
WILLIAM PENN SCHOOL DISTRICT

Innovation. Opportunity. Success.

EMPLOYEE BENEFITS GUIDE

PLAN YEAR 2025-2026

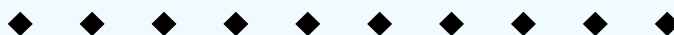


The William Penn School District is committed to offering its employees a comprehensive benefits package at a competitive cost. This package includes medical, dental, vision, prescription, flexible spending accounts, employee assistance programs, and various work-life benefits from our health insurance carriers.



TABLE OF CONTENTS

Open Enrollment	Pages 3 & 4
Qualifying Life Events	Page 5
Enrollment Eligibility	Page 6
Medical Coverage Options	Page 7
Medical Plan Comparison	Page 8
Group Premium Rates	Page 9
Opt-Out Payment	Page 10
Prescription Coverage	Page 11
Vision Coverage-Davis	Page 12
Vision Coverage– VBA	Page 13
Dental Coverage– Delta	Page 14
Dental Coverage-UCCI	Page 15
Flexible Spending– Medical	Page 16
Flexible Spending– Dependent Care	Page 17
Employee Assistance Program-NIS	Page 18
Employee Assistance Program-Care Solace	Page 19
Work-Life Benefits	Page 20
Group Carrier Information	Page 21
Required Notices	Page 22



OPEN ENROLLMENT

COVERAGE EFFECTIVE DATES

The annual open enrollment period is your opportunity to enroll in healthcare plans or make changes to your existing enrollment for the 2025-2026 plan year. This is the only opportunity you will have to enroll or make changes, unless you experience a life changing event.

- ⇒ Change your current coverage
- ⇒ Enroll in coverage you do not currently have
- ⇒ Terminate coverage
- ⇒ Add / Delete a dependent
- ⇒ Enroll in Flexible Spending Account
- ⇒ Apply for an Opt-out payment in lieu of medical benefits (restrictions apply)

The following benefits do not roll over and you must re-enroll:

- ⇒ Opt-out payment
- ⇒ Medical and Dependent Care FSA

Coverage Effective Dates



Full-Time 12 Month	7/01/2025-6/30/2026
Full-Time 10 Month	9/01/2025-8/31/2026
Retired 10 Month	9/01/2025-6/30/2026
Retired: Prior to June 2024	7/01/2025-6/30/2026
Long Term Substitute *Eligible under contract	9/01/2025-6/30/2026

2025 Annual Open Enrollment is coming soon!

Again this year William Penn School District has partnered with **U.S. Enrollment Services** to assist us with the 2025 Open Enrollment event. You will receive several emails in the upcoming weeks. These communications are to assist in streamlining the process.

This is a **Active Open Enrollment**. This is your annual opportunity to take action to ensure your coverages are correct and in place for the 2025 Plan Year. Benefit Counselors will be available to assist with adding, dropping, making plan changes, as well as verifying personal information and updating beneficiary information.

For the 2025 Open Enrollment-

- ✓ Enrollment process through the Beacon.
- ✓ Personal Enrollment assistance with a well versed Benefit Counselor over the phone. (*Enrollment calls are strictly confidential*).
- ✓ Now you can review your benefits, rates and to discuss your benefits. Visit the **WPSD Benefits Portal** site at wpsd.mybenefitsinfo.com or scan the **QR code** below.
- ✓ The Call Center Enrollment Line will be available at the following dates and times:



Contact us at 484-370-4852

Monday May 19th through Friday, May 30th from 9 AM to 8PM
No appointment required

**** If enrolling dependents, Social Security numbers are required****

We are happy to announce a new suite of Supplemental Plans with **Trustmark** that we are confident you and your family will find valuable and suitable. These plans include:

- ♦ **Trustmark Paycheck Protect:** Provides partial income replacement for employees unable to work due to a temporary illness or injury.
- ♦ **Trustmark Life + Care-** Permanent term life insurance product designed to provide both life insurance and long-term care (LTC) benefits in a single policy.

