



**PAFA**

Pennsylvania Academy  
*of the Fine Arts*

**2023**

**OPEN ENROLLMENT GUIDE**

# WELCOME

## to your benefits enrollment!

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PAFA recognizes how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being.

It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

**We wish you all a healthy year ahead!**

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*Citation for Guide Cover Photo*

*Installation view of Markus Linnenbrink's THERIDENEVERENDS, 2014,  
Courtesy of the Pennsylvania Academy of the Fine Arts, Philadelphia.*

# OPEN ENROLLMENT AND ELIGIBILITY



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## OPEN ENROLLMENT IS: SEPTEMBER 5<sup>TH</sup> – 22<sup>ND</sup>, 2023

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The benefits you elect during Open Enrollment will be effective for the plan year beginning **November 1, 2023**.

### PASSIVE ENROLLMENT

This year's Open Enrollment will be **PASSIVE**. Passive enrollment means your current coverage will remain in place and roll-over into the new plan year, unless you want to make changes to your elections and/or covered dependents. However, you are encouraged to sign in and review your elections for the upcoming plan year.

**IMPORTANT:** If you wish to continue to contribute toward an FSA or HSA, you **MUST** make that election during Open Enrollment each year. Elections for the FSA and HSA **DO NOT** roll-over from one year to the next, in accordance with IRS regulations.

### HOW DO I ENROLL?

See the following page for instructions. If you have questions, please contact the Human Resources Benefits Department.



### WHO IS ELIGIBLE TO ENROLL?

All full-time employees (averaging 30+ hours per week) are eligible to enroll in PAFA's benefits program following 30 days of active employment, with the following exceptions:

- **Basic Life/AD&D, Voluntary Life/AD&D, Short-Term Disability (STD) and Long-Term Disability (LTD):** Employees must be working at least 17.5 hours per week

In addition, the following family members are eligible for coverage:

- Employee's spouse
- Dependent child(ren) to age 26
- Disabled dependent children of any age who meet plan criteria.

### QUALIFYING LIFE EVENTS

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

**You must notify the Human Resources Benefits Department within 30 days of experiencing a Qualifying Life Event.**



# HOW TO ENROLL IN BENEFITS



After you've carefully considered your benefit options and anticipated needs, you can follow the instructions below to make your open enrollment elections through **PlanSource**.

## LOGGING IN TO PLANSOURCE

Before you can begin Open Enrollment through PlanSource, you must first log in with your username and password.

1. Type or paste this link into your web browser's search bar: **benefits.plansource.com**
2. On the login page, type your username and password.

### USERNAME

Your username consists of:

- First initial of your last name
- First six characters of your last name
- Last four digits of your SSN

**Example:** John Employee, whose SSN is 000-00-1234, would have a login of JEMPLOY1234.

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**Note:** *If your username combination is already in use, PlanSource will add "\_2" to ensure everyone's username is unique. Your HR admin will be able to confirm if this applies to your username.*

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### PASSWORD

Your initial password is your birthdate in the format YYYYMMDD. You will be prompted to create a new password which will be used throughout this plan year.

**Example:** A birthdate of February 7, 1975 would look like: 19750207.

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**Note:** *Every year during Open Enrollment, your password will reset back to your birthdate in the YYYYMMDD format.*

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## ENROLLING IN BENEFITS

After successfully logging in, you will be taken to the Open Enrollment Dashboard. From here, you will simply need to click "Get Started" to begin the enrollment process.

### UPDATING DEMOGRAPHIC INFORMATION

Please check your demographic information for accuracy and make any edits that are needed.

You will be given the option to add or delete a family member's demographic information on your profile by clicking "**Add Family Member**" and then entering their information.

### MAKING YOUR BENEFIT ELECTIONS

Once you complete your demographics, you must confirm your benefits by clicking "**View or Change Plan**".

If you are newly enrolling in an HMO or POS plan option, you will have to confirm your PCP ID # by clicking the "**Select a Primary Care Provider**" link and inserting the 9 digit PCP code.

Once you are done electing your benefits, click "Review and Checkout" in the lower right.

Finally, click "**Checkout**" in the lower right to confirm your benefits, and your election will process. You will see confirmation of your elections.

## NEED HELP ENROLLING?

If you have questions regarding enrollment, please contact the Human Resources Benefits Department.



# MEDICAL BENEFITS

## Keystone/Independence Blue Cross

For the 2023–2024 plan year, PAFA will continue to offer two Keystone HMO plans, one High Deductible Health Plan (HDHP), and one PPO plan.

### HIGHLIGHTS OF EACH PLAN

#### HBT HMO 20/40

A traditional co-pay plan with access to IBC's local Keystone network.

#### HBT HMO 30/50 \$1,500/\$3,000

Includes a limited deductible of \$1,500/3,000, which is applicable to in-patient hospitalization and certain out-patient procedures (see plan summary for full details). This plan provide access to IBC's local Keystone network.

