



**WEST CHESTER AREA SCHOOL DISTRICT  
2024-2025 BENEFIT HIGHLIGHTS**

# NON-BARGAINING STAFF



# Welcome to Your Benefits Enrollment

West Chester Area School District provides a range of extensive benefits so you can select the coverage that best meets the needs of you and your family. This guide includes an overview of your benefits and your initial enrollment process.

**Below outlines the benefits available to you and your family as an employee of the District:**

- Medical & Prescription Drug Insurance
- Dental Insurance
- Vision Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA) & Dependent Care Account
- Long-Term Disability
- Life and Accidental Death & Dismemberment Insurance
- Employee Assistance Program (EAP)
- Voluntary Critical Illness & Accident Insurance

**The chart below outlines the waiting period for**

<b>Medical</b>	First of the month following date of hire
<b>Prescription Drug</b>	First of the month following date of hire
<b>Dental</b>	First of the month following date of hire
<b>Vision</b>	First of the month following date of hire
<b>Life &amp; AD&amp;D</b>	First of the month following date of hire
<b>Disability</b>	First of the month following date of hire

## **New Hires for each benefit:**

You have 30 days from your date of hire in which to enroll in benefits through the BenefitSolver web page, [www.benefitsolver.com](http://www.benefitsolver.com). It is the employee's responsibility to ensure they have completed their enrollment within the 30-day window. Failure to complete enrollment will result in having to wait until the next Open Enrollment period (May of each year) for benefits effective July 1st.

# Dependent Eligibility

**AS A WEST CHESTER AREA SCHOOL DISTRICT EMPLOYEE, YOU AND YOUR FAMILY ARE ELIGIBLE FOR BENEFITS.**

Under the District’s health care benefits program, eligible dependents include:

- **Your legal spouse**
- **Dependent children until the end of the month in which they turn age 26**

Dependent children include stepchildren, legally adopted children, children placed for adoption or any child whose coverage is the employee's responsibility under the terms of a qualified release or court order.

Proof of Eligibility is required to enroll a dependent in health benefits. Documentation must be submitted to HR within 30 days of enrollment.



Dependent	Required Documentation
Legal Spouse	A copy of the marriage certificate that has been properly recorded with the County and/or State (a church ceremony document will not be acceptable if it does not meet these requirements) plus a copy of a 'Joint Document' dated in the past 90 days. (Note: joint document is not required for adding a spouse resulting from a recent marriage.) Examples of acceptable Joint Documents are a utility bill, mortgage/ lease statement, auto insurance statement, property tax statement, or the first page of the most recent year's 1040 Federal Tax Form, with the financial info blacked out.
Dependent Child	A birth certificate or court document that establishes the relationship between employee and dependent

\*Employees are required to disenroll a dependent who becomes ineligible, within 30 days of the life event.

# Medical Benefits

All of the medical plans offered are through Independence Blue Cross and are Personal Choice PPO Plans. The plans provide national coverage and do not require referrals. You may choose our base plan:

- ⊗ Personal Choice PPO HDHP HD1-HC1, paired with a Health Savings Account (HSA)

Or, you have the option to buy up to other Blue Cross Personal Choice Plans:

- ⊗ Personal Choice PPO 320
- ⊗ Personal Choice PPO 20/30/70
- ⊗ Personal Choice PPO 10/20/70
- ⊗ Personal Choice PPO 7

