

# 2024 Employee Benefits Guide

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## Benefit Assistance

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### Have Questions? Need Help?

Delaware Valley Community Health (DVCH) is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at [BRCEast@usi.com](mailto:BRCEast@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

## A Message to Our Employees

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### The Benefits Open Enrollment Period Is Here!

At Delaware Valley Community Health (DVCH) we recognize our success depends on **You**, our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain a qualified, competent healthcare delivery team that is culturally sensitive, friendly and respectful.

Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. These benefits are an important part of your total compensation package as a DVCH benefit eligible employee.

We encourage you to take time to read this guide and become familiar with all that we offer. This guide provides a brief overview of the benefits offered and to help you choose the type of plan and level of coverage that is right for you and your family.

Sincerely,

Human Resources Team

## Benefits for You & Your Family

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Delaware Valley Community Health (DVCH) is pleased to announce our 2024 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the Delaware Valley Community Health (DVCH) benefits available during open enrollment:

- 
- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Group Life & Accidental Death & Dismemberment
- Short Term Disability
- Long Term Disability
- Flexible Spending Account (FSA)

### **Who is Eligible?**

Employees working at least 20 hours per week and their eligible dependents may participate in the DVCH benefits program.

Generally, for the DVCH benefits program, dependents are defined as:

- Your legal spouse and domestic partner (documentation required for domestic partner coverage)
- Dependent “child” up to age 26 (child means the employee’s natural child or adopted child and any other child as defined in the certificate of coverage)

### **When is My Coverage Effective?**

The effective date for your benefits is March 1, 2024.

Newly hired employees and their dependents will be effective in DVCH’s medical benefits programs the first day of the month following 60 days of employment. For example: If you are hired on January 25th, your coverage will be effective on April 1st.

### **When Can I Make a Change?**

All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualified life event.

A qualified life event is a change in your personal life that may impact your eligibility or dependent’s eligibility for benefits.

Examples of some qualified life events include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. To make a change in benefits, you must navigate to the “Forms” tab and complete the “Life Event Declaration” form in Dayforce. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change.

### **Medical Options – What's the difference?**

DVCH is pleased to continue to offer medical coverage through Independence Blue Cross. There are three options. A PPO medical plan allows you to see any provider without a physician referral. A POS medical plan requires a physician referral. The level of benefits you receive is dependent upon your choice of an in-network provider or an out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider.

The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

### **Qualified Life Events:**

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year, March 1st.

During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage

### **Have Questions? Need Help?**

DVCH is excited to offer benefits to eligible employees with access to the USI Benefit Resource Center (BRC). The BRC is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance.

The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you. The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-6699 or via e-mail at [BRCEast@usi.com](mailto:BRCEast@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

