

# WILLIAM PENN SCHOOL DISTRICT

## William Penn School District Benefit Guide



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.

# OPEN ENROLLMENT

The annual open enrollment period is your opportunity to enroll in healthcare plans or make changes to your existing enrollment for the 2026-2027 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 rollover and you must re-enroll:

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

Coverage Effective Dates



Eligibility Group	Current Plan Year
Full-Time 12 Month	7/01/2026 – 6/30/2027
Full-Time 10 Month	9/01/2026 – 8/31/2027
Retired 10 Month	9/01/2026 – 6/30/2027
Retired: Prior to June 2024	7/01/2026 – 6/30/2027
Long Term Substitute*	9/01/2026 – 6/30/2027

## How to Enroll in Your Benefits

You have two options to complete your benefits enrollment for the **2026 Plan Year**:

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### Option 1: Enroll with a Benefit Counselor (Recommended)

Get personalized help from a licensed Benefit Counselor who will guide you through your options and answer any questions.

No appointment required!

Open Enrollment Dates- May 25<sup>th</sup> to June 5<sup>th</sup> 2026

Self Enroll- 12:00 am May 25th to 11:59 PM June 5th

\*\*\*\*Benefit counselors through the call center are available May 26th to June 5th, from 9am EST to 8pm EST

Call Center Phone Number: 484-370- 4852

### Option 2: Self-Enroll Online

Prefer to enroll on your own time? Login and complete your elections online:

1. Go to: <https://app.thebeaconselect.com/enroll/Login.aspx?Path=WilliamPennSD> or scan the QR code
2. Log in using your employee credentials- SSN or Employee ID Number
3. PIN will be the last 4 digits of your Social Security Number, followed by the last 2 digits of your birth year
4. Review, update, and submit your elections



Print or save a copy of your confirmation page

#### Reminder:

**Flexible Spending Account Elections must be made each year.** These benefits do not roll over. Failure to do so will result in termination of the benefit.

**New Hires- *You must complete your new hire enrollment within 30 days of your hire date.***

### More Benefits Information

Our **WPSD Benefits Website** is your one-stop resource for everything related to your benefits. You'll find detailed information, tools, and support all in one convenient place.

<https://wpsd.mybenefitsinfo.com/>



# 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 may only change 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, your spouse, or dependent affecting eligibility
- Medical child support order requiring/allowing change of coverage
- Spouse or dependent child gaining/losing coverage elsewhere
- Change in Medicaid or Medicare eligibility

## 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 coverage and effective date
Medical Support Order	Copy of medical support order

# ENROLLMENT ELIGIBILITY

## Eligible

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

## Ineligible

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

## Proof of Coverage

- Marriage Certificate
- Birth Certificate for dependent children
- Court Decree of legal guardianship, custody, or adoption
- Court-issued Divorce Decree

## Divorce or Legal Separation

If you are divorced or legally separated, your former spouse is no longer eligible for District medical plan coverage. You must 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—listing both parties and the court-filed date—must be provided.

# Medical Coverage with Independence Blue Cross

## Keystone Direct – Point of Service (POS) HMO

A POS plan combines features of an HMO and a traditional fee-for-service (FFS) plan, giving you both cost savings and flexibility.

- You select a **Primary Care Physician (PCP)** who coordinates your care and provides referrals to in-network specialists.
- When you see **in-network providers**, there is **no deductible** and you pay a **small copay** for office visits.
- You may choose to see **out-of-network providers** without a referral.
  - When going out of network, you are responsible for a **deductible** (typically around **\$300 for an individual**) and **coinsurance** (usually **30–40%** of the cost).
  - You will also be responsible for submitting any required paperwork to receive reimbursement.

Staying in-network helps you save money, while the POS option allows you to seek care outside the network when needed.

## Personal Choice – Preferred Provider Organization (PPO)

A PPO is a network of doctors and hospitals that provide medical services to a specific group or organization. PPOs are typically sponsored by an insurance company, employer, or association.

- You are **not required to choose a Primary Care Physician (PCP)** and **referrals are not needed** to see specialists.
- You may receive care from **any provider**, whether in or out of the PPO network.
- When you use **in-network providers**, the plan may cover **up to 100% of eligible costs**.
- When you use **out-of-network providers**, the plan generally covers **about 80%**, and you are responsible for the remaining portion.
  - A **deductible applies** when receiving out-of-network care.
- PPO plans include an **out-of-pocket maximum**, which limits how much you pay in a plan year.
  - Costs that count toward this maximum include **deductibles and coinsurance**.
  - **Copays and monthly premiums do not count** toward the out-of-pocket maximum.