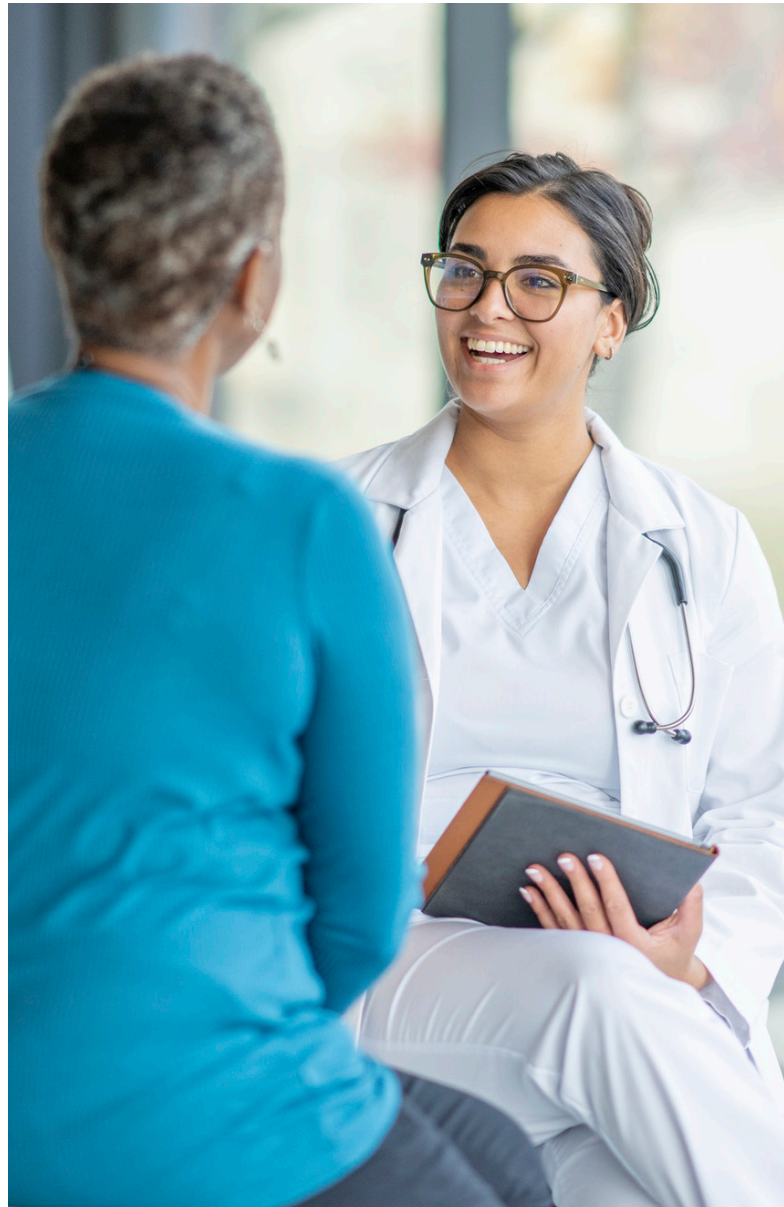
#### HBT PPO 20/40

A co-pay plan that provides access to IBC's national Personal Choice network. Beginning November 1, 2023, this plan will include a limited deductible of \$2,000/\$4,000, which is applicable to in-patient hospitalization and certain out-patient procedures (see plan summary for full details).

#### HBT HIGH DEDUCTIBLE HEALTH PLAN \$2,500/\$5,000 (HDHP WITH HSA ACCOUNT)

A high deductible health plan with a deductible that must be met before the plan starts paying. Once you reach your deductible, the plan pays 100% of in-network medical services, and prescriptions are covered by co-pays of \$5/\$20/\$45.

There is a Health Savings Account (HSA) which is offered alongside the HDHP where you as the employee can contribute tax-free dollars to help cover the deductible. You have the ability to take the HSA account with you when you leave PAFA.



### DID YOU KNOW?

Your medical election includes prescription and vision benefits! See page 8 and page 11 for more information about these benefits.

# MEDICAL PLANS AT-A-GLANCE

	HMO 20/40	HMO 30/50 \$1,500/\$3,000	PPO 20/40	HDHP \$2,500/\$5,000		
BENEFIT DESCRIPTION	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE</b> (Individual/Family)	\$0/\$0	\$1,500/\$3,000 <sup>3</sup>	\$2,000/\$4,000 <sup>4</sup>	\$4,000/\$8,000 <sup>4</sup>	\$2,500/\$5,000 <sup>3</sup>	\$5,000/\$10,000 <sup>3</sup>
<b>OUT-OF-POCKET MAXIMUM</b> (Individual/Family)	\$6,350/\$12,700 <sup>1</sup>	\$6,350/\$12,700 <sup>1</sup>	\$6,350/\$12,700 <sup>1</sup>	\$10,000/\$30,000 <sup>1</sup>	\$6,350/\$12,700 <sup>1</sup>	\$10,000/\$30,000 <sup>2</sup>
<b>PREVENTIVE CARE SERVICES</b>	No charge	No charge, no deductible	No charge, no deductible	Plan pays 50%, no deductible	No charge, no deductible	Plan pays 50%, no deductible
<b>PRIMARY CARE PHYSICIAN (PCP) OR RETAIL HEALTH CLINIC VISIT</b>	\$20 copay	\$30 copay	\$20 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>SPECIALIST OFFICE VISIT</b>	\$40 copay	\$50 copay	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>URGENT CARE CENTER</b>	\$50 copay	\$50 copay	\$50 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>TELEMEDICINE &amp; TELEBEHAVIORAL HEALTH</b>	Covered <sup>5</sup>	Covered <sup>5</sup>	Covered <sup>5</sup>	Not covered	Covered <sup>5</sup>	Covered <sup>5</sup>
<b>PHYSICAL THERAPY</b> (30 visits/year) <sup>6</sup> Freestanding/Hospital Based	\$40 copay	\$50 copay	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>OCCUPATIONAL THERAPY</b> (30 visits/year) <sup>6</sup> Freestanding/Hospital Based	\$40 copay	\$50 copay	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>SPEECH THERAPY</b> (20 visits/year)	\$40 copay	\$50 copay	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>EMERGENCY ROOM</b> (Copay waived if admitted)	\$150 copay	\$150 copay, no deductible	\$150 copay, no deductible	Covered at In-Network level	No charge after deductible	Covered at In-Network level
<b>EMERGENCY/NON-EMERGENCY AMBULANCE</b>	No charge	No charge, no deductible	No charge, no deductible	Emergency: Covered at in-network level Non-Emergency: Plan pays 50% after deductible	No charge after deductible	Emergency: Covered at in-network level, Non-Emergency: Plan pays 50% after deductible
<b>INPATIENT HOSPITAL</b> (365 days/year in-network, 70 days/year out-of-network)	\$150/day; max 5 copays per admission	\$150/day; max 5 copays per admission after deductible	\$150/day; max 5 copays per admission after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>HOSPITAL OBSERVATION SERVICES</b>	No charge	\$150 copay, no deductible	No charge after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>MATERNITY HOSPITAL SERVICES</b>	\$150/day; max 5 copays per admission	\$150/day; max 5 copays per admission after deductible	\$150/day; max 5 copays per admission after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>INPATIENT PROFESSIONAL SERVICES</b> (Includes maternity)	No charge	No charge after deductible	No charge after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>OUTPATIENT SURGERY</b> Freestanding/Hospital Based	\$75 copay	\$75 copay after deductible	\$75 copay after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>DIAGNOSTIC MEDICAL (EKG) AND ROUTINE RADIOLOGY (X-RAY)</b> <sup>7</sup> Freestanding/Hospital Based	\$40 copay	\$50 copay, no deductible	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>ADVANCED IMAGING</b> (MRI/MRA, CT/CTA Scan, PET SCAN)	\$80 copay	\$100 copay, no deductible	\$80 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>OUTPATIENT LABORATORY &amp; PATHOLOGY</b>	No charge	No charge, no deductible	No charge, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>SKILLED NURSING FACILITY</b> (120 days/year)	\$75/day; max 5 copays per admission	No charge after deductible	\$75/day; max 5 copays per admission after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>DURABLE MEDICAL EQUIPMENT (DME)</b>	Plan pays 50%	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>INPATIENT MENTAL HEALTH</b> (Includes serious mental illness and substance abuse)	\$150/day; max 5 copays per admission	\$150/day; max 5 copays per admission after deductible	\$150/day; max 5 copays per admission after deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>OUTPATIENT MENTAL HEALTH</b> (Includes serious mental illness and substance abuse)	\$40 copay	\$50 copay, no deductible	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible
<b>SPINAL MANIPULATIONS</b> <sup>8</sup> (20 visits/year) <b>AND ACCUPUNCTURE</b> (18 visits/year)	\$40 copay	\$50 copay, no deductible	\$40 copay, no deductible	Plan pays 50% after deductible	No charge after deductible	Plan pays 50% after deductible

1 Embedded Out-of-Pocket Maximum: Each family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum  
2 Aggregate Out-of-Pocket Maximum: For family coverage, the entire family out-of-pocket maximum must be met before copayments or coinsurance are applied for an individual member.  
3 Aggregate Deductible: For family coverage, the entire family deductible must be met before copayments or coinsurance are applied for the individual member  
4 Embedded Deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits  
5 Telemedicine services are provided through Doctor on Demand. Please refer to the Doctor on Demand materials for information about coverage and member-cost share  
6 Physical Therapy, Occupational Therapy, and Cognitive Therapy combined visit limit  
7 Office visit may be subject to copay  
8 Spinal manipulations: Combined visit limit in- and out-of-network

The above grid provides a high-level overview of select services covered under the Keystone and Personal Choice medical plans. For more information about your coverage, including services not listed here, please refer to your plan documents.