## Medical & Prescription Insurance

Delaware Valley Community Health will continue to offer medical coverage. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Independence Blue Cross	HDHP Plus 2B		POS Plus 3B		PPO Plus 3B	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$2,000 / \$4,000	\$5,000 / \$10,000	\$0 / \$0	\$5,000 / \$15,000	\$0 / \$0	\$2,000 / \$6,000
Coinsurance	90%	50%	100%	50%	100%	70%
Out of Pocket Maximum Individual / Family	\$5,000 / \$10,000	\$25,000 / \$50,000	\$6,350 / \$12,700	\$15,000 / \$45,000	\$5,000 / \$10,000	\$7,500 / \$22,500
Primary Care	90% after deductible	50% after deductible	\$30 copay	50% after deductible	\$20 copay	70% after deductible
Specialty Care	90% after deductible	50% after deductible	\$50 copay	50% after deductible	\$40 copay	70% after deductible
Preventive Exams	100% no deductible	50% no deductible	100% no deductible	50% no deductible	100% no deductible	70% no deductible
X-ray and Lab Tests	90% after deductible	50% after deductible	\$50 copay	50% after deductible	\$20 copay	70% after deductible
Complex Radiology	90% after deductible	50% after deductible	\$100 copay	50% after deductible	\$40 copay	70% after deductible
Urgent Care	90% after deductible	50% after deductible	\$100 copay	50% after deductible	\$50 copay	70% after deductible
Emergency Room	90% after deductible		\$200 copay*		\$100 copay	
Inpatient Hospital Stay	90% after deductible	50% after deductible	\$500 Per Day up to 5 Days**	50% covered after deductible	\$500 Per Day up to 5 Days**	70% covered after deductible
Outpatient Surgery	90% after deductible	50% after deductible	\$250 copay	50% after deductible	\$150 copay	70% after deductible
<b>Retail Pharmacy (30 day supply)</b>						
Generic / Preferred / Non-Preferred	\$10 / \$30 / \$50 after deductible	50% Reimbursement	\$20 / \$40 / \$70	70% Reimbursement	\$10 / \$30 / \$50	70% Reimbursement
<b>Mail Order Pharmacy (90 day supply)</b>						
Generic / Preferred / Non-Preferred	\$20 / \$60 / \$100 after deductible	Not covered	\$40 / \$80 / \$140	Not Covered	\$20 / \$60 / \$100	Not Covered
* Waived if admitted / ** Covered by DVCH						
<b>Employee Contributions (Bi-Weekly)</b>						
Employee Only	\$35.69		\$50.39		\$77.48	
Employee & Spouse	\$82.10		\$115.94		\$178.28	
Employee & Domestic Partner	\$131.43		\$131.43		\$131.43	
Employee & Child(ren)	\$63.64		\$89.84		\$138.14	
Family	\$104.69		\$147.84		\$227.32	

## Health Savings Account (HSA)



When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

## What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

## Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

## Are you eligible to open a Health Savings Account (HSA)?

- Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.
- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

## 2024 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2024 TAX YEAR:

- Individual: \$4,100
- Family: \$8,300
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

## How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. For additional guidelines, please go online or call The Harrison Group, Inc.

## Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with The Harrison Group, Inc. allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

### Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Flexible Spending	
Maximum Contribution	\$3,050 annually
Eligible Expenses	Medical, dental, and vision copays, coinsurance, and deductibles
When are funds available?	In full at the beginning of the plan year or new hires' benefits start date
Unused Funds	<b>You have 3 months from the end of your plan year to use the rest of your funds or rollover a maximum of \$610</b>
Election changes	Elections cannot be changed during the plan year

Dependent Care Account (DCA)	
Maximum Contribution	\$5,000 annually
Eligible Expenses	Dependents' (13 and under) daycare, after-school care, and summer camp <i>Please note: DCA cannot be used to pay a family member for babysitting/daycare services</i>
When are funds available?	After each payroll contribution
Unused Funds	<b>No roll-over (use it or lose it)</b>
Election changes	Elections cannot be changed during the plan year

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

## Commuter, Transit & Parking Accounts

Commuter, Transit & Parking Accounts	
Maximum Contribution	\$300 a month for Parking / \$300 a month for Transit
Eligible Expenses	Parking fees and mass transit fares for buses, subways/trains, street cars/trolleys, Vanpool & Ride Share <i>Must be used for transportation purposes only; this is not a gas card</i>
When are funds available?	After each payroll contribution
Unused Funds	<b>You can roll-over funds</b>
Election Changes	Elections may be changed monthly during the plan year

## Dental Insurance

Delaware Valley Community Health will continue to offer a dental program. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

MetLife	Dental	
	In-Network	Out-of-Network
<b>Annual Deductible</b> Individual / Family	\$0 / \$0	\$0 / \$0
<b>Waived for Preventive Care?</b>	Yes	Yes
<b>Annual Maximum</b> Per Person / Family	\$1,500	\$1,500
<b>Preventive</b>	100%	100%
<b>Basic</b>	80%	80%
<b>Major</b>	50%	50%



<b>Orthodontia</b> <i>Covered for Adults &amp; Children</i>		
Benefit Percentage	50%	50%
Lifetime Maximum	\$1,500	\$1,500
<b>Employee Contributions (Bi-Weekly)</b>		
Employee		\$2.34
Employee & Dep(s)		\$6.53

## Vision Insurance

Delaware Valley Community Health provides Vision Insurance, as well.