	HDHP HD1-HC1	PC 320	PC 20/30/70	PC 10/20/70	PC 7
	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible	Ind: \$1,600 / Fam: \$3,200	Ind: \$300 / Fam: \$600	\$0	\$0	\$0
Out-of-Pocket Maximum	Ind: \$6,550 / Fam: \$13,100	Ind: \$2,300 / Fam: \$4,600	Ind: \$1,500 / Fam: \$3,000	Ind: \$1,500 / Fam: \$3,000	Ind: \$500 / Fam: \$1,000
Coinsurance	0%	10%	0%	0%	0%
Lifetime Maximum	Unlimited				
Doctor's Office Visit	No charge after deductible	\$20 copay	\$20 copay	\$10 copay	\$5 copay
Specialist Visit	No charge after deductible	\$20 copay	\$30 copay	\$20 copay	\$5 copay
Preventive Care <i>(Includes Pediatric Immunizations and Routine Gynecological Exams)</i>	100%	100%	100%	100%	100%
Maternity First OB Visit Hospital	No charge after deductible	10% after deductible	\$20 copay \$150/day; maximum of 5 copayments/admissions	\$10 Copay \$75/day; maximum of 5 copayments/admissions	\$5 Copay 100%
Inpatient Hospital Services	No charge after deductible	10% after deductible	\$150/day; maximum of 5 copayments/admissions	\$75/day; maximum of 5 copayments/admissions	100%
Outpatient Hospital Services Facility Physician/Surgeon	No charge after deductible	10% after deductible	\$150 copay 100%	\$75 copay 100%	100%
Emergency Room	No charge after deductible	\$40 copay (waived if admitted)	\$40 copay (waived if admitted)	\$40 copay (waived if admitted)	\$25 copay (waived if admitted)
Urgent Care	No charge after deductible	\$28 copay	\$28 copay	\$28 copay	\$17 copay
Ambulance Emergency Non-emergency	No charge after deductible	100% after deductible 10% after deductible	100%	100%	100%
Outpatient Laboratory/Pathology	No charge after deductible	100%	100%	100%	100%
Outpatient X-ray/Radiology <i>(Routine Radiology/ Diagnostic) MRI/MRA, CT/CTA Scan, PET Scan</i>	No charge after deductible	10% after deductible	\$30 copay	\$20 copay	100%
Therapy Physical/Occupational Speech	No charge after deductible	\$20 copay	1-30 visits: \$20 copay 31-60 visits: \$30 copay	1-30 visits: \$15 copay 31-60 visits: \$25 copay	\$10 copay
Restorative Service <i>(Including Chiropractic)</i>	No charge after deductible	\$20 copay	\$30 copay	\$20 copay	\$10 copay
Chemo/Radiation/Dialysis	No charge after deductible	10% after deductible	100%	100%	100%
Skilled Nursing Facility <i>(120 day/year)</i>	No charge after deductible	10% after deductible	100%	100%	100%
Hospice and Home Healthcare	No charge after deductible	10% after deductible	100%	100%	100%
Durable Medical Equipment	No charge after deductible	10% after deductible	\$30 copay	\$20 copay	100%
Mental Health Outpatient Inpatient	No charge after deductible	\$20 copay 10% after deductible	\$30 copay \$150/day; maximum of 5 copayments/admissions	\$20 copay \$75/day; maximum of 5 copayments/admissions	\$5 copay 100%
Substance Abuse Outpatient Inpatient (Rehab/Detox)	No charge after deductible	\$20 copay 10% after deductible	\$30 copay \$150/day; maximum of 5 copayments/admissions	\$20 copay \$75/day; maximum of 5 copayments/admissions	\$5 copay 100%



## Prescription Plan

### CVS/CAREMARK RX

Your prescription drug program is administered by CVS/Caremark. In order to enroll in the prescription drug program, you must also enroll in a District medical plan at the same tier (single, employee/spouse, family, etc). Benefits are available for a 30-day supply of a covered drug and a 90-day supply of maintenance medications.\*

CVS/Caremark Rx		
Prescription	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Generic	\$10 copay	\$20 copay
Preferred Brand Name	\$20 copay	\$40 copay
Non-Preferred Brand Name	\$20 copay	\$40 copay
Specialty Brand	Prudent Rx**	

### ⚙ Maintenance Medications

Maintenance medications are prescription drugs that treat ongoing conditions like high blood pressure, high cholesterol and asthma. Through the Maintenance Choice Program, you have an affordable way of obtaining maintenance medications. You can receive up to two fills of maintenance medications at any in network pharmacy. After the two fills, you can choose to receive your long-term prescriptions at a CVS Retail Pharmacy or from the CVS/Caremark Mail Service Pharmacy for the same copay. In both scenarios, you will pay two copayments for a 90 day supply of medication.

If you are taking a maintenance medication, you can obtain a 90 day supply of your medication for 2 copayments. After two monthly refills at the Retail Pharmacy, you must utilize the mail order program or a CVS Retail Pharmacy to obtain your maintenance medication.