Guaranteed Issue; No Medical Questions Asked!

QUALIFYING LIFE EVENT

Certain life events allow you to change your coverages outside of the Open Enrollment period.

Changes can be made to your benefits during the Open Enrollment period. During the plan year, you can only change your medical, dental, vision, prescription coverage or flexible spending account coverage **within 31 days of a Qualifying Life Event.**

Qualifying Life Events include:

- Marriage, divorce, or death of a spouse
- Birth, adoption or death of a dependent child
- Change in employment status for you (such as leave without pay), your spouse or dependent child that affects benefit eligibility
- A qualified medical child support order requiring you to provide (or allowing you to discontinue) medical coverage for a child
- Changes made by a spouse or dependent child during his/ her open enrollment period with another employer
- Change in Medicaid or Medicare eligibility for you, your spouse or dependent child

Documentation Required for Life Event Changes

Benefit Life Event Type	Documentation Required
Birth/ Adoption	Copy of birth certificate or court order adoption paperwork
Marriage/ Divorce	Copy of Marriage License or Divorce Decree
Gain/Loss of other coverage	Written notice confirming enrollment or loss of other coverage, including the effective date of the change, corresponding coverages and dependents impacted by the change.
Medical Support Order	Copy of medical support order

ENROLLMENT ELIGIBILITY

ELIGIBLE:

- ♦ Permanent active employee
- ♦ Permanent employee on leave of absence
- ♦ Permanent employee on sabbatical
- ♦ Temporary employee meeting eligibility criteria

INELIGIBLE:

- ♦ Domestic partner or children of domestic partner
- ♦ Parents
- ♦ Grandchildren (unless you have legal guardianship; proof required)
- ♦ Children over age 26
- ♦ Spouse or step-children after divorce

PROOF OF COVERAGE

Examples of valid proof may include:

- ♦ Marriage Certificate
- ♦ Birth Certificate for dependent children
- ♦ Court Decree of legal guardianship/custody or adoption papers
- ♦ Court Divorce Decree

DIVORCE OR LEGAL SEPARATION

If you are divorced or legally separated, your former spouse is ineligible for District medical plan coverage. In this case, you will need to remove your ex-spouse from the plan as of the date of divorce or legal separation. A copy of the divorce decree or separation agreement that lists the parties and the date filed with the court must be submitted.

MEDICAL COVERAGE

OPTIONS

* All members will get a new medical ID card.



Keystone Direct - Point of Service (POS) HMO

POS plans give you a combination of an HMO plan and a FFS plan. Like a traditional HMO, you have a PCP who will make referrals to other providers within the plan when needed. You have no deductible when seeing a physician within the network and will pay a small co-pay for each office visit. If you want to go to a physician outside the network, you're free to do so without consulting your primary care physician. But, when going outside the network you'll usually have to pay a deductible (around \$300 for an individual) as well as co-insurance (usually 30 to 40 percent) as you do with FFS plans. You save money if you stay within the network, but you have the flexibility to go outside the network if you need to. However, if you choose to go outside the network, you're in charge of all paperwork needed in order to get reimbursed for the expenses.



Personal Choice - Preferred Provider Organization (PPO)

A PPO is a group of doctors and hospitals that provide medical service only to a specific group or association. The PPO may be sponsored by a particular insurance company, by one or more employers, or by some other type of organization. The most obvious difference between HMOs and PPOs is that members aren't required to work through a PCP in order to get referrals. In addition, members aren't limited to care from PPO physicians; they're free to go outside the PPO group. The insurance company may reimburse you for 100 percent of care obtained from network physicians, but will only reimburse you 80 percent for non-network treatment. Like POSs, there is a deductible if you go outside the network. An additional benefit of the PPO, however, is that there's a maximum on out-of-pocket expenses. An out-of-pocket expense maximum, or cap, is the amount that you have to meet in order for the insurance company to pay 100 percent of your policy's benefits. Your out-of-pocket expenses that go toward this cap include any deductible and co-insurance payments. Unfortunately, co-payments and your monthly insurance premium do not count.