The PPO offers flexibility to see providers without referrals, with the greatest savings when you stay in-network.

# Medical Plan Comparison

Benefit	Personal Choice – PPO	Keystone Direct (HMO) – POS
<b>Deductible</b>	None	None (In-Network) \$500 Individual / \$1,500 Family (Out-of-Network)
<b>Out-of-Pocket Maximum (In-Network)</b>	\$1,500 Individual / \$3,000 Family	Same
<b>Primary Care Visit</b>	\$20 copay	\$15 copay
<b>Specialist Visit</b>	\$30 copay	\$30 copay
<b>Preventive Care</b>	100% covered	100% covered
<b>Hospital – Inpatient</b>	\$150 per day Max \$750 (5 days)	\$100 per day Max \$500 (5 days)
<b>Emergency Room</b>	\$40 copay Waived if admitted	\$100 copay Not waived if admitted
<b>Laboratory Services</b>	100% covered	100% covered
<b>Outpatient Radiology</b>	\$30 copay	\$30 Routine/Diagnostic \$60 MRI / CT / PET
<b>Outpatient Surgery</b>	\$150 copay	\$50 copay
<b>Maternity Care</b>	\$20 first OB visit \$150/day inpatient	\$15 first OB visit \$100/day inpatient
<b>Therapy (PT / OT / Speech)</b>	\$20 visits 1–30 \$30 visits 31–60	\$30 per visit PT/OT: 30 visits Speech: 20 visits
<b>Spinal Manipulation</b>	\$30 copay 30 visits/year	\$30 copay 20 visits/year
<b>Injectable Medications</b>	100% covered	Specialty drugs covered at no charge
<b>Psychiatric – Outpatient</b>	\$30 copay	100% covered Substance abuse: \$25
<b>Skilled Nursing Facility</b>	100% covered 120 days/year	100% covered 180 days/year
<b>Hospice &amp; Home Health Care</b>	100% covered	100% covered
<b>Durable Medical Equipment</b>	\$30 copay	100% covered
<b>Referrals Required</b>	No	Yes
<b>Vision Exam / Frames / Contacts</b>	No coverage	\$25 copay 1 visit every 2 years \$100 allowance
<b>Coinsurance</b>	70%	No coverage
<b>Out-of-Pocket Maximum (Out-of-Network)</b>	\$3,000 Individual / \$6,000 Family	No coverage

# Health Insurance Opt-Out Incentive Program

Employees who are enrolled in the District’s health insurance plan and choose to discontinue that coverage at the start of a school year or at their date of hire may be eligible for an annual opt-out bonus.

## Bonus Payment

- The annual bonus equals **25% of the premium cost** of the employee’s District health plan coverage from the **preceding year**.
- The bonus is available **only if the employee was enrolled in the District plan** and discontinues coverage for **at least one (1) full year**.
- Payment is issued **after the employee completes one (1) full year without District coverage**.
- If the employee discontinues coverage at the date of hire and completes less than one year, the bonus will be **prorated** based on the length of discontinuance.

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## Eligibility

### Eligible

- Permanent employees who are covered under an **employer-sponsored health insurance plan**
- Dependents covered under an employer-sponsored plan

### Ineligible

- Employees covered as an adult dependent on a **parent’s insurance**
- Employees covered by a **spouse or parent who is also a WPSD employee**

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## Required Documentation *-Documentation must be submitted within 30 days of enrollment:*

- A **letter from the other employer** confirming coverage
- A **dated printout from the insurance company’s member portal** showing **active coverage for all covered members**

Plan	ACTIVE EES	LTS
EMPLOYEE ONLY	\$2,676.06	\$2,569.02
EMPLOYEE + CHILD	\$3,747.30	\$3,597.41
EMPLOYEE + CHILDREN	\$5,891.46	\$5,655.80
EMPLOYEE + SPOUSE	\$6,100.77	\$5,856.74
FAMILY	\$7,922.61	\$7,605.71

# Prescription Coverage with CVS Caremark

## Prescription Drug Coverage

All medical plan options include **prescription drug coverage** for medically appropriate medications.