*\*Employees enrolled in the HDHP plan pay the full cost for any prescriptions while working towards your annual deductible. Once the deductible is met, the cost of prescriptions reverts to the copay tiers listed above.*

**Please note:** Not all medications are covered. You must utilize the CVS Caremark Performance Drug List. This list is subject to change. In addition, your medication may require an authorization or be subject to quantity limits. In some cases, step therapy may apply where you are required to try a lower costing (usually generic) medication before taking the more expensive (usually non-formulary) medication.

**\*\*PrudentRx information is on the next page. ►**



## Specialty Drug List Medications

### PRUDENT RX

The West Chester Area School District offers a Specialty Drug program to help you save money through Prudent Rx!

CVS Caremark® has collaborated with Prudent Rx exclusively for a program that will help save you money on your specialty prescription. This plan design includes all specialty medications on your plan's specialty drug list.

**A Prudent Rx advocate will be able to assist you to facilitate enrollment. Prudent Rx can be reached at 1-800-578-4403 to enroll and answer any questions about the Prudent Rx solution.**

As a result, participating members will have a \$0 out-of-pocket cost on eligible specialty medications after their deductible (if applicable) is met!

**Note:** Members who elect to opt out of the program will be responsible for the full 30% percent coinsurance even after the deductible (if applicable) has been satisfied.



## Spending Accounts

Health care accounts are a great tool to make the most of your health care dollars. Use your account to pay for eligible health care expenses (including deductibles, coinsurance and co-pays) on a before-tax basis.

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
Availability	Eligible employees who enroll in the HDHP HC1-HD1 <i>*See additional eligibility requirements below</i>	Eligible employees who enroll in a PPO medical plans or waive medical coverage
Carryover	Leftover funds roll over to the next year and can be used for future health care expenses.	You will have a two and a half month grace period at the end of the plan year in which to utilize any leftover funds. Funds remaining after the grace period will be forfeited.
Annual Contribution Limits	<p><b>Before-tax contributions:</b> Total contributions— including any District contributions — cannot be more than:</p> <ul style="list-style-type: none"> <li>• \$4,150 for you only coverage</li> <li>• \$8,300 for you + one, or you + two or more coverage</li> </ul> <p><b>Catch-up contributions:</b> If you are age 55 or older, you can contribute up to an additional \$1,000.</p>	<p><b>Before-tax contributions:</b> You can contribute up to \$3,200.</p>
Employer Contribution	Employee Only: \$534 Employee +1 (or more) Dependents: \$1,067	N/A
Savings	HSA contributions are deposited into an interest-bearing account. Once you reach a minimum balance requirement, you have the option of investing your funds in one or more of the mutual fund options.	No investment or interest earnings available.
Portability	Your HSA is portable and can be taken with you if you change medical plans, leave the District or retire.	Your FSA is not portable.

### \*In order to be eligible for an HSA, you must meet the following requirements:

- ⦿ You must be covered by a qualified High Deductible Health Plan (HDHP)
- ⦿ You must not have other medical coverage
- ⦿ You must be age 18 or older
- ⦿ You cannot be enrolled in Medicare
- ⦿ You cannot be claimed as dependent on someone else’s tax return
- ⦿ You cannot be enrolled in a regular Flexible Spending Account (only a Limited Purpose FSA)

## Spending Accounts (cont'd)

### HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

The Healthcare FSA is an easy way to prepare for expenses that are not covered by your health insurance plan. An FSA allows you to pay for eligible healthcare expenses such as copays, prescriptions, hearing aids, etc. You may contribute up to \$3,200 annually on a tax-free basis to the FSA. Examples of eligible expenses are as follows:

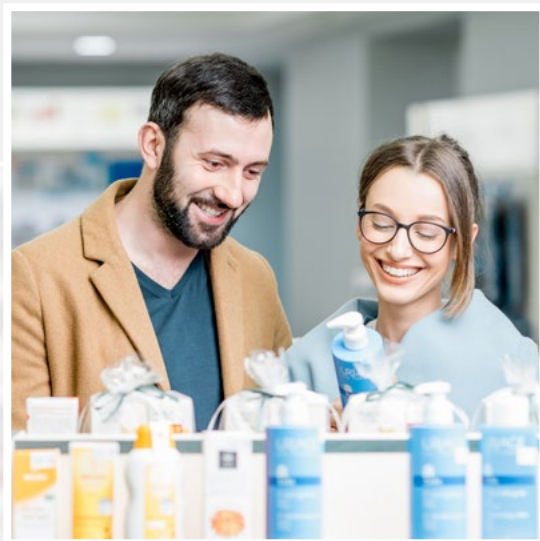
- ⊗ Medical and prescription drug expenses
- ⊗ Prescription glasses
- ⊗ Dental care (non-cosmetic)
- ⊗ Over the counter medications
- ⊗ Feminine care products

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCA)

The DCA allows you to pay for eligible dependent care (including daycare for ages 13 and under). The maximum amount a married couple can contribute to the DCA is \$5,000 if filing a joint return and \$2,500 per spouse for separate returns. Eligible dependent care expenses may include:

- ⊗ Before- and after-school care
- ⊗ Summer day camp
- ⊗ Elder daycare

<b>Grace Period</b>	An extended period of coverage at the end of every plan year that allows you extra time to incur expenses and use your remaining Flexible Spending Account balance after the close of the plan year.	2 ½ months after the plan year ends	September 15th
<b>Run Out Period</b>	An extended time at the end of the FSA plan year to submit receipts for reimbursement. You can only get reimbursed for claims incurred during the previous FSA plan year.	165 days after the plan year ends	December 15th



For more information concerning eligible expenses, please review IRS Publication 502 & 503:  
<https://www.irs.gov/pub/irs-pdf/p502.pdf>  
<https://www.irs.gov/pub/irs-pdf/p503.pdf>



# Dental Plan

## DELTA DENTAL

The following is a summary of the services covered under your Dental Program. Participating Delta Dental PPO Dentists must accept the allowance as payment in full for covered services. Payment for covered services performed by a non-participating dentist will be made directly to you based on Delta Dental's maximum contract allowances and not necessarily each dentist's submitted fees.



*Limitations or waiting periods may apply; some services may be excluded from your plan.*

Benefits	Delta Dental In-Network PPO Dentist
<b>Diagnostic &amp; Preventative Care</b>	
Routine examinations, cleanings, and x-rays	100%
<b>Basic</b>	
Fillings, denture repair, injectable antibiotics, bridge recementation & repair, posterior composites, endodontics (root canals), periodontics (gum treatment), and oral surgery	100%
<b>Major</b>	
Crowns, inlays, onlays, cast restorations	100%
<b>Prosthodontics</b>	
Bridges and dentures	100%
<b>Other Services</b>	
Orthodontic benefits	75%
<b>Deductibles &amp; Maximums</b>	
Annual Deductible (Jan. 1st—Dec. 31st)	\$10 per person/ \$30 per family
Annual Maximum (Jan. 1st—Dec. 31st)	\$2,500 per person
Orthodontic Lifetime Maximum	\$1,500 per person



## Vision Plan

### LUMINARE

Your vision plan is administered through Luminare (formerly known as Trustmark). The plan allows you to visit any vision provider as long as the provider is a physician or a professional provider.

Vision Benefit (Administered through Luminare)	
<b>Exams</b> Children to age 19 Adults	100% once per year 100% once every 24 months
<b>Lenses (Per Pair)</b> Limited to one pair every two years	\$200 maximum per person
<b>Frames</b> Limited to one pair every two years	\$200 maximum per person
<b>Contacts (Per Pair)</b> Limited to one pair every two years	Maximum determined by Criteria (as outlined below)
<b>Criteria I</b>	\$200 maximum per person; Benefits are provided for one pair as an alternative to glasses when visual acuity cannot be corrected to 20/70 in the better eye with conventional lenses, contacts are required following cataract surgery or contacts are prescribed as treatment of Keratoconus or Anisometropia
<b>Criteria II</b>	\$200 maximum per person; Benefits are provided for one pair as an alternative to glasses

# Life, AD&D, Disability & EAP Benefits

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Employees receive employer paid Life Insurance will be provided in the amount of your base salary rounded to the nearest hundred dollars, with a minimum of \$5,000. An additional seventy five \$7,500 dollars coverage shall be provided.