MetLife	Vision	
	In-Network	Out-of-Network
<b>Routine Exams</b> <i>Once every 24 months</i>	\$0 copay	\$45 allowance
<b>Lenses</b> <i>Once every 24 months</i>		
Single Vision	\$0 copay	\$30 allowance
Lined Bifocal	\$0 copay	\$50 allowance
Lined Trifocal	\$0 copay	\$65 allowance
Lenticular	\$0 copay	\$100 allowance
<b>Contacts</b> <i>Once every 24 months</i>		
Elective	\$65 allowance	\$50 allowance
Medically Necessary	Covered in Full	\$210 allowance
Fitting & Evaluation	\$60 allowance	Applied to Contact Lens Allowance
Covered in lieu of frames		
<b>Frames</b> <i>Once every 24 months</i>	<b>Standard Frames:</b> \$65 allowance additional 20% off amount over allowance <b>Featured Frames:</b> \$85 allowance additional 20% off amount over allowance	
*20% off allowance coverage not available at Costco, Walmart & Sam's Club	<b>Costco, Walmart &amp; Sam's Club*:</b> \$35 allowance	\$35 allowance
<b>Employee Contributions (Bi-Weekly)</b>		
Employee Only		\$0.48
Employee & Spouse		\$0.97
Employee & Child(ren)		\$0.82
Family		\$1.35

## Group Basic Life & AD&D Insurance

Delaware Valley Community Health (DVCH) provides Basic Life and AD&D benefits to eligible employees. The benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

MetLife Inc	
Employee	
Benefit Amount	1 x Annual Salary
Benefit Maximum	\$200,000
Guaranteed Issue	\$200,000

### Beneficiary

*Remember to keep your beneficiary updated, which can be done anytime throughout the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases, a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.*

## Short-Term Disability Insurance

Delaware Valley Community Health offers a short-term disability option through MetLife Inc. This benefit covers 66.66% of your weekly base salary up to \$2,500/week. The benefit begins after 7 days of injury or illness and lasts up to 13 weeks.

Please note: there is a 7 day unpaid waiting period associated with the STD coverage.

Please see the summary plan description for complete plan details.

## Long-Term Disability Insurance

Delaware Valley Community Health offers long-term income protection through MetLife Inc. in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% Pre-Disability Earnings of your monthly base salary up to \$10,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

## Voluntary Benefits- Critical Illness and Supplemental Life

Delaware Valley Community Health offers Critical Illness insurance through MetLife Inc. Critical Illness insurance can supplement existing medical coverage and help provide financial support to pay for out-of-pocket expenses such as mortgage payments, college tuition, hiring household, or treatment not covered by your medical plan.

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work. <sup>1</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>100% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>
<b>Dependent Child(ren)<sup>3</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>1</sup>

Delaware Valley Community Health offers supplemental life insurance through MetLife Inc. supplemental life insurance gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children. This benefit is offered in increments of \$10,000 with a maximum of \$500,000 for employees, increments of \$5,000 for your spouse with a maximum of \$100,00 and Flat increment amounts of \$1,000, \$ 2,000, \$4,000, \$ 5,000 and/or \$10,000 for your dependent children.

\*Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to Evidence of Insurability

	Employee	Spouse & Child	
		Spouse <sup>1</sup>	Child
<b>Life Coverage: provides a benefit in the event of death Schedules:</b>	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
<b>Non Medical Maximum</b>	\$100,000	\$25,000	\$10,000
<b>Overall Benefit Maximum</b>	\$500,000	\$100,000	\$10,000
<b>AD&amp;D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:</b>	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
<b>AD&amp;D Maximum</b>	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
<b>Employee Contribution</b>	100%	100%	100%

## Voluntary Benefits- Accident Insurance

Delaware Valley Community Health offers accident insurance plans through MetLife Inc. An accident insurance plan provides benefits that may help cover costs that may not be covered under your medical plan, i.e. ambulance benefits. Delaware Valley Community Health employees have the option to choose between two accident plans. The Low and the High plan.