- Prescription benefits are administered through **CVS Caremark**.
- Members may use the **mail-order pharmacy service** to receive up to a **90-day supply** of covered maintenance medications.
- Applicable **generic or brand copayments** apply for mail-order prescriptions.
- To ensure medications are medically appropriate, **certain prescriptions require prior authorization** before coverage is approved.

## Prescription Drug Benefits

### Plan 1 – Keystone Direct POS

Prescription Type	Any Network Pharmacy (34-Day Supply)	Any Network Pharmacy (3 x 34-Day Supply)	CVS / CVS Caremark Mail Service (90-Day Supply*)
Generic Drugs	\$5	\$15	\$5
Preferred Brand Drugs	\$10	\$30	\$10
Non-Preferred Brand Drugs	\$10	\$30	\$10
<b>Maximum Out-of-Pocket</b>	\$5,350 per individual / \$10,700 per family		

### Plan 2 – Personal Choice PPO

Prescription Type	Any Network Pharmacy (34-Day Supply)	Any Network Pharmacy (3 x 34-Day Supply)	CVS / CVS Caremark Mail Service (90-Day Supply*)
Generic Drugs	\$5	\$15	\$5
Preferred Brand Drugs	\$30	\$90	\$30
Non-Preferred Brand Drugs	\$30	\$90	\$30
<b>Maximum Out-of-Pocket</b>	\$5,350 per individual / \$10,700 per family		

\* Physician must write prescription for a 90-day supply. When a generic drug is available but a brand-name drug is dispensed for reasons other than “dispense as written,” the member pays the difference between the brand-name and generic copayment.

# Davis Vision Plan – At-a-Glance

Bi-Annual Coverage

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.

Benefit	Participating Providers	Non-Participating Providers
<b>Eyeglass Lenses</b>	Covered at no additional cost	Included in up to \$100 reimbursement
<b>Frame Allowance</b>	\$65 allowance	Included in up to \$100 reimbursement
<b>Contact Lenses (in lieu of glasses)</b>	\$25 copay + up to \$100 allowance	Up to \$100 reimbursement
<b>Benefit Frequency</b>	Every two (2) years	Every two (2) years

## Included Lens Enhancements (No Additional Cost)

Covered Enhancements
Polycarbonate lenses
Tinting and Gray #3 prescription sunglasses
Glass lenses for dependent children
Coverage for monocular patients
Prescriptions $\pm 6.00$ diopters or greater
Glass or plastic lenses

## Davis Vision Network – Fixed Discounted Lens Pricing

Lens Option	Member Cost
Blended visual bifocals	\$10
UV coating	\$12
Scratch-resistant coating	\$15 (Single Vision) / \$25 (Multifocal)
Intermediate vision lenses	\$30
Anti-reflective coating	\$33 Standard / \$48 Premium / \$60 Ultra
Progressive multifocal lenses	\$50 Standard / \$90 Premium
Polarized lenses	\$60
Polycarbonate lenses	\$30
High-index lenses	\$55
Photochromic – Glass	\$15 Single Vision / \$25 Multifocal
Photochromic – Plastic	\$60 Single Vision / \$75 Multifocal

## William Penn School District

### Voluntary Vision Benefit With VBA

Benefit Frequency (Based on Last Date of Service)

Covered Service	Employee	Spouse	Children
<b>Vision Exam</b>	Every 12 months	Every 12 months	Every 12 months
<b>Lenses</b>	Every 12 months	Every 12 months	Every 12 months
<b>Frames</b>	Every 12 months	Every 12 months	Every 12 months

### Vision Benefits Summary

Benefit	In-Network (VBA Participating Provider)	Out-of-Network Max Reimbursement
Vision Exam (Glasses or Contacts)	Covered in full (copay not to exceed \$39)	\$40
Single Vision Lenses	Covered in full	\$40
Bifocal Lenses	Covered in full	\$60
Trifocal Lenses	Covered in full	\$80
Progressive Lenses (Basic-Premium)	Covered in full	\$80
Lenticular Lenses	Covered in full	\$120
Polycarbonate Lenses (to age 19)	Covered in full	N/A
Basic Scratch Coating	Covered in full	N/A
Frames	Covered in full	N/A
Contact Lenses (in lieu of glasses)	Material allowance up to \$300	\$300
Medically Necessary Contacts	Covered in full (prior approval required)	\$450
Laser Eye Surgery (once every 8 years)	N/A	\$250

<sup>1</sup> Material allowance applies to all services and materials associated with contact lenses, including fitting, dispensing, and lens costs. Allowance may not cover the full cost.