MEDICAL PLAN COMPARISON

In-Network Coverage	Personal Choice – PPO Preferred Provider Organization	Keystone Direct (HMO) Point of Service
Deductible	None	None (In-network) \$500 person/ \$1,500 Family (Out of network)
Out of Pocket Maximum	\$1,500 Individual / \$3,000 Family (in-network)	Same
Office Visits	\$20	\$15
Specialist	\$30	\$30
Preventive Care	100%	100%
Hospital Inpatient	\$150/day – Max \$750 (5 days)	\$100/day – Max \$500 (5-days)
Emergency Room	\$40 – Waived if admitted	\$100 – Not waived if admitted
Laboratory	100%	100%
Outpatient Radiology	\$30	\$30 Routine/Diagnostic, \$60 MRI/CT/PET
Outpatient Surgery	\$150	\$50
Maternity	\$20 First OB Visit, \$150/day Inpatient	\$15 First OB Visit, \$100/day Inpatient
Therapy: PT/OT/Speech	\$20 visit 1-30, \$30 visit 31-60	\$30 visit: PT/OT-30 visits, Speech 20 visits
Spinal Manipulation	\$30 - visits 30 year	\$30 – visits 20 year
Injectable Medications (administered in doctor's office)	100%	Specialty Drugs Covered No Charge
Psychiatric Outpatient	\$30	100%, Substance abuse \$25
Skilled Nursing Facility	100% 120 days/year	100% 180 days/year
Hospice and Home Health Care	100%	100%
Durable Medical Equipment	\$30	100%
Referrals	None	Yes
Vision Exam / Frames & Contacts	No coverage	\$25 co-pay, 1 visit every two years, \$100 toward frames
Coinsurance	70%	No Coverage
Out of Pocket Maximum	\$3,000 Individual / \$6,000 Family	No Coverage

OPT-OUT PAYMENT

IN LIEU OF MEDICAL COVERAGE

Members who are covered by District health insurance and who are willing to discontinue that coverage at the start of any school year or date of hire shall receive an annual bonus payment consisting of twenty-five percent 25% of the premium cost for their enrollment during the preceding year. The annual bonus payment applies only where the employee was enrolled in the District plan and discontinues that enrollment for at least one (1) year. Payment of the bonus shall be made after the employee has completed one (1) year of discontinuance or prorated from the date of hire if less than one (1) year.

ELIGIBLE

- ♦ Permanent employees and dependents on an employer sponsored plan

INELIGIBLE

- ♦ Employee covered as an adult on their parents insurance
- ♦ Employee covered by a spouse, or parent who is a WPSD employee

REQUIRED DOCUMENTATION — Must be submitted within 30-days of enrollment

- ♦ A letter from employer
- ♦ A dated printout from the insurance company member portal showing active status for all members.

Tier Level	Active Employee Based on 12 Months of Cov- erage	Full Year Long-Term Substitute
Employee Only	\$2349.36	\$2243.77
Employee/Child	\$4131.40	\$3945.72
Employee/Children	\$5043.74	\$4817.05
Employee/Spouse	\$5709.37	\$5452.77
Family	\$6546.49	\$6252.27

PRESCRIPTION COVERAGE

CVS CAREMARK



All medical plan options include prescription drug coverage for medically appropriate prescription drugs and a mail order service through CVS-Caremark allowing you to order up to a 90-day supply of covered maintenance medications for the applicable generic or brand copayments. To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization.