Benefit Type	Low Plan Benefits	High Plan Benefits
<b>Accidental Injury Benefits</b>		
Fracture Benefit*	\$100 – \$8,000 depending on the fracture and type of repair	\$200 – \$10,000 depending on the fracture and type of repair
Dislocation Benefit*	\$100 – \$8,000 depending on the dislocation and type of repair	\$200 – \$10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	\$75 – \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$100 – \$20,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$250	\$500
Coma Benefit	\$10,000	\$15,000
Laceration Benefit	\$50 – \$400 depending on the length of the cut and type of repair	\$75 – \$700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: \$300 Filling: \$25 Extraction: \$75	Crown: \$400 Filling: \$50 Extraction: \$150
Eye Injury Benefit	\$100	\$200
<b>Accident - Medical Services &amp; Treatment Benefits</b>		
Ambulance Benefit	Ground: \$300 Air: \$1,000	Ground: \$400 Air: \$2,000
Emergency Care Benefit	\$75 – \$150 depending on location of care	\$100 – \$300 depending on location of care
Non-Emergency Initial Care Benefit	\$75	\$100
Physician Follow-Up Visit Benefit	\$100	\$150
Therapy Services Benefit (including physical therapy)	\$35	\$50
Medical Testing Benefit	X-rays: \$50 All other tests: \$200	X-rays: \$75 All other tests: \$400
Medical Appliance Benefit	\$75 – \$750 depending on the appliance	\$150 – \$1,000 depending on the appliance
Transportation Benefit	\$300	\$400
Pain Management Benefit (for epidural anesthesia)	\$75	\$100
Prosthetic Device Benefit	One device: \$750 More than one device: \$1,500	One device: \$1,000 More than one device: \$2,000
Modification Benefit	\$1,000	\$1,500

\*Please see the summary plan description for complete plan details

## Voluntary Benefits- Hospital Indemnity

Delaware Valley Community Health offers a hospital indemnity plan through MetLife Inc. The hospital indemnity coverage helps with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
<b>Hospital Benefits</b>				
Admission Benefit	4 time(s) per calendar year <sup>1</sup>	Admission	\$1,000	\$2,000
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>4</sup>	\$150	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$150	\$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement Benefit for Newborn Nursery Care <sup>5</sup>	\$25	\$50
Inpatient Rehabilitation Benefit <sup>6</sup>	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100	\$150
<b>Other Benefits</b>				
Health Screening Benefit <sup>7</sup>	1 time(s) per calendar year per covered person	Health Screening	\$50	\$50

\*Please see the summary plan description for complete plan details

## Voluntary Benefits- Auto and Home Insurance and Pet Insurance

Delaware Valley Community Health employees have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service and coverage to meet your needs and your budget. For more information, please call 1-800-438-6381.

### Take advantage of special Farmers GroupSelect savings.

#### Program Description:

Employees, you have access to auto and home insurance from Farmers GroupSelect. This program provides you with special savings, outstanding customer service and coverage to meet your needs and your budget. In addition to auto and homeowners insurance, we offer a variety of policies, including:

- Condominium
- Renter's
- RV
- Boat
- Flood<sup>1</sup>
- Motorcycle
- Personal excess liability

#### Program Benefits:

Take advantage of special Farmers GroupSelect discounts and benefits that could save you hundreds.

- Discounts based on where you work
- Automatic payment discounts
- Multi-policy discounts<sup>2</sup>
- Auto repair shop and home contractor networks
- Roadside assistance
- 24/7 claim reporting

#### Switch & Save!

You may apply for insurance through this group auto and home program at any time. Take advantage of these savings and call 800-438-6381.

**Others saved hundreds on auto insurance when they switched to Farmers GroupSelect.**

**Call 800-438-6381**

Delaware Valley Community Health offers pet insurance through MetLife Inc. The pet insurance benefit program helps employees care for their furry family members.

#### MetLife Pet Insurance offers:



**Coverage for pre-existing conditions** when switching providers<sup>2</sup>



**Preventive care** included in the annual limit<sup>3</sup>



**New and innovative policy benefits**, such as grief counseling for the loss of your furry family member, loss or theft coverage, automatic coverage limit increases annually<sup>4</sup> and virtual vet concierge services<sup>5</sup>



**Multi-channel claims submission** with most claims processed within 10 days<sup>6</sup>



**No waiting period for orthopedic coverage** and **among the industry's shortest wait period<sup>7</sup>** for accident and illness coverage<sup>8</sup>



**MetLife Pet mobile app** with market leading features to help you manage your pet's health and wellness and claims.

\*Please see the summary plan description for complete plan details.