<sup>2</sup> Medically necessary contact lenses require prior approval and may only be selected in place of other material benefits.

### Monthly Premiums (Per Employee)

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

Groups: ESPA and SSO

ACT 93 Administrators: Non-contributory benefit (replaces NVA plan effective July 1, 2023)

## Delta Dental Plan (ACT 93 Only)

This plan gives members and their dependents the flexibility to visit **any dentist**. When you choose a **Delta Dental participating (in-network) provider**, covered services are paid based on the plan allowance, and participating dentists must accept that allowance as **payment in full** for covered services.

If you receive care from a **non-participating (out-of-network) dentist**, payments for covered services are made **directly to you**. Reimbursement is based on a percentage of the **Usual, Customary, and Reasonable (UCR)** allowance (as specified) or the dentist's actual charge—**whichever is less**.

### Delta Dental PPO – Program A (Plan 1)

Benefit Category	Delta Dental PPO Dentist	Delta Dental Premier Dentist	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

- *Members may visit any dentist; however, choosing a Delta Dental PPO or Premier dentist may result in lower out-of-pocket costs.*
- *Non-Delta Dental services are reimbursed based on UCR allowances or the amount charged, whichever is less.*

## United Concordia Dental

Schedule of Benefits (Concordia Flex<sup>SM</sup>)

Network: Advantage Plus

Category	Covered Services	Plan Pays
Class I – Preventive & Diagnostic	Exams; All X-rays; Cleanings & Fluoride Treatments; Palliative Treatment (Emergency); Space Maintainers	100%
Class I – Preventive & Diagnostic	Sealants	0%
Class II – Basic Services	Basic Restorative (Fillings, etc.); Endodontics; Simple Extractions; Complex Oral Surgery; General Anesthesia and/or Nitrous Oxide and/or IV Sedation	100%
Class III – Major Services	Non-surgical Periodontics; Surgical Periodontics; Repairs of Crowns/Inlays/Onlays; Repairs of Bridges; Denture Repair; Inlays/Onlays/Crowns; Prosthetics (Bridges, Dentures)	50%
Orthodontics	Diagnostic, Active, Retention Treatment (limited to dependent children under age 19)	50%

## Deductibles & Maximums

Item	Amount
Annual Program Dollar Deductible (per person/per family)	\$0
Program Dollar Maximum (per person)	\$0
Orthodontics Lifetime Maximum (per person)	\$800

## Contact United Concordia

Channel	Details
Phone	1-866-851-7564 (8 a.m. – 6 p.m. ET). IVR available 24/7 for claim status, benefits and coverage information in 150 languages.
Web	www.UnitedConcordia.com — Register for My Dental Benefits for 24/7 secure access to eligibility, claim status, procedure history, and ID card requests.

*All services listed are subject to the Schedule of Exclusions and Limitations. This is a summary; refer to the certificate of coverage for complete details.*

## Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) allows you to set aside money through **pre-tax payroll deductions** to pay for eligible **medical, dental, vision, and work-related dependent care expenses**. Because contributions are deducted before federal income and FICA taxes, most participants can save **up to 40%** on eligible expenses.

You can use your FSA to get reimbursed for expenses you regularly pay out of pocket, such as healthcare copays, prescriptions, and dependent care costs. You must elect the amount you wish to contribute during each plan year.

### Medical FSA – 2026 Limits

Item	Amount
Medical FSA Maximum Contribution	\$3,400
Carryover Amount (if applicable)	Up to \$680 may carry over into the next plan year
Eligible Expenses	<ul style="list-style-type: none"> <li>• Medical, dental, and vision copays</li> <li>• Prescription medications</li> <li>• Eligible over-the-counter healthcare items</li> </ul>

### Dependent Care FSA – 2026 Limits

Item	Details
Maximum Annual Contribution (2026)	\$7,500 per household (\$3,750 if married filing separately)
Eligible Expenses	Work-related daycare, preschool, before- and after-school care, and other qualifying dependent care expenses
Access to Funds	Dependent Care FSA funds are available only as contributions are made throughout the year

*Contribution limits are set by the IRS and may be lower if the employer plan imposes a lower cap. Only expenses incurred during the plan year are eligible for reimbursement.*



## Enrollment Regulations

You may enroll in a **Health Care FSA** or **Dependent Care FSA** only during the **Open Enrollment period** or as a **new hire**.

