



# 2024 Employee Benefits Guide



# Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	Independence Blue Cross	800-275-2583	<a href="http://www.ibx.com">www.ibx.com</a>
Dental	Aetna	877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
Vision	VBA	800-432-4966	<a href="http://www.vbaplans.com">www.vbaplans.com</a>
Health & Welfare Benefits	Health & Welfare Office	215-895-3346	<a href="http://afscme33.org">afscme33.org</a>

This brochure highlights the main features of the DC 33 Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. DC 33 reserves the right to change or discontinue its employee benefits plans at any time.





# Welcome

We are pleased to provide you with medical, dental and vision benefits that are a vital part of your total compensation. You have the flexibility to select from benefits to keep you and your family healthy, provide financial protection in the event of an unforeseen event. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family — then be sure to take action.

## Table of Contents

Important Contacts.....	2	Medical.....	5
Welcome.....	3	Dental.....	8
Eligibility.....	4	Vision.....	9



# Eligibility

If you work at least 30 hours per week, you are eligible for benefits unless you are a School Crossing Guard. If you were hired between the 1st and the 15th of the month, your benefits are effective immediately. If you were hired between the 16th and the end of the month, your benefits will be effective on the first of the following month. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return.

## School Crossing Guards

If you were hired as a School Crossing Guard and require health benefits, you must fill out the Non-Duplication of Benefits form provided by Local 1956. Please call your local president at 215-895-3300. Do NOT contact the Health & Welfare Benefits office for eligibility information if you are a School Crossing Guard.

## Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

QUALIFIED LIFE EVENT DOCUMENTATION	
Change in marital status	
Marriage	Copy of marriage certificate
Divorce/Legal Separation	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



# Medical

Medical insurance is essential to your well-being and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.



## How a Health Plan Works

- **Preventive Care** – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care. The plans have different:
- **Annual deductible amount** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – the most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

**Find the information you need**

Whether you're at home or on-the-go, you have 24/7 access to your benefits information and member tools.

Log in at [ibx.com](http://ibx.com) or through our free IBX mobile app.

**Access plan information**

Easily find all your claims, spending, and benefits information. You can also view, print, or send your ID card.

**Find care, estimate costs**

Use our Find a Doctor tool to search for in-network doctors, hospitals, and other health care providers near you. You can also estimate your costs for care based on your specific health plan.

**Healthy resources**

Read the latest articles and research on living a healthy lifestyle. You will also find a health encyclopedia and recipes for good eating, healthy foods.

**Have a question?**

Ask IBX: if you need a little direction, our smart search will help you find what you need, and fast!

**Exclusive discounts and savings**

As an Independence Blue Cross member, you can take advantage of savings and discount programs for local, regional, and national businesses and attractions.

**Discounts on entertainment and events**

Blue Insider™ offers great deals on family-themed activities, live events and theater tickets, sporting events, restaurants and bars, and more. You can also save on online shopping and gift certificates.

**Exclusive deals**

Save on health-related products and services through our BlueInsider™ program. You'll receive exclusive discounts and offers from leading national companies, like FISH, and weekly featured deals for products like meal delivery services, fitness apparel, weight loss programs, and car-care services.

**Get Good Living**

As you shop online and through the IBX mobile app, you can clip and print valuable coupons for popular food, health, and household items. You will also find articles about a variety of health topics and delicious recipes that support a healthy lifestyle.

**Philly-area fun**

Take advantage of members-only pricing on listings, Philly's little share program. And, show your member ID card for free parking admission at the Blue Cross BlueCross.

Check out all the exciting member perks at [ibx.com/discounts](http://ibx.com/discounts).

**Support for your financial well-being**

We want to help you keep your finances healthy, too. These programs and services are available to employees at no cost to help ease the burden of paying for higher education.

**College Tuition Benefit**

The College Tuition Benefit program awards the scholarship and helps offset the costs of college education. You can sponsor immediate or extended family members and even SAGE Scholars Tuition Rewards Program®. Photos can be used at more than 400 participating colleges and universities.

**GradFin**

GradFin® offers several ways to help save for college and reduce student loan debt. They offer services that can improve your financial future with personalized payroll options to help you save.



