Office of Human Resources
CAP Employee Benefits
CITY OF PHILADELPHIA

That Philly Feelin'

2025 Benefits Guide

THE CITY of PHILADELPHIA

City Administered Health Plan

For non-represented, full-time exempt employees eligible for the City Administered Health Plan (CAP), including employees of the First Judicial District of Pennsylvania and Local 286.

For grandfathered DC-33 and grandfathered DC-47 employees in a union classified position who have opted into the City Administered Health Plan (CAP) and opted out of union coverage.

Photo: VISIT PHILADELPHIA® | J. Fusco | Roots Picnic

That Philly Feelin'

Office of Human Resources
CAP Employee Benefits
CITY OF PHILADELPHIA

To City employees,

There's no doubt about it, Philadelphia has a certain vibe or feeling – some will say it's the city itself while others will say it's the people within our communities. Whatever that is to you, this year we're focusing on **"That Philly Feelin' "**.

Like many Americans, mental health is a concern for City employees and is the third highest chronic condition our employees experience. We believe music can play an important role in every aspect of our lives and can restore our mind and body. The City of Philadelphia is excited to highlight memorable moments from our members and the songs that inspired **That Philly Feelin'** within them.

Health equity stayed foremost in our minds as we considered plan design changes for employee benefits in 2025. We continued to take your whole health into account as we strived to find ways to offer affordable and sustainable health coverage. Some of the ways we've done this for 2025 include:

- Reducing the copay costs for non-emergency care through Teladoc, tele-behavioral health, and urgent care visits.
- Offering new voluntary benefits through Aflac that provide financial protection against unexpected health conditions and much more.
- Offering pet wellness and/or pet insurance voluntary benefits through Wagmo because we know when your pet is healthy and happy you are too.
- Introducing new benefits such as customized, high-touch maternity/doula support program and a Musculoskeletal (MSK) digital physical therapy solution.
- Providing help when you need it for your dependents and adult loved ones with emergency backup care through Wellthy.
- Ensuring no rate increase for the 12th year in a row. We believe this has been achieved in part by employees taking charge of their health literacy and using the various tools provided by the City to change or influence their health outcomes.

Also new for this year as you consider your 2025 benefits, we recommend you go to **Benefits Navigator** at **Benefitsgo.com/PhillyCAPBenefit**. It offers enrollment support by providing Benefit Counselors onsite and live online during the November 6-22 Open Enrollment window, as well as access to information about your CAP Benefits any time during the year.

We hope this information about your various CAP Benefits has you feelin' great and encourage you to read this guide to learn more about them. Make sure to check out **That Philly Feelin'** YouTube Playlist at the top of the next page to help you feel inspired this enrollment season.

Sincerely,

Marsha Greene-Jones
Deputy Human Resources Director
Health and Welfare Benefits
City of Philadelphia

Click to continue...

Mission

Our mission is to offer access to comprehensive, affordable healthcare benefits in support of health equity, diversity, and the total health of City employees and their families through programs and services to sustain our emotional, physical, nutritional, financial, and community wellbeing.

Vision

Our vision is to create an inclusive, empowering and equitable health and wellbeing culture that will influence improved healthcare outcomes in support of a better quality of life for City employees and their families.

2025 Open Enrollment
November 6-22, 2024

Office of Human Resources
CAP Employee Benefits
CITY OF PHILADELPHIA

That Philly Feelin'

CLICK HERE
to enjoy our
That Philly Feelin'
playlist at anytime!

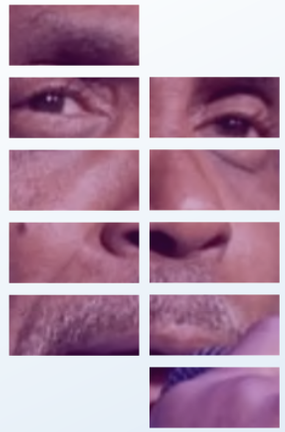
Dedicated to Philadelphia's Own,

FRANKIE BEVERLY

1946 - 2024

Maze ft Frankie Beverly | https://www.youtube.com/watch?v=5gxx3ODDhoM

My Philly Feelin'



Happy Feelin's

Maze featuring Frankie Beverly

"These happy feelin's
I spread them all
over the world..."

CLICK TO PLAY ON YOUTUBE!

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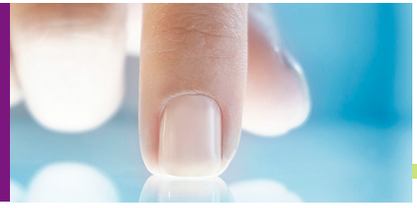
2025 ENROLLMENT INFO

HAVE QUESTIONS OR NEED ASSISTANCE ENROLLING?

2025 BENEFITS

ENROLL NOW!



NAVIGATING This Guide.