Please note the following rules apply to Flexible Spending Accounts:

- Funds **cannot be transferred** between FSAs.
  - Dependent Care expenses **cannot** be paid from a Health Care FSA, and vice versa.
  - Expenses that have already been reimbursed **cannot** be deducted for income tax purposes.
  - Reimbursement is only available for services that have **already been received**.
  - You may not receive insurance benefits or any other compensation for expenses reimbursed through your FSA.
  - A **90-day run-out period** is provided at the end of the plan year to submit claims for eligible expenses incurred during the plan coverage period (**July 1 – June 30**)
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### Additional Information

- Information about Flexible Spending Accounts is available on the **William Penn School District website** under staff access at **www.williampensd.org**, and on the provider's website at **www.benefitresources.com**. These resources include guidance on IRS-approved accounts and eligible medical and dependent care expenses.
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### Plan Administrator

#### Benefit Resource, Inc. (Beniversal)

245 Kenneth Drive  
Rochester, NY 14623-4277

- **Toll-Free:** (800) 473-9595
- **Fax:** (585) 424-7273
- **Website:** [www.benefitresources.com](http://www.benefitresources.com)

# Accident Insurance

Accidents can happen anytime—on or off-the- job—and the unexpected costs can add up quickly. **Accident Insurance through Wellfleet** helps cover out-of-pocket expenses by paying you a cash benefit based on the injuries you sustain and the care you receive.

You can use the money however you need—whether it’s:

- Covering an emergency room copay
- Paying for childcare while you recover
- Helping with transportation to follow-up appointments
- Offsetting lost income or other household expenses

**There are no medical questions required to enroll**, making it easy to get the coverage you need for peace of mind. Be prepared for the unexpected—and protect your budget in the process.

## Accident Insurance — Quick Look

LOW PLAN	HIGH PLAN
ER Visit: \$150	ER Visit: \$200
Urgent Care: \$75	Urgent Care: \$100
Ambulance: \$150	Ambulance: \$250
Hospital Admission: \$1,000	Hospital Admission: \$1,500
Hospital Stay: \$150/day	Hospital Stay: \$200/day
Major Fracture: \$2,500	Major Fracture: \$4,000
Concussion: \$150	Concussion: \$200

### Wellness Benefit (Health Screening Rider)

- \$50 cash benefit per covered person, per year
- Paid for completing an eligible wellness screening (routine preventive care)
- Available even if no accident occurs

Accidental Death (Employee): \$40,000 (Low) / \$50,000 (High)

*\*The Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. Exclusions and limitations apply.*

# Critical Illness Insurance

A serious diagnosis can bring emotional stress—and unexpected expenses. **Critical Illness Insurance through Wellfleet** provides a **lump-sum cash benefit** if you or a covered family member is diagnosed with a covered condition such as:

- Cancer
- Heart attack
- Stroke
- And other serious illnesses

You can use this cash benefit however you choose: to help cover medical bills, household expenses, travel for treatment, or anything else you need so you can focus on what matters most—**getting better**.

## Key Features:

- **Choose coverage up to \$30,000 with no medical questions asked**
- **Spouse and child coverage available** (up to 50% of the employee’s elected benefit)
- **Includes a \$50 annual health screening benefit** when you complete a covered wellness exam
- **Benefits paid directly to you-** regardless of any other insurance. Protects your family’s financial stability and focus on recovery

Coverage	Amount range	Maximum payout
Employee	\$10,000.00 - \$30,000.00	Unlimited
Spouse	\$10,000.00 - \$30,000.00	
Child(ren)	\$5,000.00 - \$15,000.00	

Condition	Benefit
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Benign Brain Tumor	100%
Bone Marrow/Stem Cell Transplant	25%
Coronary Artery Bypass Surgery	25%

Condition	Benefit
Cancer (Full Diagnosis)	100%
Carcinoma in Situ	25%
Skin Cancer	5%

## Also included-

**The Enhanced Package** which provides extensive coverage for severe conditions affecting neurological function, sensory organs, and critical health emergencies. This category includes both full-benefit conditions (100% payout) and partial-benefit conditions (10% payout).

