HSA, by contributing to individual's accounts, and to families accounts annually. Please see the comparison sheet for details.

### How to Get Reimbursed

When you want to be reimbursed for an out-of-pocket health care expense, you can do so easily by signing in to [www.ibx.com](http://www.ibx.com). Independence Blue Cross and WealthCare Saver will process the request and reimburse you as long as there are sufficient funds in your account. Reimbursements can be sent to you as a check, but a more convenient option is setting up direct deposit with your checking or savings account so the money is automatically sent there.

To submit a mobile reimbursement claim, download the Further mobile app from the Apple Store or Google Play Store Apps and tap “Get Reimbursed.”

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## Good to Know: Traveling

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### Guest Membership & Medical Insurance While Traveling



#### Keystone DPOS Plan

If you or one of your dependents will be traveling or living outside of the network area, you may apply for a Guest Membership to be able to receive services. You must renew your Guest Membership each year. Contact HR for the form or it is available to you on the [Human Resources Google Intranet Site](#).

#### Personal Choice PPO Plans

The BlueCard Worldwide program enables PPO members to receive inpatient and outpatient hospital care and physician services when traveling in the US. The BlueCard Worldwide program includes medical assistance services and an expanded network of health care providers throughout the world. For more information contact HR or go to the [HR Google Intranet Site](#).

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## Dental Benefit Information

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**SDST** will continue dental benefits through United Concordia for the upcoming plan year. The plan offered is the Advantage Plus Network.

The benefit summary for the Dental Insurance plan through United Concordia is available for you to view on the [Human Resources Google Intranet Site](#). Please note that any deductibles or maximums will accrue on a fiscal/school year (July through June) basis.

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## Good to Know: Urgent Care

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### What is an Urgent Care Center?

A health care facility staffed by board-certified doctors that can provide medically necessary treatment for a sudden illness or injury that requires prompt medical attention but is not life-threatening.

### What is a retail health clinic?

A health care facility staffed by certified nurse practitioners that can treat minor, uncomplicated illnesses and injuries.

### Does my health plan cover this?

Yes. Simply present your member ID when you arrive. With this benefit you will pay less to visit a participating urgent care center or retail health clinic than you'll pay for an emergency room visit.

Locate a participating urgent care center near you, visit [ibx.com/findcarenow](http://ibx.com/findcarenow). Questions? Call 1-800-ASK-BLUE.



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## Summary of Benefits & Coverage

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The Patient Protection and Affordable Care Act (PPACA or ACA) requires health plans to provide consumers with information about health plan benefits and coverage in a simple and consistent format called a Summary of Benefits and Coverage (SBC). The purpose of the SBC is to help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes key features of the plan, cost-sharing provisions, and coverage limitations and also provides coverage examples. A Uniform Glossary explaining the most common terms used in health insurance is also available.

SBCs are available on the [Human Resources Google Intranet Site](#) or you may request a paper copy by contacting Human Resources.

## Health & Wellness Programs through IBX

There are additional benefits available through your medical plans that are designed to encourage healthy behaviors. Additionally, 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 **800-ASK-BLUE** or visiting the website at [www.ibx.com](http://www.ibx.com) and click on Health and Wellness.

### Healthy Lifestyles<sup>SM</sup> Solutions Program

Enroll in Weight Watchers®, Weight Watchers® Online, or an approved weight management program at any network hospital. The Healthy Lifestyles<sup>SM</sup> Solutions Weight Management Program will reimburse you up to \$150 for the cost of an approved weight management program. To get started:

- Sign up for an approved weight management program
- Attend the approved program
- Submit documentation and request your reimbursement

Log onto [www.ibx.com/reimbursements](http://www.ibx.com/reimbursements) and request your reimbursement by submitting proof of participation and payment. Once all of your documentation is submitted, you can request your reimbursement to be paid by direct deposit or American Express rewards gift card.