# PRESCRIPTION BENEFITS

## Independence Blue Cross

Prescription drug coverage will be included with your medical coverage. This coverage will be offered through **Independence Blue Cross**, a full-service pharmacy benefits administrator that provides an exceptional customer service experience to employees.

	HMO 20/40	HMO 30/50 \$1,500/\$3,000	PPO 20/40	HDHP \$2,500/\$5,000		
BENEFIT	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK		
<b>RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)</b>						
<b>GENERIC</b>	\$20 copay	\$20 copay	\$20 copay	30% reimbursement	\$5 after deductible	50% reimbursement after deductible
<b>PREFERRED BRAND NAME</b>	\$75 copay	\$75 copay	\$75 copay	30% reimbursement	\$20 after deductible	50% reimbursement after deductible
<b>NON-PREFERRED BRAND NAME</b>	\$100 copay	\$100 copay	\$100 copay	30% reimbursement	\$45 after deductible	50% reimbursement after deductible
<b>MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)</b>						
<b>GENERIC</b>	\$40 copay	\$40 copay	\$40 copay	Not covered	\$10 after deductible	Not covered
<b>PREFERRED BRAND NAME</b>	\$150 copay	\$150 copay	\$150 copay	Not covered	\$40 after deductible	Not covered
<b>NON-PREFERRED BRAND NAME</b>	\$200 copay	\$200 copay	\$200 copay	Not covered	\$90 after deductible	Not covered

### SAVE MONEY THROUGH MAIL ORDER!

Using the mail order program through Optum Mail Order (IBC's mail order program) for your maintenance medications will **SAVE YOU MONEY**. You will receive up to a 90-day supply for two retail copays. In addition to the savings you'll receive, your prescriptions will be delivered right to your home.

#### HOW MUCH CAN YOU SAVE THROUGH MAIL ORDER? COMPARE FOR YOURSELF!

**Note:** The table below is based off of PPO and HMO plan costs.

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Preferred Brand-Name Copay: <b>\$75</b>	Preferred Brand-Name Copay: <b>\$150</b>	<b>\$300</b>
Annual Cost (\$75 per month x 12 fills) <b>\$900</b>	Annual Cost (\$150 per order x 4 fills per year) <b>\$600</b>	





# HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity

If you participate in a qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses. The funds in your HSA never expire; you may utilize the money you accumulate in your account for future healthcare expenses, even if you change jobs or retire.

## HSA ELIGIBILITY

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

- You have coverage under an HSA-qualified HDHP
- You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability, or long-term care coverage)
- Are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return

For more details on eligibility requirements, visit

[www.irs.gov/publications/p969#en\\_US\\_2019\\_publink1000204025](https://www.irs.gov/publications/p969#en_US_2019_publink1000204025)

## HSA CONTRIBUTIONS

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. For 2023, the contribution limits are:

- \$3,850 for individual coverage (\$4,150 for 2024)
- \$7,750 for family coverage (\$8,300 for 2024)
- The annual catch-up contribution for age 55 and older is \$1,000.

## HSA ADVANTAGES

- There is no “use it or lose it” provision with an HSA. If you don't use the money in your account by the end of the year, don't worry! Unused funds will roll over year after year.
- You can save and invest unused HSA money for future healthcare needs
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you.

## HSA-QUALIFIED EXPENSES

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contacts, prescription sunglasses and LASIK
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries
- Over the counter (OTC) medications
- Menstrual care products

For a full list of qualified medical expenses, visit

[www.irs.gov/pub/irs-pdf/p502](https://www.irs.gov/pub/irs-pdf/p502)



# IS A HEALTH SAVINGS ACCOUNT RIGHT FOR ME?

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Health Savings Accounts (HSAs) are a growing trend in health care and offer many advantages, but whether it's the right choice for you depends on several factors. Comparing HSA/HDHPs to traditional health plans can be difficult, as each has pros and cons. For example, traditional health plans typically have higher monthly premiums, a smaller deductible and fixed copays. You pay less out-of-pocket costs due to the lower deductible, but you will pay more each month in premiums.

HDHPs with HSAs generally have **lower monthly premiums** and a **higher deductible**. You may pay more out-of-pocket medical expenses, but you can use your HSA to cover those costs, and you pay less each month for your premium.

The decision is different for each individual. If you are generally healthy and/or have a reasonable idea of your annual health care expenses, then you could save a lot of money from the lower premiums and valuable tax-advantaged account with an HSA/HDHP plan. For example, even someone with a chronic condition could take advantage of an HSA/HDHP plan if he or she has a good idea of his or her annual expenses and then budgets enough money to cover cost of care.

However, if you are older, more prone to illness or unexpected medical conditions, or prefer certainty in medical costs over the possible risk of unexpected out-of-pocket expenses, you may want to stick with a traditional plan. You'll pay more in monthly premiums, but you will have a lower deductible and fixed copays.



# VISION BENEFITS

## VBA



Having vision coverage allows you to save money on eligible eye care expenses for yourself and your covered dependents. Our vision plan is administered by VBA and is **included with your medical plan election**. The vision plan and provides coverage for a range of vision care services including exams, frames, lenses and contact lenses.

