

2022 EMPLOYEE BENEFITS GUIDE



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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 | 215-895-3346 | afscme33.org |

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.

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 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 great-tasting, 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, like movie and theater tickets, sporting events, museums and zoos, and travel. You can also save on online shopping and gift certificates.



Exclusive deals

Save on health-related products and services through our Blue365™ program. You'll enjoy exclusive discounts and offers from leading national companies, like Frito-Lay, and weekly featured deals for products like meal delivery services, fitness apparel, weight loss programs, and laser vision correction.



Get Good Living

At getgoodliving.com 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 Indego, Philly's bike-share program. And, show your member ID card for free skating admission at the Blue Cross RiverRink.

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 employees at no cost to help ease the burden of paying for higher education.

College Tuition Benefit

The College Tuition Benefit program works like a scholarship and helps offset the costs of college education. You can sponsor immediate or extended 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 payoff options to help you save.

* Subject to certain restrictions.
* SAGE LLC is an independent company. These value added programs and services are not covered under the health care plans that you purchased and are subject to change without notice.

Medical Plan Comparison

| | DC 33 HMO S | DC 33 HMO | DC 33 PERSONAL CHOICE PPO | |
|--|-----------------|-----------------|---------------------------|----------------------|
| | IN-NETWORK ONLY | IN-NETWORK ONLY | IN-NETWORK | OUT-OF-NETWORK |
| Calendar Year Deductible | | | | |
| Individual | \$0 | \$0 | \$300 | \$750 |
| Family | \$0 | \$0 | \$600 | \$1,500 |
| Calendar Year Out-of-Pocket Maximum (Includes Deductible) | | | | |
| Individual | \$3,000 | \$1,500 | \$2,000 | \$4,500 |
| Family | \$6,000 | \$3,000 | \$4,000 | \$9,000 |
| | You pay | | You pay | |
| Coinsurance | | | | |
| Preventive Care | \$0 | \$0 | \$0 | 30% No Deductible |
| Primary Care Physician | \$40 | \$20 | \$20 | 30% After Deductible |
| Specialist | \$60 | \$25 | \$30 | 30% After Deductible |
| Urgent Care | \$50 | \$50 | \$40 | 30% After Deductible |
| Emergency Room | \$200 | \$200 | \$200 | |
| Pharmacy | | | | |
| Retail Rx (up to 30-day supply), Mail Order Rx (up to 90-day supply) | | | | |
| Tier 1 | \$10 | \$10 | \$10 | |
| Tier 2 | \$25 | \$25 | \$25 | |
| Tier 3 | \$40 | \$40 | \$40 | |

JFK MEDICAL CENTER/JEFFERSON HEALTH BENEFITS

| MEDICAL & RX | DC 33 HMO S | DC 33 HMO S & JFK & JEFFERSON | DC 33 HMO | DC 33 HMO & JFK & JEFFERSON | PERSONAL CHOICE | PERSONAL CHOICE & JFK & JEFFERSON |
|------------------------------------|----------------|-------------------------------|----------------|-----------------------------|--|-----------------------------------|
| Annual Copay Maximum | \$3000/\$6000 | \$3000/\$6000 | \$1500/\$3000 | \$1500/\$3000 | In-network: \$2000/\$4000 Out-of-network: \$4500/\$9000 | \$2000/\$4000 |
| Primary Care Physician | \$40.00 | \$0.00* | \$20.00 | \$0.00* | \$20.00 | \$0.00* |
| Specialist Care Physician | \$60.00 | \$0.00/\$40.00** | \$25.00 | \$0.00/\$5.00** | \$30.00 | \$0.00/\$10.00** |
| Diagnostic X-ray | \$60.00 | \$20.00*** | \$40.00 | \$0.00*** | 10-15% | 10-15% |
| In-Patient Hospitalization | \$1,000.00 | \$500.00*** | \$500.00 | \$0.00*** | 10% | 10% |
| Out-Patient Hospitalization | \$500.00 | \$250*** | \$250.00 | \$0.00*** | 10% | 10% |
| Emergency Room | \$200.00 | \$200.00 | \$200.00 | \$200.00 | \$200.00 | \$200.00 |
| Rx | \$10/\$25/\$40 | \$10/\$25/\$40 | \$10/\$25/\$40 | \$10/\$25/\$40 | \$10/\$25/\$40 | \$10/\$25/\$40 |

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

Bi-Weekly Member Contributions

| | DC 33 HMO S | DC 33 HMO | DC 33 PERSONAL CHOICE PPO |
|--------------------------|-------------|-----------|---------------------------|
| Individual | \$25.00 | \$50.00 | \$53.53 |
| Parent/Child | \$25.00 | \$50.00 | \$85.69 |
| Parent/Children | \$25.00 | \$50.00 | \$127.60 |
| Individual/Spouse | \$25.00 | \$50.00 | \$85.69 |
| Family | \$25.00 | \$50.00 | \$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 | 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) | |

Jet Dental, a professional dental team, provides quarterly 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 |
| 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 | | |
| 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 24 Months |
| Contacts | Once every 24 Months | Once every 12 Months |



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.