



2025

EMPLOYEE BENEFITS



IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical	Independence Blue Cross	800-275-2583	www.ibx.com
Dental	Aetna	877-238-6200	www.aetna.com
Vision	VBA	800-432-4966	www.vbaplans.com
Health & Welfare Benefits	Health & Welfare Office	215-895-3300	afscme33.org

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
WELCOME	3
ELIGIBILITY	4
MEDICAL	5
DENTAL	8
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 215-895-3334. 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 add or remove dependents during the year if you experience a Qualified Life Event.

QUALIFIED LIFE EVENT DOCUMENTATION	
Change in marital status	
Marriage	Copy of marriage certificate and spouse's Social Security Number
Divorce	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 and child/children's Social Security Number
Step-child	Copy of birth certificate, copy of marriage certificate between member and spouse, adoption documentation or the last 2 years of tax returns showing the child being claimed on the member's taxes
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



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.

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.

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 or through our free IBX mobile app.



Access plan information

Easily find 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 stress-busting, 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 music and theater tickets, sporting events, museums and more, and more. You can also save on online shopping and gift certificates.

Exclusive deals

Take on health-related products and services through our BlueCard™ program. You'll enjoy exclusive discounts and offers from leading national companies, like TSA, Southwest Airlines and more for products like travel, dining services, fitness apparel, weight loss programs, and car-to-car connections.

Get Good Living

At goodliving.com and through the IBX mobile app, you can skip and print valuable coupons for popular food, health, and household items. You will also find articles about a variety of health topics and helpful videos that support a healthy lifestyle.

Philly-area fun

Take advantage of members-only pricing on lodging, Philly's bike share program, and, show your member ID card for free seating admission at the Blue Cross Ballpark.

Check out all the exciting member perks at 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 members at no cost to help ease the burden of paying for higher education.

College Tuition Benefit

The College Tuition Benefit program awards the a scholarship and helps offset the costs of college education. You can sponsor immediate or alternate family members and earn SAGE Scholars Tuition Rewards Points®. Points 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 payment options to help you do it.

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		

Dependent children who are students living away from home and out of the service area for 90 days or more may be eligible to be on a Guest Membership in another HMO plan and remain an Independent Blue Cross member.

When you know that your student will be out of the area for at least 90 days, you can apply for membership with a participating HMO/POS plan in your travel area. Contact IBX for more details and an AWAY FROM HOME CARE GUEST MEMBERSHIP Application.





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.

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.



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.	
Adults	20% up to a lifetime maximum benefit of \$5,000 per individual; deductible waived
Children (up to 19th birthday)	

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
Cost		
Exam	\$0	\$25
Covered Services - Lenses		
Single Lenses	\$0	\$20
Bifocals	\$0	\$25
Trifocals	\$0	\$30
Frames	\$0	\$25
Covered Services - Contacts in lieu of Frames/Lenses		
Contacts - Medically Necessary	\$0	\$105
Contacts - Elective	\$65	\$65
Benefit Frequency	MEMBER/SPOUSE	CHILDREN (UP TO AGE 19)
Exams	Once every 24 months	Once every 12 months
Lenses	Once every 24 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Contacts	Once every 24 months	Once every 12 months