### VBA VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
	LESS COPAYMENT <sup>4</sup>	AMOUNT REIMBURSED
<b>EXAM</b> (Glasses or Contacts)	100%	\$45 reimbursement
<b>LENSES</b>		
Single Vision	100%	\$40 reimbursement
Bifocals	100%	\$60 reimbursement
Blended Bifocals	100%	\$60 reimbursement
Trifocals	100%	\$80 reimbursement
Lenticular Lenses	100%	\$120 reimbursement
Progressives <sup>1</sup>	Controlled Cost <sup>2</sup>	\$80 reimbursement
<b>POLYCARBONATE LENSES</b>	100%	N/A
<b>SCRATCH COAT</b> (1 year)	100%	N/A
<b>TRANSACTIONS INC. SOLID OR GRADIENT LENS TINT</b>	100%	N/A
<b>FRAMES</b>	\$40 wholesale allowance (approx. \$100 to \$120 retail)	\$70
<b>ELECTIVE CONTACT LENSES</b> (In lieu of eyeglasses)		
Material Allowance	\$100 allowance	\$100 allowance
Fitting Fee	15% off Usual, Reasonable, and Customary Charges	N/A
<b>MEDICALLY NECESSARY CONTACTS</b> <sup>3</sup>	100%	\$450 reimbursement
<b>LOW VISION AIDS</b> (Per 24 Months, No Lifetime Maximum)	\$650	\$650
<b>LASIK SURGERY</b> (Once every 8 years)	N/A	\$250
<b>FREQUENCY</b>		
Exam	Once every 12 months	Once every 12 months
Lenses		
Frames		

<sup>1</sup> Progressive lenses typically retail from \$150 to \$400 depending on lens options. VBA's controlled costs generally range from \$45 to \$188.

<sup>2</sup> Unless otherwise prohibited by law

<sup>3</sup> Medically required contacts may only be selected in lieu of all other material benefits listed herein

<sup>4</sup> A \$25 copay is applied to the vision exam from a VBA member doctor only





# DENTAL BENEFITS

## Delta Dental



Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. You have two dental plans to choose from, administered by Delta Dental. **You can elect to receive dental coverage even if you are waiving PAFA's medical coverage.**

**Note:** Our plans allow you to use any dentist you wish, however, selecting a participating dentist will significantly reduce your out-of-pocket costs.

BENEFITS <sup>2</sup>	BASIC DENTAL PLAN		ENHANCED DENTAL PLAN	
	IN-NETWORK	OUT-OF-NETWORK <sup>1</sup>	IN-NETWORK	OUT-OF-NETWORK <sup>1</sup>
<b>CALENDAR YEAR MAXIMUM</b> (Per patient)	\$1,000	\$1,000	\$2,000	\$2,000
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b> Exams, Cleanings, X-rays and sealants	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>BASIC SERVICES</b> Fillings, Simple extractions Endodontics (root canal) Oral Surgery	Plan pays 100% Plan pays 100% Not covered	Plan pays 100% Plan pays 100% Not covered	Plan pays 100%	Plan pays 100%
<b>MAJOR SERVICES</b> Crowns, Onlays and Cast Restorations Periodontics (Gum treatment) Prosthodontics (Bridges, Dentures, and Implants)	Not covered	Not covered	Plan pays 50%	Plan pays 50%
<b>ORTHODONTIA BENEFITS</b> (Adults and dependent children)	Not covered	Not covered	Plan pays 50%	Plan pays 50%
<b>ORTHODONTIA LIFETIME MAXIMUM</b> (Per patient)	N/A	N/A	\$2,500	\$2,500

<sup>1</sup> Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

<sup>2</sup> Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.



# PER-PAY EMPLOYEE CONTRIBUTIONS

## Medical/Rx/Vision and Dental Plans

While health care costs continue to rise, PAFA is committed to keeping costs manageable. The amount you pay is deducted from your paycheck before taxes. Your specific cost is determined by your plan choice, coverage election, and salary. The charts below show the **per-pay** employee payroll contributions for the 2023–2024 plan year.

### MEDICAL / PRESCRIPTION / VISION PER PAY CONTRIBUTIONS

TIER	HMO 20/40	HMO 30/50 \$1,500/\$3,000	PPO 20/40	HDHP \$2,500/\$5,000
EMPLOYEE ONLY	\$64.39	\$4.64	\$68.74	\$22.54
EMPLOYEE + SPOUSE	\$188.16	\$79.89	\$192.14	\$184.08
EMPLOYEE + CHILD(REN)	\$207.35	\$111.00	\$185.28	\$182.82
EMPLOYEE + FAMILY	\$345.73	\$164.44	\$344.25	\$154.89

### DENTAL PER PAY CONTRIBUTIONS

TIER	DELTA DENTAL BASIC PLAN	DELTA DENTAL ENHANCED PLAN
EMPLOYEE ONLY	\$9.10	\$15.95
EMPLOYEE + FAMILY	\$24.10	\$42.40

## MONEY-SAVING TIPS

To stretch your health care dollars, remember to:

- **See in-network providers:** They've agreed to the plan's negotiated rates. Visit [www.ibx.com](http://www.ibx.com) or [www.deltadentalins.com](http://www.deltadentalins.com) to search for in-network providers near you.
- **Use the mail-order pharmacy for prescriptions:** It will save you time and money when refilling long-term prescriptions and is required for maintenance medications.
- **Use your FSA or HSA to pay for qualified out-of-pocket medical and dental expenses:** For more information on the health savings account and flexible spending accounts, please see page 9 and page 15.



# TALK TO A DOCTOR 24/7 WITH DOCTOR ON DEMAND!

Whether it's the weekend or you're traveling out of town, with Doctor on Demand, you and your dependents have access to medical care via phone or video consultation — *anytime, anywhere.*



## WHAT IS DOCTOR ON DEMAND?

With Doctor On Demand, you and your dependents have access to a doctor from the convenience of your smart phone, tablet, or computer 24 hours a day, 7 days a week.

Common conditions treated through telemedicine include:

- Allergies
- Sinus issues
- Asthma
- Respiratory infections
- Acne
- Urinary tract infections
- Pink eye
- Cold and flu symptoms
- Ear infections
- And more!

Doctor On Demand video visits cost far less than a trip to emergency room or urgent care. The cost of your visit is provided up front, so you won't have any surprises after your visit. There are no setup or monthly fees.

## TELEBEHAVIORAL HEALTH SERVICES

You also have access to high-quality virtual care for a wide variety of behavioral issues, without the obstacles of conventional in-office options.

You and your dependents can speak with licensed therapists and psychiatrists for help with issues such as addiction, grief and loss, relationship issues, stress and burnout, anxiety and depression, parenting issues, and more!

## GET STARTED TODAY!

1. Visit [www.doctorondemand.com](http://www.doctorondemand.com) or download the mobile app from the App Store or Google Play store.
2. Follow the instructions to activate your account. Make sure to enter **PAISBOA** as your employer.
3. Choose your online doctor. The physician will assess your symptoms and get you on the path to feeling better.



# FLEXIBLE SPENDING ACCOUNTS (FSA)

Benefit Resource Inc.

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

## HEALTHCARE FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2023, the annual maximum amount you may contribute is \$3,050.

### The Healthcare FSA can be used for:

- Doctor office copays, coinsurance, or deductibles
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

**Please Note:** Per IRS regulations, employees cannot enroll in both an HSA and Healthcare FSA.

## DEPENDENT CARE FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is \$5,000 (or \$2,500 if married and filing separately).

### The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)
- Babysitters (for dependents under age 13)

## FSA ELIGIBLE EXPENSES

For a complete list of eligible expenses under the Healthcare or Dependent Care FSAs, visit [www.irs.gov](http://www.irs.gov) and reference Publications 502 & 503.