## Medical Tools & Resources

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### Get the most from your Medical Benefits with [ibxpress.com](http://ibxpress.com)

The [www.ibxpress.com](http://www.ibxpress.com) member portal gives you quick, convenient, and secure access to your specific benefits information. You can:

- Look up participating providers.
- Review details about the coverage available to you under your plan
- View processed claims.
- Order an ID card.
- Review Formulary Drug List and more

### Exclusive Health and Wellness Benefits available to all plan participants include:

- Smoking Cessation: [Smokefree.gov](http://Smokefree.gov) provides free, accurate, evidence-based information and professional assistance to help support the immediate and long-term needs of people trying to quit smoking.
- Nutrition counseling benefit: Visit a participating registered dietitian or network doctor up to 6 times a year at no cost to you.
- Health coaching: With Healthy Lifestyles Solutions, you get 24/7 access to a Health Coach — a registered nurse who is available any time to help you manage your health, answer questions about a diagnosis or treatment plan, and help you achieve your health goals.
- Baby BluePrints maternity program: Ensure the healthiest pregnancy and delivery possible — get information and support from a Health Coach during each trimester when you enroll in our Baby BluePrints maternity program.

### Discounts and Reimbursements:

- Reimbursements: Get up to \$150 back on fitness center fees, an approved weight management program, and programs to help you quit tobacco — your reward for taking small steps that can add up to big changes in your health.
- GlobalFit: Get membership discounts at thousands of gyms in the GlobalFit network, in addition to home exercise equipment from leading manufacturers of personal fitness products.
- Blue365: Access exclusive deals and discounts on fitness gear, gym memberships, weight -loss/healthy eating programs, and healthy travel experiences with Blue365 — a program for members of participating.
- Blue Insider: Get exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. Don't miss out on these great offers from well-known national, regional, and local partners.
- IBX Good Living: Save money and calories with the IBX Good Living website and smartphone app. Get coupons for healthy food and personal care products, recipes, and health articles. IBX Good Living makes it easy for you to live well.

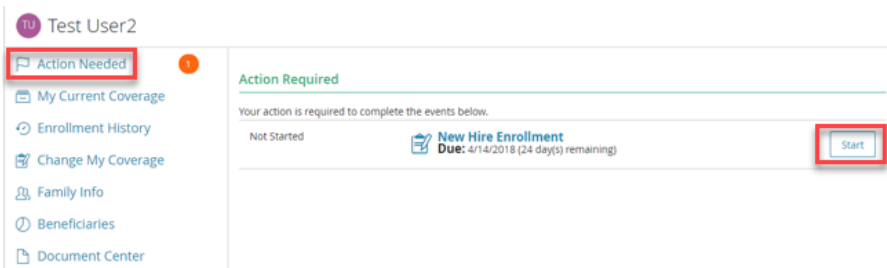
**IBX Free Smartphone App:** Download the free IBX app for your iPhone or Android to help you make the most of your Independence Blue Cross health plan. With new and improved features, the IBX app gives you easy access to your health care coverage 24/7, wherever you are.