## LONG TERM DISABILITY

This plan provides income replacement in the event that a injury or illness renders you unable to work for an extended period of time.

**Non-Bargaining Staff:** Eligible employees receive employer paid disability which will cover 60% of your earnings to a monthly maximum of \$1,200 in the event you become disabled. Benefits are payable for a maximum of two years and are paid by the LTD carrier beginning after 30 calendar days or the exhaustion of sick days, whichever is greater.

When newly eligible and at open enrollment, employees have the opportunity to purchase additional disability coverage that will allow benefits to continue paying beyond two years, and/or provide additional monthly benefits as outlined in the below chart. Approval for additional coverage is subject to carrier guidelines.

Buy Up Option	Maximum Benefit Duration	Monthly Maximum Benefit
Option 1	5 years	60% to max \$1,200/month
Option 2	Age 65*	60% to max \$1,200/month
Option 3	5 years	60% to max of \$100,000/year
Option 4	Age 65*	60% to max of \$100,000/year

**Non-Bargaining Support Staff:** Eligible employees receive employer paid disability which will cover 60% of your earnings to a monthly maximum of \$600 in the event you become disabled. Benefits are payable for a maximum of 12 months and are paid by the LTD carrier beginning after 30 calendar days or the exhaustion of sick days, whichever is greater.

When newly eligible and at open enrollment, employees have the opportunity to purchase additional disability coverage that will allow benefits to continue paying beyond 12 months, and/or provide additional monthly benefits as outlined in the below chart. Approval for additional coverage is subject to carrier guidelines.

Buy Up Option	Maximum Benefit Duration	Monthly Maximum Benefit
Option 1	Age 65*	\$3,750

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The District provides employees with a free Employee Assistance Program through Health Advocate (formally Human Management Services, Inc.). The program offers free counseling and referral services for employees and their dependents. Health Advocate counselors will listen to your concerns, help you identify the source of your problems, and work with you to find practical solutions as quickly as possible.

Health Advocate can help with anything that interferes with your personal or work life such as stress management, marital or relationship issues, parenting, depression or anxiety, grief and loss, alcohol & other drug problems, child or elder care, or financial concerns.

\*Benefits will be paid beyond age 65 if you become disabled at age 62 or older. Please refer to the scale in the contract for the duration of benefits.

## Voluntary Benefits

The District provides employees with the opportunity to elect Critical Illness and Accident Insurance. These voluntary benefits are in addition to medical benefits. The benefits are 100% employee paid and are paid through payroll deductions.

### ACCIDENT INSURANCE

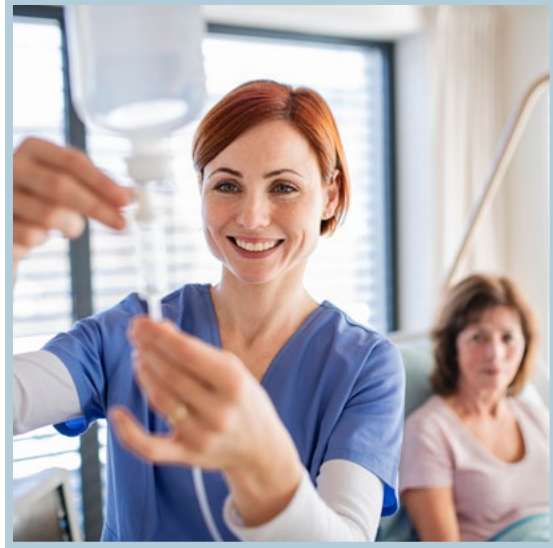
The accident insurance plan provides benefits to help cover costs associated with unexpected medical bills. You don't budget for accidents if you're like most people. When a covered accident occurs, the last things on your mind are the charges that may be accumulating while you are at the emergency room, including:

- Ambulance ride
- Emergency room
- Wheelchairs & crutches
- Surgery & anesthesia
- Bandages, stitches & casts

### CRITICAL ILLNESS INSURANCE

The Critical Illness benefit helps pay for costs associated with the diagnosis and treatment of certain illnesses such as:

- Cancer
- Heart disease
- Stroke
- Renal failure



*\*Certain levels of coverage may be subject to underwriting guidelines to determine eligibility.*