### Other IBX Health & Wellness Resources

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 obtain information on the following programs:

- **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** – Members have access to speak with a registered nurse 24 hours, 7 days a week.
- **WebMD** – Helps members better understand their symptoms and what to do about them.
- **Personal Health Profile** – Health risk assessments members complete through the member portal that results in a health analysis and personalized action plan.
- **Educational Videos** – View short educational videos on any one of thousands of health topics.
- **Connections Health Management Programs** – Provides members with an accurate, confidential and personalized action plan to support physicians' relationship with their patients and enhance their ability to provide evidence-based care.
- **Nutrition Counseling** – Members receive up to six visits a year with a registered dietician to learn how to eat a healthier diet.
- **And much more.**

### Fitness Program Reimbursement

You can get up to **\$150** back when you join a full-service fitness center. Exercise regularly (120 times a year) at an approved fitness center, record your workouts, and submit your documentation for reimbursement. Reimbursements can be obtained by direct deposit or an American Express rewards gift card.

### Tobacco Cessation Program

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.

You can work with your health care provider to determine which method is best for you. You may meet one-on-one with a provider, or choose a program that offers group support. Some programs can even help you manage stress, avoid weight gain, and overcome barriers to quitting. You can also choose a program offered by a network hospital in your area. Search for a network hospital in your area at [www.ibxpress.com](http://www.ibxpress.com) or contact our Health Resource Center at 800-ASK-BLUE for more information.

#### The following are not reimbursable:

- Copays, coinsurance and deductibles
- Hypnosis
- Acupuncture
- Dietary supplements; injections
- Electronic cigarettes



As an IBX member, you are automatically eligible for Blue365. 365 days a year, Blue365 is available to help you make important decisions about your health and wellness.

Simply log on to Blue365 from the [ibxpress.com](http://ibxpress.com) website and you will receive access to discounts, nutrition and weight management programs, laser vision correction, parent and senior care, health travel and more.

Visit your member website at [www.ibxpress.com](http://www.ibxpress.com) to:

- Find a provider
- View claims
- Review your coverage details
- View health & wellness program

## Telemedicine

### 24 hours a day, 7 days a week on demand access to affordable quality healthcare. Anytime, anywhere.

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, Mental Health Care and Dermatology you get 24/7 access to low-cost, high-quality virtual health care.

Download the TELADOC Mobile App from the Apple Store or Google Play or call 1-800-835-2362

Visit <https://www.teladochealth.com/>

### When should I use Teladoc?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care physician is not available
- To request prescription refills when appropriate. See prescription policy\*
- If traveling and in need of medical care

### What can be treated?

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bites
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- Skin conditions
- Depression
- Anxiety
- Stress
- Grief
- And more!

### Behavioral health care issues related to:

- Marriage
- Parenting and childcare
- Alcohol and Substance Abuse
- Legal and Financial Difficulties
- Relationship Problems
- Sleep Disorders
- Smoking Addiction
- Other personal challenges
- And more!

\* Prescriptions are issued only when clinically appropriate and will be prescribed for a short-term duration. No controlled substances can be prescribed, and the availability can be restricted by law.

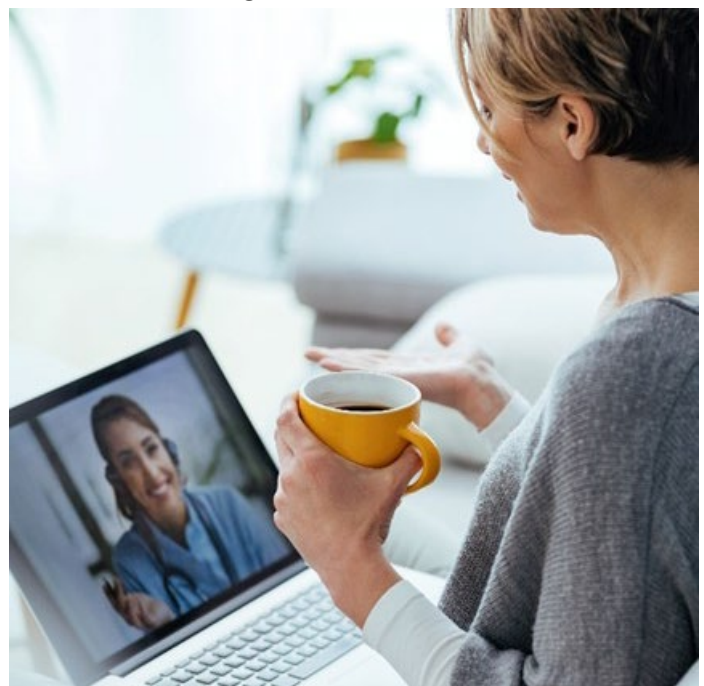
### Who are Teladoc doctors?

