









Employee Benefits

2027

AMERICAN FEDERATION STATE COUNTY MUNICIPAL EMPLOYEES
DC33
AFL CIO
PHILADELPHIA DISTRICT COUNCIL #33

Important Contacts



Coverage	Contact	Phone	Website
Medical	Independence Blue Cross	800-275-2583	**ibx.com**
Dental	Aetna	877-238-6200	**aetna.com**
Vision	VBA	800-432-4966	**vbaplans.com**
Health & Welfare Benefits	Health & Welfare Office	215-895-3300	**afscme33.org**
Basic & Optional Life Insurance	MetLife	800-638-6420	**metlife.com**
Temple DC 33 Member Hotline	Temple Health	215-926-4000	**N/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.







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Welcome!

WE ARE PLEASED TO PROVIDE YOU WITH DENTAL, VISION, AND BASIC & OPTIONAL TERM LIFE INSURANCE 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.

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

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, and the last 2 years of federal 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

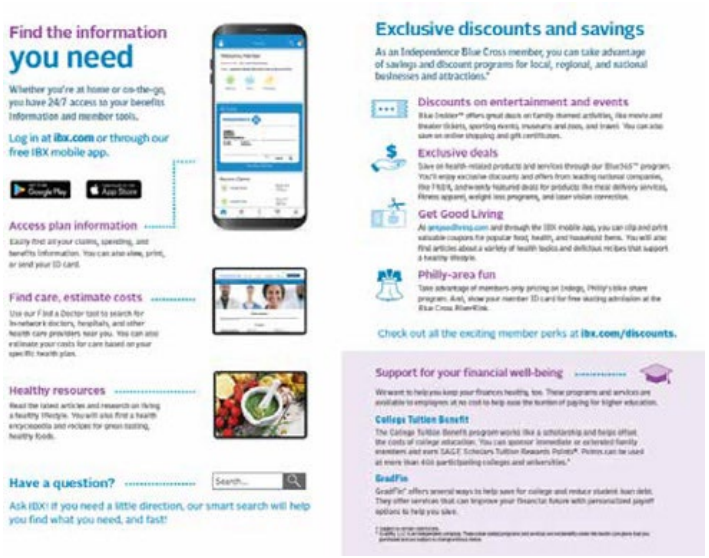
Preventive Care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you'll pay each pay period and when you need care.

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.





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	$20	$20	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 Independence 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	$125.00	$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

As a DC 33 medical plan participant, you can get rewarded for making healthy choices! Take healthy actions at your own pace, and watch your rewards grow. Independence Blue Cross (IBX) offers a variety of activities to help you develop healthy habits. Log in at **ibx.com** to start earning rewards!

To get started:

1. Log in at **ibx.com** and go to your *Dashboard*. Select *Rewards & Incentives* from the menu on the left.
2. Then click *Achieve Well-Being Rewards*.
3. Click View *Required Activities*.

Get healthy and earn rewards dollars

Whether you are looking to make big changes (like quitting smoking) or want to start with something simple (like getting a flu shot), there are a variety of activities to choose from to help you develop healthy habits.

Log in at **ibx.com** for a complete list of activities that you can earn rewards for.

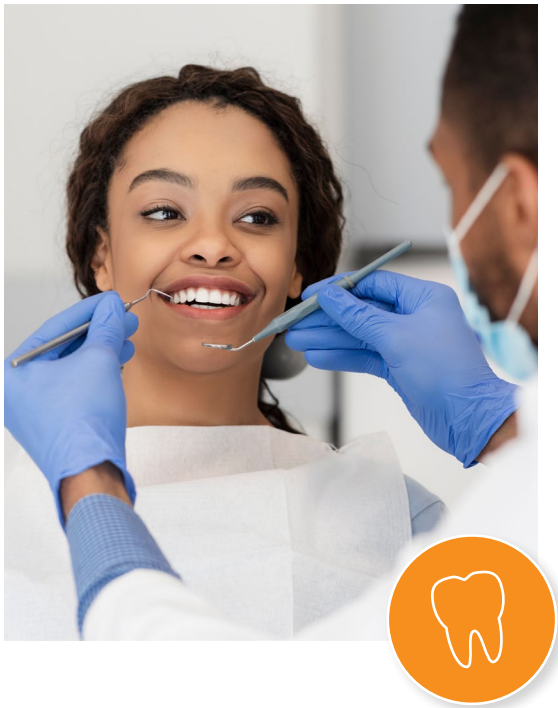
Get rewarded

Improved health is the ultimate reward, but earning reward dollars along the way is nice too! The rewards you earn for your healthy habits are redeemable for a variety of gift cards, such as Amazon, Best Buy, Dunkin', and many others.









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.

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	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	$100	$100
Benefit Frequency	MEMBER/SPOUSE	CHILDREN (UP TO AGE 19)
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 12 months
Contacts	Once every 12 months	Once every 12 months

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

DC 33 provides members with Basic Term Life Insurance coverage for a flat amount of $20,000. Accidental Death & Dismemberment (AD&D) coverage complements your Basic Life Insurance coverage and helps protect you 24 hours a day, 365 days a year.

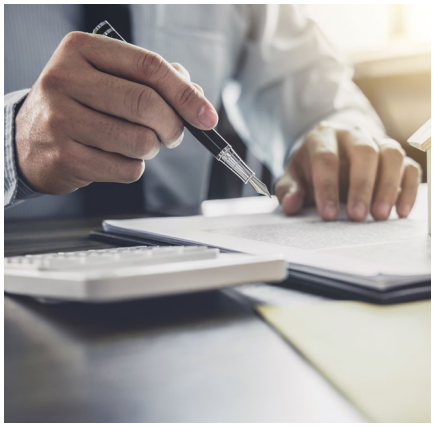
Accidental Death & Dismemberment Coverage

This coverage provides benefits beyond your life insurance for losses due to covered accidents - including while commuting, traveling by public or private transportation, and during work. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The Full Amount of the AD&D coverage is $20,000 and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.









Optional Term Life Insurance and Supplemental Term Accidental Death & Dismemberment (AD&D)

In addition to the $20,000 Basic Term Life Insurance provided to you by DC33, MetLife Optional Term Life Insurance provides an additional death benefit to your beneficiaries when you pass away. During Open Enrollment, you may apply for (or request an increase to your current coverage) in amounts between $20,000 - $200,000 by submitting a completed Statement of Health (subject to review and underwriting approval by MetLife).

This term life insurance is an easy and budget-friendly way to get coverage. It comes with competitive pricing, convenient payroll deductions, and resources to help you determine how much coverage you might need.

The right amount of life insurance varies based on your personal situation. Think about your income, debts, dependents, and future plans. You can also use an online coverage calculator, like this one at **metlife.com/lifeneeds**.

Make sure you update your beneficiary form to ensure your beneficiaries are covered!





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