**Progressive Disease Benefits** cover degenerative conditions requiring long-term care. Full-benefit conditions (100%) include ALS, Parkinson's Disease, Advanced Dementia, and Multiple Sclerosis. Half-benefit conditions (50%) include Systemic Lupus, Myasthenia Gravis, and Addison's Disease. Childhood Conditions provide specialized coverage for children under family plans.

# Hospital Indemnity Insurance

Even with health insurance, a hospital stay can lead to significant out-of-pocket costs. **Hospital Indemnity Insurance through Wellfleet** helps ease that burden by providing a **lump-sum cash benefit paid directly to you**—not to the hospital or provider.

You can use the money however you need, including:

- Paying coinsurance or copays
- Covering lost income
- Arranging for childcare or transportation
- Managing household expenses during recovery

## Why It Matters:

- **Pays in addition to your medical coverage**—no coordination with other insurance required
- **Cash is yours to use** however it helps most during recovery
- Provides **peace of mind** during a stressful time

Hospital stays are hard enough—this coverage helps make the financial side easier.

HOSPITAL INDEMNITY BENEFITS		
Core Hospitalization Benefits	Low	High
<b>Hospital</b>		
Admission Benefit	\$500.00	\$1,500.00
Per year	1	1
Daily Confinement	\$150.00	\$300.00
Days	1 to 90	1 to 90
<b>Intensive Care Unit</b>		
Admission Benefit,	\$500.00	\$1,500.00
Per year	1	1
Daily Confinement	\$150.00	\$300.00
Days	1 to 30	1 to 30
<b>Newborn</b>		
Admission Benefit, 1 per newborn's lifetime	\$300.00	\$600.00
Confinement	\$100.00	\$200.00
Maximum number of days	3 days	3 days

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# Trustmark Paycheck Protect

Only available to elect during annual open enrollment

## *Protect Your Paycheck if You Can't Work*

What Is Paycheck Protect®?	A voluntary short-term disability insurance that helps replace part of your income if you are unable to work due to a covered off-the-job illness, injury, or pregnancy.
When Benefits Are Paid	Benefits may be paid for off-the-job sickness or injury, maternity (typically 6–8 weeks), and complications of pregnancy, once the waiting period is met.
How the Benefit Works	You choose your monthly benefit amount, waiting period, and benefit duration. Benefits are paid directly to you—often weekly—to use for any expense.
Why This Coverage Matters	Even short-term disabilities can create financial stress. Paycheck Protect helps you cover everyday expenses while you focus on recovery.
Good to Know	No medical exam required. Rates do not increase due to age once issued. Coverage is portable if you change jobs or retire.

### Example Benefit

<p>Sample Scenario:</p> <ul style="list-style-type: none"><li>• Monthly Benefit Selected: \$1,000</li><li>• Waiting Period: 14 days</li><li>• Time Unable to Work: 2½ months</li></ul> <p>After the waiting period, the employee could receive up to \$2,500 in total benefits, paid directly to them to help cover everyday expenses.</p>
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Actual benefits and costs vary based on options selected, age, and payroll frequency. See policy for details.

This is voluntary coverage. You pay the cost through payroll deductions. Coverage details, exclusions, and limitations apply. Please review the policy for full details.

# Trustmark Life + Care®

*Only available to elect during annual open enrollment*

*Life Insurance with Added Care Protection*

## How This Benefit Protects You

Trustmark Life + Care® combines permanent life insurance with caregiving benefits to help protect you and your family—today and in the future.

### Life Insurance

Provides a death benefit to your beneficiary. Coverage is permanent and premiums are guaranteed.

### Care Benefits

If you need help with daily activities or have a severe cognitive impairment, the plan can pay cash benefits directly to you.

### Why Employees Choose It

- Life + Care in one policy
- Guaranteed issue (up to plan limits)
- Family or professional caregiving covered
- Portable coverage



care solace.