Teladoc has the nation's largest network of doctors for telehealth services.

On average, Teladoc doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Teladoc doctors are committed to providing convenient, quality care and are always ready to take your call.

### Are my children eligible?

Yes. Teladoc has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.



### How much does it cost?

Members will pay their primary care copay per consult for the Keystone & Personal Choice plans. If enrolled in the HDHP plan, members will pay full cost.

### Contact Teledoc for affordable care anytime, anywhere

Download the Teledoc app

1-800-835-2362

Visit <https://www.teledochealth.com>

## Additional Employee Programs



### Life Insurance

For most people, maintaining their lifestyle depends on an important source of income – regular paychecks. If you should die, your family’s lifestyle could suffer. **SDST** recognizes that life insurance provides critical financial protection. Please view your contract for the specific amount of coverage you are provided for by the District at no cost to the employee.

#### Update Your Beneficiary

Open Enrollment is a good time to review your beneficiaries for your life insurance and pension. Please update your beneficiary through open enrollment or contact HR.

### Disability Insurance (STD or LTD)

The purpose of this plan is to provide you with income if you are not able to work due to a non-work-related illness or injury. Support and Confidential Staff are provided Short Term Disability (STD) insurance per their contract/agreement at no cost to the employee. Administration is provided Long Term Disability (LTD) insurance per their agreement at no cost to the employee. Please view your contract/agreement for the specific insurance provided or contact the HR office for more information.

### Workers Compensation Insurance

Workers Compensation Insurance is provided to all district employees if you are injured on the job. Please see the notice with insurance and the posted panel of physicians on the [HR Google Intranet website](#).

### 403b/457 Retirement Plans

All district employees are eligible to open a 403b/457 retirement plan with one of the approved vendors. Please view a detailed explanation and the list of vendors on the [HR Google Intranet website](#).

### Public School Employees’ Retirement System (PSERS)

Go to <https://www.psers.pa.gov/Pages/default.aspx> for more information about the pension plans.

### Employee Assistance Program (EAP)

Life may present you with unexpected challenges and the district would like to be able to offer some assistance for you during difficult times. All information discussed will remain confidential.

1-800-628-4844 or [www.guidanceresources.com](http://www.guidanceresources.com).

Web ID= PFGEAP. Company ID= School.

For more information view the [HR Google Intranet Page](#).

### Imputed Income

If your Basic Life insurance exceeds \$50,000, the Federal government taxes the “value” of the coverage (i.e., the cost to provide the benefit) above \$50,000. This is called imputed income. The imputed income is not the amount of your coverage above \$50,000 but the premium value of your coverage above \$50,000, as determined by the IRS. This taxable amount appears on your W-2 statement, generally as “other income.”

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## Voluntary Benefits

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The plan options available to you are designed to help supplement your medical plan. The benefits you receive under these plans may be used for out-of-pocket medical or non-medical expenses associated with a covered accident, critical illness or hospital stay. Please take the time to review the plan information to determine which insurance options may be the best fit for you and your family.