	Any network pharmacy		CVS/pharmacy or CVS/Caremark Mail Service Pharmacy
Plan 1 Keystone Direct POS	<i>Price of one 34-day refill</i>	<i>Price of three 34-day refills</i>	<i>Price of one 90-day supply (physician must write for 90-day supply)</i>
Generic drugs	\$5	\$15	\$5
Preferred brand drugs	\$10	\$30	\$10
Non-preferred brand drugs	\$10	\$30	\$10
Maximum Out-of-Pocket	\$5,350 per individual / \$10,700 per family		

	Any network pharmacy		CVS/pharmacy or CVS/Caremark Mail Service Pharmacy
Plan 2 Personal Choice PPO	<i>Price of one 34-day refill</i>	<i>Price of three 34-day refills</i>	<i>Price of one 90-day supply (physician must write for 90-day supply)</i>
Generic drugs	\$5	\$15	\$5
Preferred brand drugs	\$30	\$90	\$30
Non-preferred brand drugs	\$30	\$90	\$30
Maximum Out-of-Pocket	\$5,350 per individual / \$10,700 per family		

DAVIS VISION

INCLUDED WITH KEYSTONE DIRECT POS HMO

The vision program administered by Davis Vision is available to members and dependents enrolled in a Keystone Direct POS medical plan. Members and their qualified dependents receive up to \$100 allowance or reimbursement towards eyeglasses including spectacle lenses and frames every two calendar years.

DAVIS VISION BENEFITS		BI-ANNUAL COVERAGE
Eyeglasses, including spectacle lenses and frames at participating providers		
Spectacle Lenses	Spectacle lenses covered at no extra cost include; all range of prescriptions, oversize lenses, glass or plastic lenses, single vision, bifocal, trifocal, or lenticular lenses	
Additional lens options	Additional spectacle lens options covered at no cost include; glass gray #3 prescription sunglass lenses, tinting, polycarbonate include; glass lenses for dependent children, monocular patients, and patients with prescriptions greater than or equal to +/- 6.00 diopter	
Frames – Two options are available for selecting frames	Choose from participating providers own frame collection and member received allowance of \$65	
Eyeglasses including spectacle lenses and frames at Non-participating provider	\$100 reimbursement to member	
Contact Lenses (in lieu of glasses, including standard, specialty, disposable lenses, evaluation and fitting)		
Participating Providers	\$25 copay- member receives up to \$100 towards frames	
Non-Participating Providers	Up to \$100 reimbursement to member	
Benefits Frequency	Every two years	
DAVIS VISION NETWORK		
Spectacle Lens Option	Fixed Discounted Price	
Blended Visual Bifocals	\$10	
Ultraviolet (UV) coating	\$12	
Scratch-resistant coating – single vision	\$15 – Single Vision / \$25 multifocal	
Intermediate vision lenses	\$30	
Anti-reflective coating-standard	\$33 – Standard / \$48 – Premium / \$60 –Ultra	
Progressive additional multifocal lenses – standard	\$50 – Standard / \$90 – Premium	
Polarized lenses	\$60	
Polycarbonate	\$30	
High Index	\$55	
Photochromic – Glass	\$15 – Single Vision / \$25 – Multifocal	
Photochromic – Plastic	\$60 – Single Vision / \$75 – Multifocal	



WILLIAM PENN SCHOOL DISTRICT VOLUNTARY VISION BENEFIT

Frequency Type: Last Date of Service	Employee	Spouse	Children
Vision Exam	12 months	12 months	12 months
Lenses	12 months	12 months	12 months
Frames	12 months	12 months	12 months

Benefits: Employee can select either	VBA Participating Provider Amount covered/Benefit	Out-of-Network Max reimbursement (zero copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$40
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Paid):		
Single Vision	Covered in Full	\$40
Bifocal	Covered in Full	\$60
Blended Bifocal	Covered in Full	\$60
Trifocal	Covered in Full	\$80
Basic, Standard & Premium 1-4 Progressives	Covered in Full	\$80
Lenticular	Covered in Full	\$120
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame	Covered in Full	N/A
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$300 A	\$300
Elective Fitting Fee and Evaluation	15% of UCR	
-OR-		
Medically Necessary Contacts	Covered in Full B	\$450
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

Benefits and participation may vary by location, including but not limited to, Costco(R), Optical, Pearle Vision, LensCrafters(R), Target Optical(R), Eyeglass World(R), America's Best(R), Boscov'sTM Optical

- A.** Allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
- B.** Requires prior approval. May only be selected in lieu of other material benefits listed herein