## USE-IT-OR-LOSE-IT

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year **does not rollover** and must be forfeited, per IRS regulations.



# COMMUTER BENEFITS

## Benefit Resource Inc.

A Commuter Flexible Spending Account (FSA) allows you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck. You are able to make changes to your pre-tax election amount on a month to month basis.

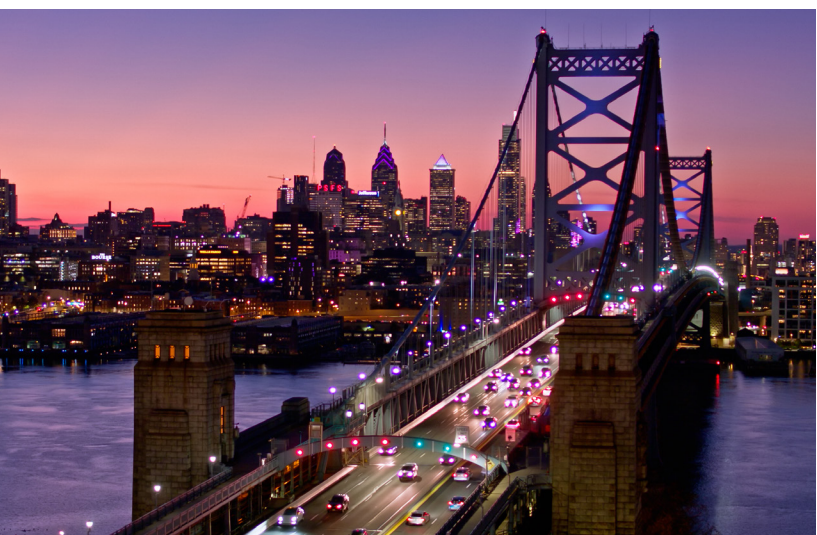
### COMMUTER DEBIT CARD

Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

### CONTRIBUTION AMOUNTS

For 2023, you may contribute up to **\$300 per month**. Whether you have public transportation, parking, or park & ride expenses, you can save on just about any way you get to work:

- Bus, light rail, regional rail, streetcar, trolley, subway or ferry, vanpool
- Parking at or near work
- Parking at or near public transportation for your commute to/from work



## HOW TO ENROLL

You can enroll in the Commuter FSA at anytime by following the steps below:

1. Go to [www.benefitresource.com](http://www.benefitresource.com)
2. Click the “**Participants**” tab at the Secure Login. A secure website will open in a new window titled “Participant Login”.
3. Type in the following:
  - **Company Code:** pafa
  - **Login ID:** Default Login ID (typically your SSN). You may change this upon initial login.
  - **Password:** Default Password is set to your 5-digit home zip code. You will be prompted to change this password upon initial login.
4. Click the “**Commuter Benefit Plan**” Dashboard tab.
5. Click on “**CBP Enrollment and Changes**” under Manage your Account.
6. Click “**Next**” Button.
7. Verify or enter your correct home address, e-mail address, and phone number, and date of birth. Your card will be mailed to the address on file, so please be sure that it is correct. **If you update your address, please be sure to also inform your Human Resource Department of the change.** At the bottom of the screen, click on “Next” to continue.
8. On the “**Set Monthly CBP Elections**” screen, enter the dollar amount of your monthly election(s). Click “Next”.
9. On the “**Confirm CBP Elections**” screen, please be sure the amount is correct. Click “**Next**”.
10. Read the agreement and then click “**I Agree**”.
11. Print the CBP Confirmation Statement and retain for your records.

# INDEPENDENCE WELLNESS RESOURCES

*Available to employees enrolled in an PAFA IBX medical plan*

## WELLNESS THROUGH INDEPENDENCE BLUE CROSS

The work you do helps students reach their full potential. Now it's your turn to learn how to live a healthier, happier, and more balanced life! IBC's wellness programs offer opportunities to help you better manage your mental, emotional, and physical health.

- You're covered for up to six nutrition counseling visits a year at no cost when you use an in-network registered dietitian.
- Get **\$150 back** when you complete 120 workouts at an approved fitness center or with a virtual fitness subscription.
- Get **\$150 back** when you enroll in a weight management program.
- Get **\$150 back** when you complete a tobacco cessation program.
- Access free monthly virtual global workshops and an on-demand library of interactive resources on mindfulness, stress management, nutrition, and healthy living by visiting [hub.onthegoga.com/paisboa/sign-up](https://hub.onthegoga.com/paisboa/sign-up).

For more information, visit [www.ibx.com](https://www.ibx.com) or call your IBC Champion Team at **1.833.444.BLUE**.

## INDEPENDENCE BLUE CROSS CHAMPION TEAM

With your Independence Blue Cross coverage, you have a Champion to support you! Your Champion is ready to help you live your healthiest life and make the best decisions based on your health plan.

- Information about your benefits from someone who is trained specifically on your health plan and ready to help you get the most out of it
- One-on-one support from your dedicated Registered Nurse Health Coach for your physical, mental, emotional, and even financial well-being – and personalized outreach based on your health
- A multi-specialty care team to help you navigate your health care journey

To reach your Champion, call **1.833.444.BLUE**.

## TRUHEARING

Hearing well is essential to your overall health and well-being. If you think you may be experiencing hearing loss, you don't have to wait to get quality care. As an Independence Blue Cross member, you have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.

Call TruHearing today at **1.888.933.7861**. Your dedicated Hearing Consultant can answer your questions, explain your coverage, and schedule an appointment with a TruHearing provider near you.





# DIABETES & HYPERTENSION MANAGEMENT

## Livongo

### DIABETES MANAGEMENT

When you join Livongo you receive health monitoring devices, unlimited strips and lancets, personalized insights, support from health coaches you can trust, and more.

#### MORE THAN A STANDARD METER:

The Livongo meter is connected and provides real-time tips and automatically uploads a member's blood glucose readings, making log books a thing of the past.

#### STRIPS AT NO COST TO MEMBERS:

Members get the strips and lancets they need at no extra cost. When members are about to run out, Livongo ships more strips and lancets, right to their door.

#### COACHING ANYTIME AND ANYWHERE:

Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text, or mobile app to give members guidance on their nutrition and lifestyle.

### HYPERTENSION MANAGEMENT

Livongo for Hypertension helps make managing blood pressure easier with advanced technology and expertise from health coaches. If you and your family are enrolled in a PAFA medical plan and you or a family member has hypertension, you can participate in Livongo's hypertension management program.

#### The program offers:

- An advanced blood pressure monitor and cuff
- Personalized messages
- 24/7 coaching from chronic condition professionals

PAISBOA Health Benefit Trust is happy to cover 100% of the costs of this program to help employees and their families with their hypertension diagnosis.