### Trustmark Short-Term Disability

- Select from two elimination periods: 7/7 or 14/14
- Select from two benefit periods: 3 months or 6 months
- Protect up to 60% of your base earning
- \$100 claims-free return, every two years

### Trustmark Group Hospital Indemnity

- Pays cash directly to Employee, over and above any other coverage
- HSA Compatible
- Pays cash benefits for Hospital Admission, Hospital Confinement, Hospital Intensive Care

### Chubb 24-Hour Group Accident Plan

- Pays cash directly to Employee, over and above any other coverage.
- Pays cash benefits for injuries such as slip and fall, doctor visits, chiropractic, fractures, dislocations, surgeries, hospital stays, therapies, plus other benefits.
- \$60 wellness benefit paid once per year per insured

### Chubb Group Critical Illness Plan

- Pays cash directly to Employee, over and above any other coverage.
- Pays lump sum from \$10,000 - \$30,000 on a guaranteed issue basis for the diagnosis of a covered condition. Does not require hospitalization or any treatment for benefit to be paid, only qualifying diagnosis.
- Covered conditions include: Heart Attack, Stroke, Cancer, End Stage Renal Failure, Coma, Major Organ Failure, Alzheimer's, Parkinson's, plus others
- \$50 wellness benefit paid once per year per insured

### Colonial Life Term Insurance

- Three plan options to choose from: 10 year / 20 year / 30 year
- Same benefit payout for the duration of the policy
- Guaranteed premiums that do not increase during the selected term
- Coverage up to \$150,000



## Flexible Spending Accounts (FSAs) with Ameriflex

A Flexible Spending Account (FSA) is an easy, convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of pretax dollars to cover certain out-of-pocket expenses as they occur throughout the year.

At **SDST** we offer two types of Flexible Spending Accounts: Health Care FSA and Dependent Care FSA.

IRS rules allow you to contribute to your Flexible Spending Accounts through pretax payroll deductions. This means the money is deposited to your account before any deductions for income tax, Social Security or state withholding taxes are taken from your paycheck.

You **must re-enroll** each year to continue in the program.

### Health Care Flexible Spending Accounts

Health Care Flexible Spending Accounts reimburse you for eligible health care expenses that are not covered by your health benefits plan, such as copayments, coinsurance, deductibles or certain vision, hearing or orthodontic care costs. You can submit claims for yourself, your spouse and other covered family members.

At the start of the plan year, you choose how much you want to set aside with each paycheck — subject to an annual maximum. 2026 = \$3,400.00. You then withdraw funds from your account as needed throughout the year to reimburse yourself for the eligible health care expenses you have paid out-of-pocket (i.e., anything not covered by insurance).

The entire elected amount is available to you from the first day of the plan year.

**If you enroll in the HDHP plan with a Health Savings Account (HSA) you will only be eligible to enroll in a Limited Flexible Spending Account for dental and vision claims.**

### Save Your Receipts

You may be required to provide documentation.



### Dependent Care Flexible Spending Accounts

Dependent Care Flexible Spending Accounts reimburse you for non-medical day care expenses for **children under age 13** or for disabled dependents of any age (a dependent that is not able to care for himself or herself and relies on you for sole financial support). Dependent day care expenses are reimbursable as long as the provider is not your spouse, another dependent or child under age 19. To be eligible to participate, both you and your spouse must be working or you are a single parent.

At the start of the plan year, you choose how much you want to set aside with each paycheck – \$3,400 maximum if you are married and filing a separate income tax return or \$7,500 maximum if you are single or married filing a joint income tax return. You then withdraw funds from your account (up to the amount of contributions available in your account) as needed throughout the plan year to reimburse yourself for the dependent day care expenses that you have already paid.

### Health Care FSA Ineligible Expenses

- Babysitting, childcare and nursing services for a normal, healthy baby
- Controlled substances or illegal drugs
- Cosmetic surgery
- Dancing lessons
- Diapers or diaper service
- Electrolysis or hair removal
- Funeral expenses
- Future medical care (except advance payments for lifetime care, or long-term care)
- Hair transplant
- Health coverage tax credit
- Household help
- Illegal operations or treatments
- Insurance premiums (with a few exceptions)
- Maternity clothes
- Medication from other countries
- Nonprescription drugs and medicine, except insulin (over-the-counter medicine is eligible for reimbursement with a written prescription)
- Teeth whitening
- Swimming lessons
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition
- Personal use items (e.g., toothbrush, toothpaste, dental floss)
- Veterinary fees
- Weight-loss program (unless for a specific disease diagnosed by a physician)

Please note that this list is not all-inclusive, and is subject to change.