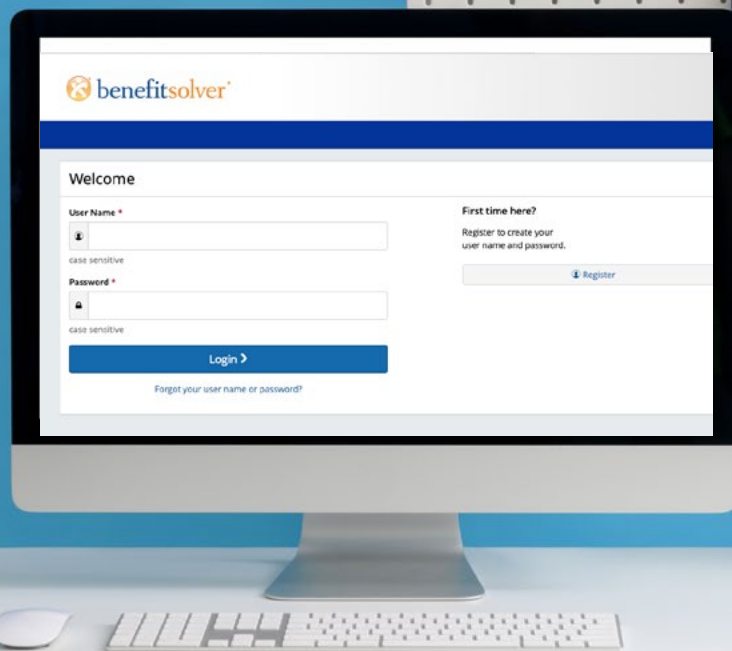


## Contact Information

Benefit Plan	Provider Name	Contact Number	Website
Medical & HSA*	Independence Blue Cross	1-800-ASK-BLUE (275-2583) <small>*Request Spending Account Team</small>	<a href="http://www.ibxpress.com">www.ibxpress.com</a>
Dental	Delta Dental of PA	800-932-0783	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	Luminare	800-223-3943	<a href="https://www.luminarehealth.com/">https://www.luminarehealth.com/</a>
Prescription Drugs	CVS/Caremark	888-865-6590	<a href="http://www.caremark.com">www.caremark.com</a>
Prescription Drugs - Specialty	Prudent Rx	1-800-578-4403	<a href="http://www.prudentrx.com">www.prudentrx.com</a>
Life & AD&D	Cigna	800-997-1654	<a href="http://www.cigna.com">www.cigna.com</a>
Long Term Disability	Reliance Standard	800-351-7500	<a href="http://www.rsli.com">www.rsli.com</a>
Flexible Spending & Dependent Care Accounts	BenefitSolver	855-883-8541	<a href="http://www.benefitsolver.com">www.benefitsolver.com</a>
Voluntary Critical Illness & Accident	Aflac	800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Employee Assistance Program (EAP)	Health Advocate	877-240-6863 <a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a>	<a href="http://www.HealthAdvocate.com/members">www.HealthAdvocate.com/members</a>



# Enrolling in Benefits



01

## REGISTER

Visit [www.benefitsolver.com](http://www.benefitsolver.com) and click on '**Register**' to set up your user name, password and security questions. Our '**Company Key**' is **westchester** (note: it's case sensitive).

02

## BEGIN ENROLLMENT

Click '**Start Here**' and follow the instructions to enroll in your benefits or waive coverage. You must make your elections by the deadline under the '**Start Here**' button.

03

## MAKE YOUR ELECTIONS

Review your options as you walk through the enrollment process.

04

## REVIEW & APPROVE YOUR ELECTIONS

Review, edit, and approve your personal information, elections, dependents, and total cost. Once you have confirmed your elections are accurate, click '**Approve**'.

05

## CONFIRM YOUR CHOICES

Your enrollment is not complete until you confirm your elections.

06

## PRINT

Print your election information and confirmation number for future reference.

# ASK YOUR ADVOCATE TEAM

PUT OUR TEAM TO WORK TO MAXIMIZE YOUR HEALTHCARE BENEFITS.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you.