### GET STARTED WITH LIVONGO!

- Text **"GO HBT"** to **85240** to learn more and join
- You can also join by visiting [get.livongo.com/HBT/register](https://get.livongo.com/HBT/register) or call **800.945.4355** and use registration code: **HBT**

# EMPLOYEE ASSISTANCE PROGRAMS (EAP)

## Unum/Penn Behavioral Health

PAFA recognizes that there are a wide range of problems such as marital or family distress, alcoholics and drug abuse which, although not directly associated with the employee's job function—can be detrimental to an employee's job performance and outlook.

PAFA encourages employees to seek assistance when needed and offers two Employee Assistance Programs—Penn Behavioral Health and Unum.

### UNUM EAP

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor who can help you.

#### A LICENSED PROFESSIONAL COUNSELOR CAN HELP YOU WITH:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more!

#### GETTING HELP IS EASY! ACCESS:

- **Phone support:** **1-800-854-1446**
- **Online support:** **[www.unum.com/lifebalance](http://www.unum.com/lifebalance)**
- **In-person support:** You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

### PBHCS EAP

The Penn Behavioral Health Corporate Services (PBHCS) EAP is a benefit offered by PAFA that is designed to help employees and their family members work through a variety of personal problems as well as work-related issues. PAFA assumes the costs for the first 5 visits of this service.

#### YOUR EAP BENEFIT INCLUDES:

- Face-to-face sessions with a masters-level clinician to assess, refer and provide brief counseling. All providers are licensed clinicians with years of experience.
- Confidentiality Seeking help from PBHCS is between you and the counselor. No information can be shared with anyone else unless you give your written permission to the clinician.
- 24 hour Hotline PBS responds to mental health and substance abuse emergencies around the clock.
- An online feature, MyLifeExpert. This work/life portal gives members access to thousands of up-to-date, topic-related articles, videos, podcasts, interactive checklists, and more related to financial & legal, childcare and education, and other topics. Members have instant, confidential, 24/7/365 support to get access to the help they need all in the palm of their hand.



# EDUCATIONAL BENEFITS



PAFA offers employees and their dependents several opportunities for support in their education journey. Whether you want to sign your youngest up for some homework help, or dive into your artistic and creative passions or finish your degree PAFA has an option for you. If you are a regular full-time and part-time employee and have successfully completed the probationary period, you are eligible to participate in these programs.

## PAFA CONTINUING EDUCATION COURSES

You may enroll in **four (4) courses per calendar year**, provided there is space in the class, and you meet your cost contribution. Spouses, partners, and children of eligible employees, may receive 50% discount on continuing education courses. Please refer to the plan description for the application process, taxation, and other eligibility requirements.

## VARSITY TUTORS

All PAFA employees are eligible to receive the **Varsity Tutor 20% discount**. Varsity Tutors helps students learn to fit their unique needs. With 1-on-1 online tutoring and live online classes in over 3,000 academic and enrichment subjects, Varsity Tutors can help you reach just about any learning goal.

The discount extends to any professional training, and certification, options that Varsity Tutors offer. A few examples beyond the normal K12 subjects include:

- Graduate school test prep: GMAT, GRE, LSAT, MCAT, PCAT, DAT, etc.
- Programming & computer science: SQL, Python, Java, etc.
- Professional certifications: CPA, the Bar, Series exams, actuarial exams, NCLEX, USMLE, real estate, etc.
- Foreign languages: Spanish, Portuguese, Mandarin, French, German, Korean, Sign Language, etc.

## UNIVERSITY OF CINCINNATI PARTNERSHIP

Through this partnership, you, as well as your spouse/partner/dependents, can take advantage of lower tuition rates with the University of Cincinnati Online and its 100+ online degree/certificate options. To get started, follow these steps:

1. Visit the UC online website to see qualifying programs available to you.
2. After selecting the degree/certificate of your choice, connect with one of UC's Enrollment Services Advisors. You can fill out information here, or call (513) 556-8611.
3. When speaking with your Enrollment Services Advisor, tell them PAFA is a part of the business partnership program. Your advisor will make sure your tuition scholarship is applied to your account.

If you have questions, please reach out to [onlinepartnerships@uc.edu](mailto:onlinepartnerships@uc.edu), or call **513.556.8611**.

## DISCOUNTS, PERKS & MORE!

Employees receive a 20% discount in PAFA museum shops. One of the perks of the PAFA community is its exhibitions, lectures, talks and events. Employees are encouraged to take advantage of all that PAFA offers including its rich programs to free lectures during the day, lunchtime, and evenings.



# FERTILITY & FAMILY BUILDING BENEFIT

*Available to employees enrolled in an PAFA IBX medical plan*

## MAVEN FERTILITY & FAMILY BUILDING BENEFIT

Beginning November 1, 2023, employees and spouses/partners enrolled on PAFA's medical plans will have access to \$10,000 on eligible expenses for eggs/sperm freezing, IVF, adoption, and surrogacy through Maven.

Maven will assist you by providing personalized support for every path to parenthood.

- **Preconception.** Whether you're considering starting a family or actively trying, get the support you need.
- **Egg Freezing.** Learn about your options and speak to experts to plan your tailored reproductive journey.
- **Fertility & Partner Fertility.** Get fertility clinical referrals, treatment guidance, and emotional support for both parties.
- **Adoption & Surrogacy.** Get agency referrals, guidance, and emotional support for families pursuing adoption or surrogacy.

More information on how to access the Maven Fertility and Family Building program will be made available closer to the start of the November 1, 2023 plan year.



# 403(B) RETIREMENT PLAN

## TIAA

TIAA offers personal retirement plan investment advice and is the record keeper for the PAFA 403b Retirement Plan.

All employees who work 1,000 hours or more in a calendar year and who are age 21 or older are eligible to participate in the TIAA defined contribution plan.

Employees may elect to participate with a minimum contribution of 1% of their base salary. PAFA will match this contribution up to 4%. At the time, the employee becomes available for plan participation, they will be vested immediately.

### TIAA SERVICES

- **Customer Support:** Participants can contact TIAA for Retirement Plan related questions and actions at **800.842.2776**.
- **Online Access:** Participants can register for online access by establishing an account, login, and password. Once online access has been established, participants can name beneficiaries, select investment allocations, and view their retirement accounts. To register, visit the TIAA website.
- **Individual Advice Sessions with a Financial Counselor:** To schedule an advice session, call **800.842.2776** or visit the TIAA website.
- **Financial Education Tools:** Visit the TIAA website to access financial education tools including webinars, articles, videos, and calculators.





# PET INSURANCE

## Wishbone

Your pet deserves the best care and you shouldn't hesitate to give it to them! From one-time accidents to chronic illnesses, Wishbone has your back.

When you're dealing with a sick or injured pet, the last thing you want to do is track down hundreds of dollars you spent at the veterinarian. Wishbone claims are processed quickly, whether it's for routine care or an accident.