## Ameriflex Offers Instant Access to FSA Funds

Accessing your FSA account funds is easy with the Ameriflex Debit Card, which you may use at participating doctors, hospitals, dentists, and pharmacies that accept debit cards. Just present your card at the time of payment when you have qualified expenses. The amount of your purchase will be deducted from your Spending Account, up to the maximum amount you have elected for the year.

Since this is an IRS approved program, make sure you keep all your receipts for purchases you make with your wage works debit card for eligible health care and transit expenses.

Our FSA is administered by Ameriflex. To learn more about flexible spending accounts, visit the district [HR Google Intranet Page](#).



### Use It or Lose It!

As you think about your FSA for this upcoming plan year, be sure to carefully estimate your expenses, as well as the amount you want to contribute to your account. As you do so, remember that as a result of the national Health Care Reform, you may no longer use the Health Care FSA to pay for certain over-the-counter drugs and medicine without a doctor's prescription or letter of medical necessity. The goal in estimating carefully is to use whatever you set aside so you do not lose it, due to the Internal Revenue Service's "use it or lose it" rule. This rule means if you do not spend the full amount of money in your FSA by the end of the plan year, you must forfeit whatever funds remain above \$680.00.

### Example of How Much You Can Save

Let's say you earned \$26,000 and you contributed \$2,000 to your Health Care Account.

	With A Health Care Flexible Spending Account	Without A Health Care Flexible Spending Account
<b>Annual Base Salary</b>	\$26,000	\$26,000
<b>Health Care Flexible Spending Account Contribution (Pre-tax Dollars)</b>	\$2,000	\$0
<b>Taxable Income</b>	\$24,000	\$26,000
<b>Federal Income Tax</b>	\$2,475	\$2,774
<b>Social Security Tax</b>	\$1,836	\$1,989
<b>Net Income</b>	\$19,689	\$21,237
<b>Unreimbursed Health Care Expenses</b>	\$0	\$2,000
<b>Your Spendable Income</b>	\$19,689	\$19,689

You increase your spendable income by \$452 simply by participating in the Health Care FSA.

**Please remember:** These projections are only estimates. The assumptions used in these calculations may not apply to you. Do not consider them to be tax advice. Always ask your tax advisor for the most appropriate tax advice for your specific situation.

## Contact Information



### Do you have a question about your coverage?

Contact the appropriate vendor directly for questions regarding benefits, claims process, choosing a doctor, ID cards and copayments and deductibles.

Benefit	Provider	Website	Phone Number
Medical	Independence Blue Cross	<a href="http://www.ibx.com">www.ibx.com</a>	Call the number on the back of your ID Card
Prescription Drug Coverage	CapitalRx	<a href="http://www.cap-rx.com">www.cap-rx.com</a>	833-599-1001
Dental	United Concordia	<a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>	800-332-0366
Flexible Spending Accounts	Ameriflex	<a href="https://participant.myameriflex.com/#/login">https://participant.myameriflex.com/#/login</a>	610-291-6528
Employee Assistance	ComPsych	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	800-628-4844
Retirement Plan	PSERS	<a href="https://www.pa.gov/agencies/psers.html">https://www.pa.gov/agencies/psers.html</a>	215-443-3495
Workers Compensation	School Districts Insurance Consortium (SDIC)	<a href="http://sdicwc.org">http://sdicwc.org</a>	800-445-6965
Voluntary Insurance – Short-Term Disability & Hospital Plan	Trustmark	<a href="https://www.trustmarkbenefits.com/voluntary-benefits">https://www.trustmarkbenefits.com/voluntary-benefits</a>	800-918-8877
Voluntary Insurance – Accident/Injury & Critical Illness	Chubb	<a href="http://www.chubb.com/WorkplaceBenefitsClaims">www.chubb.com/WorkplaceBenefitsClaims</a>	833-542-2013
Voluntary Insurance – Life	Colonial Life	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	800-325-4368