# Medical Plan Comparison

	DC 33 HMO	DC 33 PERSONAL CHOICE PPO	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible			
Individual	\$0	\$300	\$750
Family	\$0	\$600	\$1,500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	\$1,500	\$2,000	\$4,500
Family	\$3,000	\$4,000	\$9,000
		You pay	
Coinsurance			
Preventive Care	\$0	\$0	30% No Deductible
Primary Care Physician	\$20	\$20	30% After Deductible
Specialist	\$25	\$30	30% After Deductible
Urgent Care	\$50	\$40	30% After Deductible
Emergency Room	\$200	\$200	
PHARMACY			
Retail Rx (up to 30-day supply), Mail Order Rx (up to 90-day supply)			
Tier 1	\$10	\$10	
Tier 2	\$25	\$25	
Tier 3	\$40	\$40	



# JFK MEDICAL CENTER/TEMPLE UNIVERSITY HEALTH SYSTEM

MEDICAL & RX	DC 33 HMO	DC 33 HMO & JFK & TEMPLE	PERSONAL CHOICE	PERSONAL CHOICE & JFK & TEMPLE
Annual Copay Maximum	\$1,500/ \$3,000	\$1,500/ \$3,000	In-network: \$2,000/ \$4,000 Out-of-network: \$4,500/ \$9,000	\$2,000/ \$4,000
Primary Care Physician	\$20.00	\$0.00*	\$20.00	\$0.00*
Specialist Care Physician	\$25.00	\$0.00/ \$5.00**	\$30.00	\$0.00/ \$10.00**
Diagnostic X-ray	\$40.00	\$0.00***	10-15%	10-15%
In-Patient Hospitalization	\$500.00	\$0.00***	10%	10%
Out-Patient Hospitalization	\$250.00	\$0.00***	10%	10%
Emergency Room	\$200.00	\$200.00	\$200.00	\$200.00
Rx	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40	\$10/\$25/\$40

\* JFK only | \*\* \$0.00 copay at JFK & reduced at Temple facilities | \*\*\* Copay at one of the approved Temple facilities

## Bi-Weekly Member Contributions

	DC 33 HMO	DC 33 PERSONAL CHOICE PPO
Individual	\$0.00	\$53.53
Parent/Child	\$0.00	\$85.69
Parent/Children	\$0.00	\$127.60
Individual/Spouse	\$0.00	\$85.69
Family	\$0.00	\$127.60

# Dental

Taking care of your oral health is not a luxury, it is a necessity for long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative, and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will only pay a small deductible and coinsurance for basic and major services.

	AETNA DPPO
	IN- AND OUT-OF-NETWORK
Calendar Year Deductible	
Individual	\$0
Family	\$0
Calendar Year Out-of-Pocket Maximum	
Per Individual	\$5,000
	You pay
Preventive Care	
Exams, Cleanings, X-rays, Fluoride Treatments	\$0
Basic Services	
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	\$0
Major Procedures	
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs, Implants*	20%
Orthodontia	
24-Month Treatment Fee – Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding	
Adults	20% up to a lifetime maximum benefit of \$5,000 per individual; deductible waived
Children (up to 19th birthday)	

\* Implants are considered in-network only at 80% subject to a separate calendar year maximum of \$5,000.

Jet Dental, a professional dental team, provides periodic onsite dental services to AFSCME District Council 33 for all staff and family members. Services include comprehensive exams, preventative cleanings and x-rays at no cost (with insurance). Patients with periodontal gum disease may need a deeper cleaning (known as scaling and root-planing), which requires a co-pay. Jet Dental's professional team will review any applicable costs before performing treatment and can offer flexible payment options as needed.





# Vision

Healthy eyes and clear vision are an important part of your overall health and quality of life.

You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.



VISION BENEFITS OF AMERICA	VISION PLAN	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
<b>Cost</b>		
<b>Exam</b>	\$0	\$25
<b>Covered Services – Lenses</b>		
<b>Single Lenses</b>	\$0	\$20
<b>Bifocals</b>	\$0	\$25
<b>Trifocals</b>	\$0	\$30
<b>Frames</b>	\$0	\$25
<b>Covered Services – Contacts in lieu of Frames/Lenses</b>		
<b>Contacts – Medically Necessary</b>	\$0	\$105
<b>Contacts – Elective</b>	\$65	\$65
<b>Benefit Frequency</b>	<b>MEMBER/SPOUSE</b>	<b>CHILDREN (UP TO AGE 19)</b>
<b>Exams</b>	Once every 24 months	Once every 12 months
<b>Lenses</b>	Once every 24 months	Once every 12 months
<b>Frames</b>	Once every 24 months	Once every 12 months
<b>Contacts</b>	Once every 24 months	Once every 12 months

# Notes

Handwriting practice lines consisting of 20 horizontal dotted lines.

# Notes

Handwriting practice area with 20 sets of dotted lines for tracing on a light blue background.