## How to Enroll through Paylocity

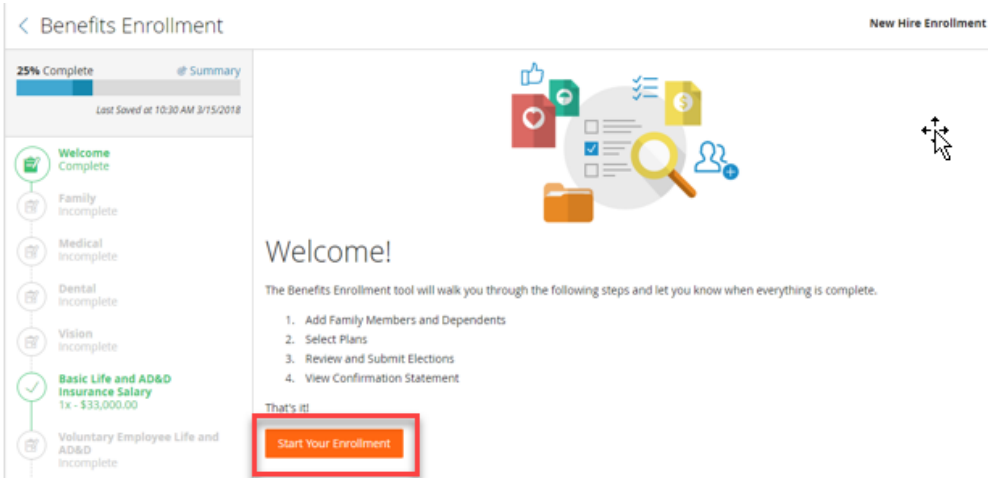
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**Complete an Enrollment Event in Benefits Enhanced**

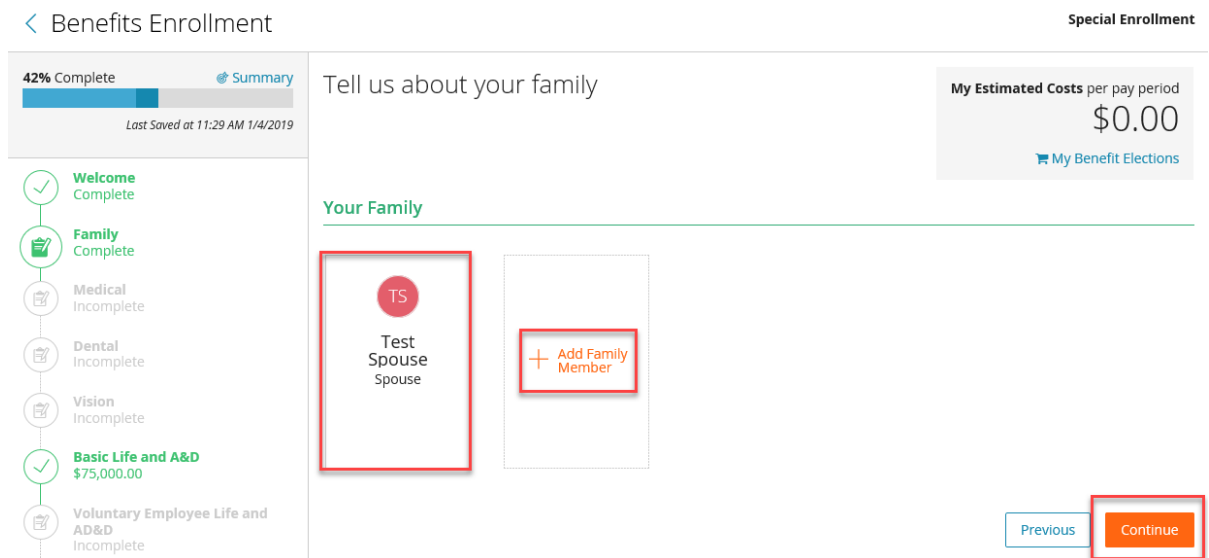
1. Access Benefits Enhanced.
2. Select **Action Needed** in the sidebar menu. This option only appears if an enrollment event is available.
3. Select **Start**.



4. Select **Start Your Enrollment**.



5. Review **Family** Information.
  - o Select **Add Family Member** to enter a new dependent.
  - o Select an existing dependent to change the dependent's demographic information.
  - o Select **Continue**.



6. Answer any questions, if applicable.

< Benefits Enrollment Open Enrollment

54% Complete [Summary](#)

*Last Saved at 8:33 AM*

- ☒ Welcome Complete
- ☒ Family Complete
- ☒ Questionnaire Complete
- ☒ Medical Blue Cross Blue Shield HDHP
- ☒ Health Care Savings Account (HSA) \$1,130.00

### Tell us about yourself

**Questions**

Do you or any family members use tobacco products? Check all that apply

☒ EA (Myself) Employee

Is your Spouse or Domestic Partner offered Medical/Health insurance through their employer?