# 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](http://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](http://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](http://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, 2026. Contact your State for more information on eligibility.**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> ; Phone: 1-866-251-4861; Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> ; Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> ; Phone: 916-445-8322; Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> ; CHP+ Customer Service: 1-800-359-1991/State Relay 711; Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> ; HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> ; Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> ; Phone: 678-564-1162, Press 1; GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> ; Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid; Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> <a href="http://www.in.gov/fssa/df/">http://www.in.gov/fssa/df/</a> ; Family and Social Services Administration Phone: 1-800-403-0864; Member Services Phone: 1-800-457-4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
Medicaid Website: <a href="http://iowa.gov/health-and-human-services">iowa Medicaid   Health &amp; Human Services</a> ; Medicaid Phone: 1-800-338-8366; Hawki Website: <a href="http://iowa.gov/healthy-and-well-kids">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a> ; Hawki Phone: 1-800-257-8563; HIPP Website: <a href="http://iowa.gov/health-insurance-premium-payment">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a> ; HIPP Phone: 1-888-346-9562	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> ; Phone: 1-855-459-6328; Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> ; KCHIP Website: <a href="https://kynect.ky.gov/">https://kynect.ky.gov/</a> ; Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	Louisiana Medicaid Website: <a href="https://www.ldh.la.gov/healthy-louisiana">https://www.ldh.la.gov/healthy-louisiana</a> Medicaid Customer Service Line: 1-888-342-6207; Louisiana Medicaid email: <a href="mailto:healthy@la.gov">healthy@la.gov</a> ; Louisiana Health Insurance Premium Program (LaHIPP) Website: <a href="https://www.ldh.la.gov/lahipp">https://www.ldh.la.gov/lahipp</a> ; LaHIPP phone: 1-877-697-6703 LaHIPP email: <a href="mailto:La.HIPP@la.gov">La.HIPP@la.gov</a> ; LaHIPP fax: 1-888-716-9787; LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> ; Phone: 1-800-442-6003; TTY: Maine relay 711; Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> ; Phone: 1-800-977-6740 TTY: Maine relay 711	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> ; Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> ; Phone: 573-751-2005

<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> ; Phone: 1-800-694-3084; Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> ; Phone: 1-855-632-7633 Lincoln: 402-473-7000; Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> ; Phone: 603-271-5218; Toll free number for the HIPP program: 1-800-852-3345, ext. 15218; Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> ; Phone: 1-800-356-1561; CHIP Premium Assistance Phone: 609-631-2392; CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> ; Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> ; Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> ; Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> ; Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> ; Phone: 1-800-692-7462; CHIP Website: <a href="http://www.pa.gov/childrens-health-insurance-program-chip">Children's Health Insurance Program (CHIP) (pa.gov)</a> ; CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> ; Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> ; Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> ; Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542; Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> ; Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> ; CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
<b>VERMONT– Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> ; Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> ; <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> ; Medicaid/CHIP Phone: 1-800-432-5924
<b>WASHINGTON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> ; <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700; CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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## Important Regulations

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### **Patient Protection – Designation of Primary Care Provider**

Independence Blue Cross's HMO and DPOS plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Independence Blue Cross will designate one for you. 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 website at [www.ibx.com](http://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 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 employees notification regarding CHIPRA. Please see attached notice.

### **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 see attached notice.

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# Important Notice from the School District of School District of Springfield Township About Your Prescription Drug Coverage and Medicare

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Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CapitalRx 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:

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.

School District of Springfield Township has determined that the prescription drug coverage offered by Capital Rx 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 School District of Springfield Township coverage will not be affected.

You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current School District of Springfield Township coverage, be aware that you and your dependents will 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 School District of Springfield Township 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 The Company 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](http://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](http://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).

<b>Date:</b>	May 4, 2026
<b>Name of Entity/Sender:</b>	School District of Springfield Township
<b>Contact:</b>	Emily Kehr, Director of HR, 215-233-6000