COST PER EMPLOYEE PER MONTH

- Groups: WPEA, WPESA & SSO premium costs as detailed below
- ACT 93 Administrators: Non-contributory benefit (replaces NVA plan effective July 1, 2023)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$12.99	\$24.68	\$25.33	\$33.77

DELTA DENTAL

ACT 93 ONLY

The plan allows members and their dependents the flexibility to choose any dentist. The plan uses the Delta Dental provider network for choosing an in-network provider. Participating Delta Dental Dentists must accept the allowance as full payment for covered services. Payments for covered services performed by a non-participating dentist paid directly to you based on a percentage of the UCR allowance (as specified) or the amount charged, whichever is less.

DELTA DENTAL - PPO		Program A Plan 1	
Basis for member cost sharing	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Benefits	PPO Contracted Fees	Premier Contracted Fees	Non-Delta Dental Dentist
Diagnostic & Preventive	100%	100%	100%
Sealants	100%	100%	100%
Space Maintainers	100%	100%	100%
Basic Restorative	100%	100%	100%
Oral Surgery	100%	100%	100%
Simple Extractions	100%	100%	100%
Endodontics	100%	100%	100%
Surgical Periodontics	50%	50%	50%
Non-Surgical Periodontics	50%	50%	50%
Major Restorative	50%	50%	50%
Prosthodontics-Fixed & removable	50%	50%	50%
Denture Repair, Reline, Rebase	50%	50%	50%
Implants	50%	50%	50%
Orthodontics – Child	50%	50%	50%
Orthodontics – Adult	Not Covered	Not Covered	Not Covered
TMJ	Not Covered	Not Covered	Not Covered

UCCI DENTAL

UNITED CONCORDIA

Network: Advantage Plus

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Space Maintainers		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	100%
Simple Extractions		
Endodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Nonsurgical Periodontics	50%	50%
Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Inlays, Onlays, Crowns		
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
The College Tuition Benefit® – College Savings Program ⁴	<ul style="list-style-type: none">• Earn Tuition Rewards® points redeemable for tuition discounts• Receive 2,000 at signup, then 2,000 points/year• Each child enrolled receives a one-time bonus of 500 Tuition Rewards points• One Tuition Rewards point = \$1 reduction in full tuition• Use Tuition Rewards points at participating private colleges and universities	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i> <i>Pregnancy is also a covered condition</i>	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Pregnancy Benefit ³	Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness ³	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	None	
Lifetime Orthodontic Maximum (per person)	\$800	
Reimbursement	Advantage Plus	Advantage in PA ² 90 th Percentile – all other states ⁵

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

FLEXIBLE SPENDING

MEDICAL AND DEPENDENT CARE

FLEXIBLE SPENDING ACCOUNTS (FSA)

Allows you to set aside contributions through payroll deductions into an account before paying income taxes. Flexible Spending Accounts allow you to pay out-of-pocket expenses for medical, dental and vision and work-related daycare expenses with tax-free income. By avoiding federal and FICA taxes, most participants can save up to 40% on their expenses. During the year, you have access to this account for reimbursement of expenses you regularly pay such as out-of-pocket healthcare copays and daycare fees. You must select the amount you wish to have deducted each plan year.

The maximum medical Flexible Spending Account (FSA) contribution limit is \$3,300 for calendar year 2025. The allowable amount of carry-over for FSA plans that have adopted a carry-over provision has been increased to \$660 effective for the 2025 year.

A sample list of qualified expenses for reimbursements includes, but are not limited to the following:



Ambulance Service (unreimbursed)	Hearing aids and exams
Birth control pills	Injections & vaccinations
Chiropractic Care	Nursing services
Contact lenses/Eyeglasses	Optometrist fees
Dental Fees	Orthodontic fees
Diagnostic tests / health screenings	Prescription drugs
Drug / Alcohol Addiction Treatment	Surgery
Experimental Medical Treatment	X-rays

FLEXIBLE SPENDING

CONTINUED

Dependent Care Flexible Spending Account for Dependent Care Reimbursement

This account reimburses you for day care expenses up to \$5,000 a year for single taxpayers and married couples filing jointly, or \$2,500 for married couples filing separately.