☒ Yes ☐ No

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Continue

**My Estimated Costs per pay period**

\$61.76

[My Benefit Elections](#)

7. Enter Benefit Elections.

- Medical, Dental, Vision Plans
  1. Select the dependents to cover. The system will calculate a coverage tier and cost based on the dependents selected.
  2. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
  3. Select **Continue**.

Who do you want to cover on this plan?

☒ TU Test User1 (Myself)  
Employee

☐ TS Test Spouse  
Spouse

☐ CU Child User1  
Child

Choose a Plan

<input checked="" type="checkbox"/>	HSA Open Access Plus Choice ^	Employee Only <b>\$67.46</b>
	<div style="display: flex; justify-content: space-between;"> <span>Provider</span> <span>Cigna</span> </div> <div style="margin-top: 10px;"> <p><b>My Estimated Costs per pay period</b></p> <p>Employee Contribution \$67.46</p> <p>Employer Contribution \$101.78</p> </div>	
<input type="checkbox"/>	Open Access Plus Choice v	Employee Only <b>\$81.01</b>
<input type="checkbox"/>	Waive Medical	

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Continue

- Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs)
  1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
  2. Enter the appropriate **Employee Per Pay Period** or **Total Annual Contribution** amount.
    - Employees must enroll in the HSA to receive any applicable employer contribution, if enrolled in a qualified medical plan.
    - Enter a **\$0 Employee Per Pay Period** amount to receive the employer contribution without an employee contribution.

- The amount that employees can contribute to the account gets limited by any contribution that the employer makes as well as the IRS annual limit.

3. Select **Continue**.

### Contribute to a Health Care Savings Account (HSA)?

☒ HSA ^
 

Total Annual Contribution | \$1,108.33

**\$100.00**

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input type="text" value="\$100.00"/>
Remaining Pay Periods	9
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	\$208.33
Total Annual Contribution ⓘ	<input type="text" value="\$1,108.33"/>

**Total Contribution To Date**

Employee Contribution Amount	--
Employer Contribution Amount	--
Total Contributions To Date	--

Annual Limits	
Min Annual Contribution Amount	--
Max Annual Contribution Amount	<b>\$3,550.00</b>

**Provider** United Healthcare

### Contribute to a Flexible Spending Account (FSA)?

☒ FSA ^
 

Total Annual Contribution | \$900.00

**\$100.00**

Contribution Amount	
Employee Paid to Date	--
Employee Per Pay Period	<input type="text" value="\$100.00"/>
Remaining Pay Periods	9
Employee Annual Contribution	\$900.00
Employer Annual Contribution ⓘ	--
Total Annual Contribution ⓘ	<input type="text" value="\$900.00"/>

**Total Contribution To Date**

Employee Contribution Amount	--
Employer Contribution Amount	--
Total Contributions To Date	--

Annual Limits	
Min Annual Contribution Amount	<b>\$1.00</b>
Max Annual Contribution Amount	<b>\$2,750.00</b>

**Provider** Ameriflex

☐ Waive Medical FSA
 

- Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D plans

1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
3. Select **Continue**.

☒ Voluntary Employee Life ^

Coverage Amount

-- Select --

Provider

Cigna

My Estimated Costs per pay period

Employee Contribution	--
Employer Contribution	--

☐ Waive Voluntary Employee Life

Waive Coverage

**\$0.00**

Previous

Continue

- Voluntary Disability
  1. Select the **checkmark** next to the appropriate **Plan** or **Waive** option.
  2. Select the appropriate **Coverage Amount** in the dropdown menu, if electing coverage.
  3. Select **Continue**.

☒ Short Term Disability ^

Coverage Amount

-- Select --

Coverage Amount

Cost

0.6x - \$685.00

\$26.41

My Estimated Costs per pay period

Employee Contribution	--
Employer Contribution	--

- Employer Provided Benefits: Employees do not need to make an election in these plans, as the employer provides these benefits at no cost to the employee.
- Information Only Plans:
  1. Employees will not enroll in these plans in the Benefits Enhanced system.
  2. These plans provide employees with the information necessary to enroll elsewhere.