- 90% reimbursement, \$250 deductible
- Fast claim turnaround times
- Short waiting periods: 3 days for accidents, 14 days for illnesses, and 6 months for cruciate ligament events
- Transparent coverage limits
- Excellent customer care
- Includes pet ID tag and monitoring service with ThePetTag and 24/7 pet telehealth powered by AskVet

### GETTING STARTED

Enrolling is easy! Enroll on PlanSource anytime at **benefits.plansource.com**. Rates are as follows:

- \$11.75 / month for one pet
- \$18.50 / month for a family plan (2 + pets)





# WELL-BEING RESOURCES



## ACHIEVE WELL-BEING \$200 REWARDS PROGRAM

With Achieve Well-being, you can bring healthy habits within reach. This online program offers a personalized set of well-being tools and resources to help you achieve your health goals in a way that's simple, easy, and fun.

And as a PAISBOA Health Benefit Trust member, you'll get rewarded! All employees and spouses/partners enrolled on PAFA's medical plans are eligible to participate in the program.

### You'll earn \$200 in gift cards when you complete all the following activities:

1. Visit your primary care physician for an annual check-up.
2. Complete an eligible preventive health screening.
3. Complete your Well-being Profile (takes about 15 minutes).
4. Sign up for and visit the Wellbeing Hub at [hub.onthegoga.com/paisboa/sign-up](https://hub.onthegoga.com/paisboa/sign-up) OR complete an Achieve Well-being web-based program.
5. Opt in for IBX Wire to get important plan notifications, health screening reminders, and information about your rewards progress by text. To sign up, text IBX Wire to **77576**.

After completing all five activities, you'll earn \$200 in gift cards. **You may redeem your reward once per plan year** (now through October 31, 2024). Log in today at [www.ibx.com](https://www.ibx.com) to start earning your rewards.

## TAKE ADVANTAGE OF PREVENTIVE CARE SERVICES!

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.

- **Have a routine physical exam each year.** You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every year.** If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

## ENJOY HOME & AUTO INSURANCE SAVINGS!

### LIBERTY MUTUAL AUTO & HOME DISCOUNTS

All PAFA employees, including adjunct faculty, are eligible to participate in the Liberty Mutual Savings options. PAFA has partnered with Liberty Mutual to offer employees a special discounted rate on auto, home, and other insurance policies.

Special benefits and savings offered by Liberty Mutual include 24-Hour Claims Assistance, Accident Forgiveness, Better Car Replacement, and Multi-Policy Discount. A Sales Representative will help ensure you get all the discounts you're eligible for.

# LIFE AND AD&D INSURANCE

## Unum

It's important to plan for your own and your family's financial security and peace of mind. That's why PAFA provides a variety of benefits to help you protect yourself, your family, and assets from the unexpected.

### EMPLOYEE BASIC LIFE/AD&D

The company provides you with basic life and accidental death and dismemberment (AD&D) insurance through Unum so that you can protect those you love from the unexpected. This coverage comes at no cost to eligible employees.

BASIC LIFE / AD&D INSURANCE	
<b>BENEFIT AMOUNT</b>	1x base annual earnings up to \$250,000
<b>BENEFIT REDUCTION</b>	Reduces to 65% at age 65, then 50% at age 70

### VOLUNTARY LIFE/AD&D

If you want added protection, you can purchase voluntary supplemental life and AD&D insurance through Unum for yourself, your spouse, and your children. You pay the full cost through payroll deductions. **Please note: You must elect coverage for yourself if you want to elect coverage for a spouse or dependent child.**

VOLUNTARY LIFE / AD&D INSURANCE	
<b>EMPLOYEE BENEFIT</b>	Increments of \$10,000 up to lesser of either 5x base annual earnings <b>OR</b> \$500,000
<b>SPOUSE BENEFIT</b>	Increments of \$1,000 to lesser of 100% of employee's covered amount <b>OR</b> \$500,000
<b>CHILD BENEFIT</b>	Increments of \$1,000 up to \$10,000
GUARANTEED ISSUE AMOUNTS	
<b>EMPLOYEE GUARANTEED ISSUE</b>	Lesser of 5x base annual earnings <b>OR</b> \$100,000
<b>SPOUSE GUARANTEED ISSUE</b>	\$25,000
<b>CHILD GUARANTEED ISSUE</b>	\$10,000

### MONTHLY VOLUNTARY LIFE/AD&D RATES

EMPLOYEE/SPOUSE RATES PER \$1,000 OF COVERAGE	
AGE	RATE
< 25	\$0.080
25-29	\$0.080
30-34	\$0.010
35-39	\$0.130
40-44	\$0.170
45-49	\$0.250
50-54	\$0.370
55-59	\$0.560
60-64	\$0.840
65-69	\$1.440
70+	\$2.540
CHILD RATE PER \$1,000 OF COVERAGE	
	\$0.170

### EVIDENCE OF INSURABILITY (EOI)

When purchasing Voluntary Life/AD&D coverage for yourself, spouse, or child, Evidence of Insurability may be required if:

- You are buying an insurance amount higher than the guaranteed issue amount for your plan.
- You declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.

#### HAVE YOU NAMED A BENEFICIARY?

The beneficiary you select will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date. You can update your beneficiaries online at [benefits.plansource.com](https://benefits.plansource.com).

# VOLUNTARY SHORT-TERM DISABILITY (STD)

Unum

## VOLUNTARY STD

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. **This coverage comes at no cost to employees.** As long as you remain disabled, you can receive payments for up to 24 weeks. You may receive 66% of your weekly income to a maximum benefit of \$1,000 per month.

**The cost for this benefit is \$0.314 per \$100 of your monthly earnings.**

SHORT-TERM DISABILITY OVERVIEW	
<b>BENEFIT</b>	66%
<b>MINIMUM WEEKLY BENEFIT</b>	\$25
<b>MAXIMUM WEEKLY BENEFIT</b>	\$1,000
<b>ELIMINATION PERIOD</b>	14 days due to injury/14 days due to sickness
<b>BENEFIT DURATION</b>	24 weeks

### CALCULATE YOUR WEEKLY DISABILITY BENEFIT:

\$	/ 52	= \$	X 66%	= \$
(Your annual earnings)		(Your weekly earnings)		(Maximum weekly benefit available. Cannot exceed \$1,000)

### CALCULATE YOUR COST PER PAYCHECK

\$	/ 10	= \$	X \$0.314%	= \$	X 12	= \$	/ 26	= \$
(Your weekly benefit)		(Your rate)	(Your monthly cost)	(Your annual cost)		(Total cost per paycheck)		



### HAVE YOU NAMED A BENEFICIARY?

The beneficiary you select will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date. You can update your beneficiaries online at [benefits.plansource.com](https://benefits.plansource.com).



# VOLUNTARY LONG-TERM DISABILITY (LTD)

Unum

## VOLUNTARY LTD

Long-Term Disability provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 60% of your monthly earnings to a maximum benefit of \$7,500 per month.