## GET ASSISTANCE WITH:

### Explanation of benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

### Prescription challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

### Benefits questions

Are you unsure if the insurance company will pay for a certain procedure?

### Difficult situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

### Claim issues

Did you receive a bill from a doctor but don't know why?

## CONNECT WITH YOUR BENEFIT ADVOCACY CENTER

Email: [Bac.westchesterareaschooldistrictadvocates@AJG.com](mailto:Bac.westchesterareaschooldistrictadvocates@AJG.com)

Call Toll Free: (833) 492-0949 | M-F 8:30 am - 5:00 pm

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# Annual Notices

## SECTION 125 PLAN

The Pretax Premium Feature allows you to pay any required healthcare benefit premium payments you must make using “tax-favored” or pretax dollars. If you are required to make contributions for your healthcare benefit options, your contributions will automatically be withheld from your pay on a pretax basis unless you specify otherwise. Your monthly cost for healthcare plan elections will be deducted from your gross pay, before any federal, Social Security, and most state and local taxes are withheld.

Pay-related benefits, such as life insurance and disability income, will not be affected. If your pay after your payroll reductions is less than the Social Security Wage Base, your future Social Security benefits may be slightly reduced because you will be paying less in FICA taxes. If your pay is more than the Social Security Wage Base, your Social Security benefit will not be reduced at all.

## CHANGING YOUR ELECTIONS

The benefits you elect during the enrollment period will remain in effect through June 30, 2025. During the year, you can make certain changes only if you have a Qualifying Change in Status or a Special Enrollment Event. If you wish to change your coverage, you must submit the appropriate form. Any benefit changes must be made no later than 30 days after the event and must be consistent with the Qualifying Change in Status or Special Enrollment Event.

**A Qualifying Change in Status includes a change in:**

- Employee’s legal marital status
- Number of employee’s dependents
- Employment status of employee, employee’s spouse or dependent that causes the individual to become or cease to be eligible
- Judgment, decree or court order for coverage of children
- Medicare/Medicaid eligibility
- Residence or worksite of employee, employee’s spouse or dependent.

## HIPAA SPECIAL ENROLLMENT RIGHTS

**Loss of other coverage (excluding medicaid or a state children’s health insurance program).** If you decline enrollment for yourself or for an eligible dependent (including spouse) while another 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 dependent’s other coverage). *However, you must request enrollment within 30 days after your or your dependent’s other coverage ends (or after the employer stops contributing toward the other coverage).*

**Loss of coverage for medicaid or a state children’s health insurance program.**

If you decline enrollment for yourself or for an eligible dependent (including spouse) while Medicaid coverage or coverage in 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 your or your dependents’ coverage ends under Medicaid or state children’s health insurance program.*

**New dependent by marriage, birth, adoption or placement for adoption.**

In addition, 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 30 days after the marriage, birth, adoption or placement for adoption.*

## AVAILABILITY OF SUMMARY HEALTH INFORMATION

You are offered a series of health plan options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about each health plan option in a standard format, to help you compare plans. You may request paper copies of the SBCs by contacting the plan administrator noted on the first page of this document.





## Annual Notices (cont'd)

### NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal Law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal Law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

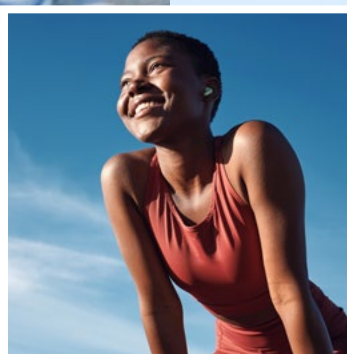


### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

The provider of our group health plan coverage reports that they have always provided coverage for these services and will continue to do so in consultation with the attending physician and the patient. Any deductibles or coinsurance will apply consistent with other benefits in your plan.



# Privacy Notice of Your Health Plan

**THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW** about the duties and privacy practices of your Health Plan to protect the privacy of your health information. The Plan may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accounting Act of 1996 (HIPAA), for purposes of making or obtaining payment for your care, facilitating your treatment by health care providers and conducting health care operations. This Plan has established a Privacy Policy to establish the rules of the use and disclosure of protected health information (“health information”) by the Plan and to guard against unlawful or unnecessary disclosure of your health information. The Plan is required by law to maintain the privacy of your health information maintained by the Plan and to provide you with notice of its legal duties and privacy practices with respect to this information.

**THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2004.** The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes any material changes to this notice, the Plan will revise it and send a new notice to all Participants within 60 days. The Plan re-serves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

Purposes for which the Plan May Use or Disclose Your Health Information Without Your Consent or Authorization

The Plan may use and disclose your health information for the following purposes:

**Health Care Providers’ Treatment Purposes.** For example, the Plan may disclose your health information to your doctor, at the doctor’s re-quest, for your treatment by him.

**Payment.** For example, the Plan may use or disclose your health information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.

**Health Care Operations.** For example, the Plan may use or disclose your health information (i) to conduct quality assessment and improvement activities, (ii) for under- writing, premium rating, or other activities relating to the creation, renewal or replacement of a con-tract of health insurance, (iii) to authorize business associates to per- form data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan’s business.

**Health Services.** The Plan may use your health information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your health information to its business associates to assist the Plan in these activities.

**As required by law.** For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your health information as authorized by and to the extent necessary to comply with workers’ compensation or other similar laws.

**To Business Associates.** The Plan may disclose your health information to business associates the Plan hires to assist the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your health information.

**To Plan Sponsor.** The Plan may disclose your health information to the Plan Sponsor to carry out Plan administration functions performed by the Plan Sponsor. Where feasible, the information provided to the Plan Sponsor will be in summary form or with identifying information such as names, addresses and other similar information deleted. The Plan may also disclose to the Plan Sponsor that fact that you are en- rolled in, or disenrolled from the Plan. The Plan may disclose your health information to the Plan Sponsor only to the extent permitted by the Plan documents and Plan Privacy Policy and only if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your health information. The Plan Sponsor must also agree not to use or disclose your health information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose your health information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes such as complying with a subpoena.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law. For research purposes in limited circumstances.
- To assist law enforcement officials in identifying a suspect, fugitive, material witness or missing person.
- To law enforcement officials if they believe your death was the result of a crime.

- To correctional facilities where you are being held.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To the appropriate governmental authority to protect a victim of abuse, neglect or domestic violence.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes such as reporting disease, injury, births or deaths; notifying a person at risk of contacting or spreading a disease; ensuring quality or safety of an FDA-regulated product; participating in public health investigations; or reporting about a work-related illness or injury to permit an employer to comply with OSHA or similar federal or state laws.
- To the extent necessary to comply with workers' compensation laws and similar programs.
- To appropriate military authorities, if you are a member of the armed forces. Uses and Disclosures with Your Permission
- The Plan will not use or disclose your health information for any other purposes nor will it provide it to another person, even a family member (unless you are a minor and not permitted to act on your own behalf under law in which case it may be disclosed to a parent), unless you give the Plan your written

authorization to do so. If you give the Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information the Plan maintains, unless the Plan has taken action in reliance on your authorization. You may also be required to file a written request form if you are seeking health information about yourself. Authorization, revocation and request forms are available from the Plan Administrator noted on the cover page of this document

### **Personal Representative**

You have the right to designate a Personal Representative (such as an Attorney or other representative) to act on your behalf and have access to your health Information as authorized by you. You must submit a written authorization to the Plan designating your Personal Representative and the information to which the representative may have access.

### **Your Rights**

You may make a written request to the Plan to do one or more of the following concerning your health information that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of your health information. The Plan does not have to agree to your request.
- To communicate with you in confidence about your health information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you

in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.

- To see and get copies of your health information. In limited cases, the Plan does not have to agree to your request.
- To correct your health information. In some cases, the Plan does not have to agree to your request.
- To receive a list of disclosures, not authorized by the Privacy Rule, of your health information that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2004).
- To send you a paper copy of this notice upon request or to provide you with a copy of the Plan's Privacy Policy.

If you want to exercise any of these rights described in this notice, please contact the Plan Administrator. The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

### **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at our Contact Office (below). You will not be retaliated against if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

### **Contact Office**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact the Plan Administrator noted on the cover page of this document.



## WEST CHESTER AREA SCHOOL DISTRICT 2024-2025 BENEFIT HIGHLIGHTS

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



**Gallagher**

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