# It's okay to ask for help.



Save our number! (888) 515-0595

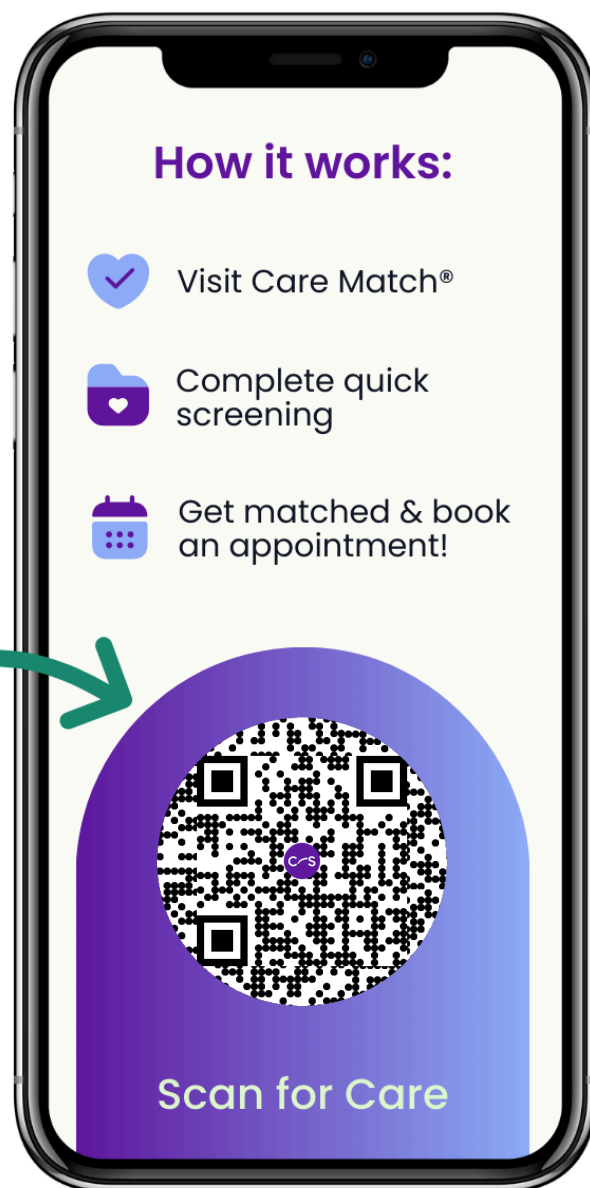
Care Solace is a free, confidential service that connects students, staff and their families to mental health providers, substance use treatment - regardless of their circumstance.

This service is available through your school district at no cost to you.

To get started, scan the code or visit this link:

[caresolace.com/willampenn](https://caresolace.com/willampenn)

If you have a life-threatening emergency, please call 911 or the Suicide and Crisis Lifeline at 988. Care Solace is not an emergency response service or mental health services provider.



# workingadvantage

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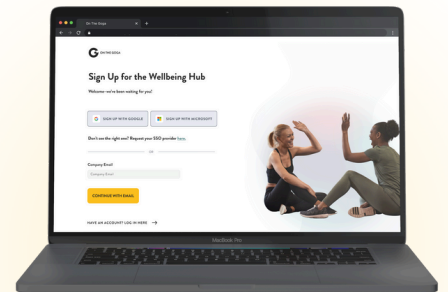
Company Code:

# Sign Up & Log In to the **WELLBEING HUB**

Ready to access your wellbeing resources? Follow these simple steps to sign up and log in.

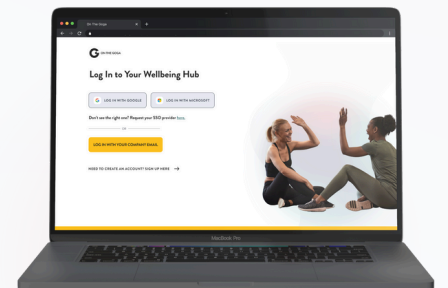
## New Here? Sign Up in Minutes

- 1 Go to [HUB.ONTHEGOGA.COM/SIGNUP](https://HUB.ONTHEGOGA.COM/SIGNUP)
- 2 Sign up using your **company Google or Microsoft Account** or **manually enter your work email** in the company email field
- 3 If you manually enter your email, you'll then be prompted to enter your remaining info and create your password
- 4 Check your inbox for a confirmation email and click the link in that email to complete account set up  
CAN'T FIND IT? BE SURE TO CHECK YOUR SPAM FOLDER



## Returning User? Log In Easily

- 1 Go to [HUB.ONTHEGOGA.COM/LOGIN](https://HUB.ONTHEGOGA.COM/LOGIN)
- 2 Sign up using your **company Google or Microsoft Account** or **manually enter your work email** in the company email field
- 3 Enter your previously created password  
CAN'T REMEMBER YOUR PASSWORD? [CLICK HERE TO REQUEST A RESET.](#)



# 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](http://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](http://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](http://www.cims.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565.