**The cost for this benefit is \$0.260 per \$100 of your monthly earnings.**

SHORT-TERM DISABILITY OVERVIEW	
<b>BENEFIT</b>	60%
<b>MINIMUM WEEKLY BENEFIT</b>	\$100
<b>MAXIMUM WEEKLY BENEFIT</b>	\$7,500
<b>ELIMINATION PERIOD</b>	180 Days
<b>BENEFIT DURATION</b>	If disability occurs prior to age 70, you will receive coverage up to age 70 but not less than 1 year. If disability occurs after age 70, you will receive coverage for 1 year.

### CALCULATE YOUR WEEKLY DISABILITY BENEFIT:

\$	/ 12	= \$	X 60%	= \$
(Your annual earnings)		(Your monthly earnings)		(Maximum monthly benefit available. Cannot exceed \$7,500)

### CALCULATE YOUR COST PER PAYCHECK

\$	/ 100	= \$	X \$0.260%	= \$	/ 26	= \$
(Your annual earnings)		(Your rate)	(Your monthly cost)		(Total cost per paycheck)	



### HAVE YOU NAMED A BENEFICIARY?

The beneficiary you select will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up to date. You can update your beneficiaries online at [benefits.plansource.com](https://benefits.plansource.com).

# PAID TIME OFF BENEFITS



Time away from work is one of PAFA's most valued benefits. Everyone needs a break for rest and relaxation, family time or illness. The PAFA paid time-off program gives you maximum flexibility, while making sure the organization has the staffing to meet patient-care responsibilities. You get time off for vacation, holidays, and sickness to attend to your personal medical needs or those of a family member.

The following overview describes paid time-off programs for benefits-eligible staff. These programs may be subject to change during the benefit year. Please refer to the human resources policies found in the Employee Handbook.

## HOLIDAYS

PAFA observes the following staff holidays, although changes may be made and are published once a year:

- New Year's Day
- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- One holiday designated each year

## VACATION

PAFA believes that it is in an employee's best interest that he or she takes vacation time earned each year in order to maintain a balanced life. Only full-time and regular part-time employees (on a prorated basis) are eligible for paid vacation time off. Employees may carry over five (5) unused vacation days to the next calendar year. Payment in lieu of taking vacation time is not an option.

FULL-TIME & REGULAR PART-TIME EMPLOYEES	
0 – 5 YEARS OF SERVICE	17 Vacation Days
5 – 15 YEARS OF SERVICE	22 Vacation Days
15+ YEARS OF SERVICE	27 Vacation Days
SENIOR STAFF MEMBERS	
ALL SENIOR STAFF	27 Vacation Days

## SICK LEAVE

Full-time employees are eligible for paid sick leave, which may be used when absence from work is necessary due to illness. Sick leave may also be used in limited instances when absence from work is due to illness in the employee's immediate family. Employees are eligible for five (5) days per year. An employee may accumulate a maximum total of 20 days of sick pay. Sick pay should be treated as a form of insurance and not as extra days off from work.

# BENEFIT CONTACTS

BENEFIT/COVERAGE	CONTACT	PHONE	WEBSITE / EMAIL
<b>PAISBOA HEALTH BENEFIT TRUST MEMBER SUPPORT</b>	HBT Member Support	1-888-984-1186	hbtsupport@connerstrong.com
<b>MEDICAL &amp; RX</b>	Independence Blue Cross	1-833-444-BLUE (2583)	www.ibx.com
<b>TELEMEDICINE</b>	Doctor On Demand	1-800-997-6196	www.doctorondemand.com
<b>DENTAL</b>	Delta Dental	1-800-932-0783	www.deltadentalins.com
<b>VISION</b>	VBA	1-800-432-4966	www.vbaplans.com
<b>FERTILITY &amp; FAMILY PLANNING</b>	Maven		support@mavenclinic.com
<b>LIFE &amp; DISABILITY</b>	Unum	1-800-275-8686	www.unum.com
<b>HSA</b>	HealthEquity	1-877-924-3967	my.healthequity.com
<b>FSA, DEPENDENT CARE, &amp; COMMUTER ACCOUNTS</b>	Benefit Resource Inc.	1-800-473-9595	www.benefitresource.com
<b>RETIREMENT PLAN</b>	TIAA	1-800-842-2252	www.tiaa.org
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	Penn Behavioral Health Corporate Services	1-888-321-4433	www.pennbehavioralhealth.org
<b>AUTO &amp; HOME INSURANCE COVERAGE</b>	Liberty Mutual Insurance	1-610-884-8056	Michael.Pennyman@LibertyMutual.com
<b>EDUCATION ASSISTANCE</b>	University of Cincinnati	1-513-556-8611	onlinepartnerships@uc.edu
<b>TUTORING</b>	Varsity Tutors	1-888- 888-0446	www.varsitytutors.com





# LEGAL NOTICES

## HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your employer recognizes your right to privacy in matters related to the disclosure of health-related information. The Notice of Privacy Practices (provided to you upon your enrollment in the health plan) details the steps your employer has taken to assure your privacy is protected. The Notice also explains your rights under HIPAA. A copy of this Notice is available to you at any time, free of charge, by request through your Human Resources Department.

## SPECIAL ENROLLMENT RIGHTS

If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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 for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID  
Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center:  
1-800-221-3943/State Relay 711  
CHIP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHIP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

GEORGIA – Medicaid  
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

# LEGAL NOTICES

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.lh.gov/lahipp](http://www.lh.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website: [www.mymaineconnection.gob/benefits/s/?language=en\\_US](http://www.mymaineconnection.gob/benefits/s/?language=en_US)

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: -800-977-6740 TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: 617-886-8102

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/>

[health-care-programs/programs-and-services/other-insurance.jsp](https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp)

Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: [HSHIPPPProgram@mt.gov](mailto:HSHIPPPProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>

Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

## NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

## OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

## TEXAS - Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>

Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

# LEGAL NOTICES

## VERMONT – Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Phone: 1-800-432-5924

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## MICHELLE'S LAW

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued if written certification from a treating physician is received:

- One year from the start of the medically necessary leave of absence, or
- The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act requires that all medical plans cover breast reconstruction following a mastectomy. Under this law, if an individual who has had a mastectomy elects to have breast reconstruction, the medical plan must provide the following coverage as determined in consultation with the attending physician and the patient:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications at all stages of the mastectomy, including lymphedemas

Benefits received for the above coverage will be subject to any deductibles and coinsurance amounts required under the medical plan for similar services. The Act prohibits any group health plan from denying a participant or a eligible beneficiary to enroll or renew coverage under the plan in order to avoid the requirements of the Act.

## GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual. GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record, and may be disclosed to third parties only in very limited circumstances.

## NEWBORNS' ACT

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







# PAFA

**Pennsylvania Academy  
of the Fine Arts**

This benefit guide provides selected highlights of the employee benefits program at PAFA. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at PAFA. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. PAFA reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.