Married couples have a combined \$5,000 limit, even if each has access to a separate Dependent Care FSA through his or her employer.

ENROLLMENT REGULATIONS

You may enroll in a Health Care or Dependent Care FSA during the open enrollment or new hire period ONLY.

- You cannot transfer money between FSA's
- You cannot pay a dependent care expense from your Health Care FSA or vice versa.
- You cannot deduct reimbursed expenses for income tax purposes
- You will not be reimbursed for a service, which you have not received.
- You may not receive insurance benefits or any other compensation for expenses which are reimbursed through your FSA's
- You have a 90-day grace period at the end of the plan year to claim reimbursement for eligible expenses incurred during the plan coverage period July 1 – June 30.

Information for Flexible Spending accounts is available on the William Penn School District website under staff access www.williampennsd.org at the provider's website www.benefitresources.com where you can refer to the Flexible Spending Accounts guide provided by Benefit Resource, Inc. for information about IRS approved accounts and eligible medical and dependent care expenses.

Administered by: Benefit Resource Inc.,
(Beniversal). 245 Kenneth Drive
Rochester, NY 14623-4277
Toll-free: (800) 473-9595
Fax: (585) 424-7273
www.BenefitResource.com

EAP

EMPLOYEE ASSISTANCE PROGRAM



Client Focused. Solution Driven.



Embedded Employee Assistance Program (EAP) with Claimant Assist Support for Employees* with Life or Disability Insurance Through National Insurance Services



The EAP Program

Everyday life can be stressful and can affect your health, well-being, and performance. Fortunately, our Employee Assistance Program can aid in finding solutions. When facing personal problems, you might struggle with where to turn for help. The first step is usually the hardest, and guidance is often the key. That's why National Insurance Services (NIS) offers an Employee Assistance Program (EAP). An EAP offers a confidential place to find the answers that work for you.

Your EAP Service Provider

LifeWorks is a leader in the field of Employee Assistance and has been providing employee assistance services for over 40 years. LifeWorks has the experience to provide the broad range of services and guidance that is paramount to an EAP – whether it's help with day-to-day concerns or guidance through a challenging crisis. The information you discuss through the EAP is kept confidential in accordance with federal and state laws.

The EAP Process

When you access the EAP, LifeWorks counselors listen and take

action toward finding solutions. The next step may include meeting with a mental health counselor for up to three face-to-face visits, negotiating health insurance benefits, or referrals to community resources for legal and financial services.

Referrals and Resources

You can receive information and a listing of childcare and eldercare resources with confirmed vacancies meeting your specifications. If face-to-face mental health counseling sessions are required, LifeWorks counselors will refer you for counseling at a location that is convenient to your home or work. LifeWorks counselors can also refer you to self-help groups such as Alcoholics Anonymous or Gamblers Anonymous and community financial and legal resources for debt management.

Claimant Assist

NIS's Claimant Assist program offers special services to Long Term Disability claimants or Life Insurance beneficiaries at no charge. If you have Disability insurance coverage through NIS, our Long Term Disability Claimant Services are available to guide and counsel claimants and their immediate family

Under our EAP you can receive no-cost, confidential help for a wide variety of needs and concerns:

- Alcohol or Drug Addictions
- Anxiety
- Childcare
- Depression
- Eating Disorders
- Eldercare
- Family Conflict
- Financial or Legal Concerns
- Marital Difficulties
- Parenting Concerns
- Problem Gambling
- Relationship Problems
- Stress Management

EAP Services Are Available to You Two Ways:

Phone: 866.451.5465

Online: www.niseap.com

Login: NISEAP | **Password:** EAP
(Note: Password Is Case-Sensitive)

Claimant Assist Services Are Available:
866.472.2734

EAP

EMPLOYEE ASSISTANCE PROGRAM

WILLIAM PENN SCHOOL DISTRICT

Innovation. Opportunity. Success.