#### Plan

Travel Assistance ^

Provider

Mutual of Omaha

Documents

[Travel Assistance](#)

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## 7. Designate Beneficiaries.

- Any dependents already in the system show as possible beneficiaries.
- Select **Add Beneficiary** to enter additional beneficiaries.

- Enter a **Primary Beneficiary %** for all listed plans.
- Select **Continue**.

**Beneficiaries**

**ST Spouse Tester**  
Spouse (Family Member)

**CT Child Tester**  
Child (Family Member)

**Add Beneficiary**

**Beneficiary Designation**

Group Term Life and AD&D **Apply to All**

Name	Primary Beneficiary %	Secondary Beneficiary % (optional)
Spouse Tester	0.00	0.00
Child Tester	0.00	0.00
<b>Totals</b>	<b>0.000</b>	0.000

**Previous** **Continue**

8. Review all enrollment information.

- Select **Expand All** to display the details of each election.
- Select a **Plan Type** in the Sidebar menu to make any necessary changes.

**93% Complete** [Summary](#)  
Last Saved at 11:29 AM 1/4/2019

**Enrollment Summary**  
Please review your family information and benefit elections to make sure all information is correct. If not, you may make corrections at this time. You must **Submit Enrollment** at the bottom of the page to complete your benefits enrollment.

**My Estimated Costs** per pay period  
**\$13.88**  
[My Benefit Elections](#)

**My Family Information**

Name	Tobacco	Full-Time Student
<b>TU</b> <b>Test User3 (Myself)</b> Employee	No	N/A
<b>TS</b> <b>Test Spouse</b> Spouse	No	N/A

**My Benefit Elections**

Please review your benefit elections below to make sure all information is correct.

**Expand All**

Medical Medical HDHP	Employee + Spouse <b>\$12.50</b>
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**Progress:**

- ✓ Welcome Complete
- ✓ Family Complete
- ✓ **Medical** Medical HDHP
- ✓ Health Care Savings Account (HSA) \$2,400.00
- ✓ Dental Waive Dental
- ✓ Vision Waive Vision
- ✓ Basic Life and A&D \$75,000.00

Select **Submit** to complete the enrollment.

Enroll in benefits for the next plan year, if applicable.

- Select **Continue** to complete the enrollment for the next plan year now.
- Select **I'll do this later** to complete the enrollment for the next plan year later.



## One More Step...

Your enrollment has been submitted, but you also need to **enroll in benefits for the next plan year.**

To make that process easier, we're applying your current elections to that enrollment.

Continue

I'll do this later

Select **View PDF** to view or print and save an Enrollment Confirmation Statement outlining the benefit elections made.

✓ Success: Your enrollment is 100% complete and is pending approval.

My coverage as of **6/1/2018**

Viewing coverage as of 6/1/2018

⌚ The elections below are pending approval.

My Estimated Costs  
\$193.92

View PDF

Expand All

### Important Information:

- Employees may need to submit an Evidence of Insurability form, if electing coverage over the Guaranteed Issue Amount, or if enrolling in coverage after the initial new hire enrollment period.
- For general Company 2000 Benefits assistance and questions, please submit a HR/Benefits ticket [AskHR@Zendesk](mailto:AskHR@Zendesk).
- Contact the Human Resources (HR) department for any additional assistance.
- Contact a Benefits Representative for additional assistance.

## Provider Finder

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### **Independence Blue Cross – [www.IBX.com](http://www.IBX.com)**

#### **Medical**

- Click “Find a Doctor” in the top right corner.
- Select the type of provider you are looking for and select “Learn More”
  - i.e. Doctor, Hospital, Pharmacies, etc.
  - You will then be redirected.
- Enter your zip code.
- Search by Doctor Name, Specialty, Type or select “All Categories.”

### **MetLife - [www.metlife.com](http://www.metlife.com)**

#### **Dental**

- Click “Find a Dentist”
- Select “PDP Plus” network.
- Enter your zip code & click “Find a Dentist.”

#### **Vision**

- Click “Find a Vision Provider”
- Select “MetLife Vision PPO” network.
  - You will then be redirected.
- Enter your zip code & any additional information you may want to provide.
  - i.e. specific provider name
- Finally, click “Search.”