It's *okay* to ask for help.

Care Solace connects students, staff, and their families to care. At no cost to you, Care Solace will quickly and confidentially find available mental health and substance use providers matched to your needs.

24/7/365 Multilingual support

A multilingual team is available 24/7/365 to help you understand options, call providers on your behalf, and schedule an appointment.

Care regardless of insurance

Connect to care with any coverage including Medicaid, Medicare, and sliding scale options for those without insurance.

Easy access to care

Use Care Match, the self-serve website to find a provider or service on your own.



Call (888) 515-0595

or go to

[CareSolace.com/williampenn](https://www.CareSolace.com/williampenn)

Please note: Care Solace is not an emergency response service or mental health services provider. In the event of a life-threatening emergency, call 9-1-1 or the National Suicide Hotline 9-8-8.

WORK-LIFE BENEFITS

The logo for Independence Blue Cross, featuring the word "Independence" in blue and a blue cross icon.

⇒ **IBC Fitness Reimbursement**

The Healthy Lifestyles Fitness Program will reimburse you \$150 for a gym membership.

⇒ **Healthy Lifestyle Smoking Cessations**

To help you quit for good, our Healthy Lifestyles Tobacco Cessation Program will reimburse you up to \$125 for completing an approved tobacco cessation program.* You can also earn \$25 for participating in a free tobacco cessation app or program.

⇒ **Nutrition Counseling**

As an Independence Blue Cross (Independence) member, you're covered for up to six nutrition counseling visits a year at no cost when you use an in-network registered dietitian.* You can work with an in-network dietitian and get the same benefits of in-person counseling through secure video on your digital device.

⇒ **Log in at ibx.com or download the IBX mobile app.**

The logo for Working Advantage, with "working" in blue and "advantage" in orange.

Unlock the best life has to offer with exclusive savings on:

**Theme Parks, Attractions and Shows; Hotels, Flights and Rental Cars;
Concerts, Sports and Live Events; Movie Tickets; Electronics and much more.**

It's cost-free and easy to enroll.

Just visit <https://www.workingadvantage.com>

Click ***Become a Member***, click **Company Code (WPSDPERKS)**

CARRIER INFORMATION

WEBSITES AND PHONE NUMBERS

Medical-Independence Blue Cross (IBX)

<https://www.ibx.com>

Customer Service: 1-800-275-2583



Dental-Delta Dental

<https://www.deltadental.com>

Customer Service: 888-497-0675



Dental-United Concordia (UCCI)

<https://www.unitedconcordia.com>

Customer Service: 1-800-332-0366



Prescription-CVS Caremark

<https://www.caremark.com>

Customer Service: 1-800-552-8159



Vision-Vision Benefits of America

<https://www.vbaplans.com>

Customer Service: 1-800-432-4966



REQUIRED NOTICES

Summary of Benefits (SBC)

National healthcare reform requires that all plan participants have documents called Summaries of Benefit Coverage (SBCs). You can access SBCs on the staff access page on the district website.

COBRA Continuation of Medical Coverage Benefit:

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and or dependents may be able to continue their enrollment in certain medical plans such as health and dental, if such coverage is terminated or changed due to a qualifying event.

Medicare Part D Creditable Coverage:

The William Penn School District's prescription drug coverage (s) is considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

Notice of Opportunity to Enroll in Connection with Extension of Dependent Coverage to Age 26:

Individual whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the group health plan. Individuals may request enrollment for such children for 30 days from the date of notice.

Premium Assistance under Medicaid & the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible, you can contact your state Medicaid or CHIP office, or dial 1 -877 -KIDS N O W or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or call 1-866-444-3272. For more information on special enrollment rights, you can contact the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at www.cims.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565.

WILLIAM PENN SCHOOL DISTRICT

Innovation. Opportunity. Success.

NOTES

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CONTACT US:

Human Resources Benefits

(610) 284-8005 x1239

(610) 394-1073 Fax

benefits@wpsd.k12.pa.us