Home

All pages in this Benefits Guide can be accessed by scrolling. Click on the **yellow Liberty Bell Home button** in the top right corner of any page to **return to this page** for easy navigation to a new section. All links in the Guide have been tested. If a link does not work, please try closing and opening your browser and clearing cache in your browser settings.

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Get the BEST EXPERIENCE!

Your 2025 CAP Benefits Guide is best viewed using Adobe Acrobat Reader. Take full advantage of the ease-of-use links and tools in this Guide by opening and viewing this file using the current version of Adobe Acrobat Reader. **Click on or scan the QR code to download.**

Photo: City of Philadelphia Parks & Rec | J. Fusco | Wawa Welcome America, Penn's Landing
Bill Withers | https://www.youtube.com/watch?v=QCgeitX5xgo

My Philly Feelin'

Lovely Day

Bill Withers

Taking a break from writing a paper my final year of law school and walking to get a bagel in Powelton Village, passing a guy blasting this song from a speaker reminded me to get out of my head and appreciate that it was another lovely day in Philly.

ZACHARY R.
District Attorney's Office

CLICK TO PLAY ON YOUTUBE!

What's New & What's Changing

CHANGES & IMPROVEMENTS!
Health Care Plans

- Telemedicine (through Teladoc) visits for HMO and PPO decrease to $10.
- Urgent care copays decrease to $20, which costs much less than the $300 ER copay in a non-emergency.
- Tele-behavioral health visits for HMO decrease to $20.
- Outpatient behavioral health visits for HMO decrease to $20.
- Musculoskeletal (MSK) digital physical therapy sessions are now covered through Sword Thrive.

NEW! Voluntary Benefit Options

Employees and their eligible dependents will be able to enroll in optional benefits called "voluntary benefits," paid for through after-tax payroll contributions that include:

- Group Term to 120 Life Insurance
- Accident Insurance
- Group Hospital Indemnity Plan
- Pet Wellness and/or Pet Insurance

All employees who are eligible for the CAP Plan can enroll with no requirement to be covered by a CAP Medical Plan. See page 44 to find out more information about your Voluntary Benefit options.

CHANGES & IMPROVEMENTS!
Now Covered

The CAP Health Plan now covers customized, high-touch **maternity/doula support**. Through Cayaba Care and IBX, members will receive personalized pregnancy and postpartum care, including doula coverage, from their own Maternal Health Navigator. Covered at 100% with no copay or deductible required. See page 30 for more information.

NEW! Smart RxAssist

Now part of the medical plan, Smart RxAssist provides $0 copay for specialty drugs for members who opt into the program. See page 24 for more information.

NEW! Backup Care

Launched August 1, 2024, Wellthy provides emergency backup day care for dependents and adults when regular day care isn't available. Through Wellthy, the City covers the cost of up to 8 days of backup care per employee per year, up to $225 per day for providers within Wellthy's Care Network and $125 for providers in your personal network. See page 41 for more information.

CHANGE! FSA & Commuter Parking Benefit Provider

HealthEquity will no longer be your Health Care and Dependent Care FSA and Commuter Parking Benefit provider. You will receive more information once a new provider is chosen. See page 53 for more information about these accounts.

NEW! More Enrollment Support

Go to Benefits Navigator at Benefitsgo.com/PhillyCAPBenefits to find:

- A webinar with everything you need to know about your CAP benefits.
- How to connect with experienced Benefits Counselors to help with enrollment either virtually or at an Enrollment Café during Open Enrollment, November 6-22.

See page 9 for more information.

IMPROVED! Benefits Start Date for New Hires

Coverage for new hires and newly eligible CAP members who have enrolled will begin as follows:

If Hired:	Benefits Will Be Effective:
On the 1st-15th ▶	Day of hire
16th through the end of the month ▶	First day of the following month

NEW! HIV Prevention Medication Now Covered

The CAP Health Plan now covers Pre-exposure prophylaxis (PrEP) HIV prevention medication at home. See page 34 for more information.

ENHANCED! Dental PPO

Adult orthodontia coverage will be available to members enrolled in the Concordia Flex (PPO) plan, with services covered at 80%, no deductible, up to a lifetime maximum of $2,000. See page 36 for more information.

Medicare Part D Prescription Drug Coverage: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 66 for more details.

The Big Picture

Wellness & Wellbeing

- *ActiveHealth*
- *CAP Healthy Weight*
- *On The Goga*

It's easy to take charge of wellbeing! When you and your covered spouse (if applicable) complete required healthy actions, you can reduce contributions for next year's medical coverage.

Medical

- *Independence Blue Cross*
- *Smart Rx copay card for medical specialty drugs*
- *Quartet Free Licensed Mental Health Provider Matching Service*
- *Teladoc Diabetes Management*
- *Cayaba Care Maternity/ Doula Support*
- *Sword Thrive MSK Digital Physical Therapy*

Get comprehensive medical coverage by choosing Keystone HMO OR Personal Choice PPO. CAP Plans cover telemedicine and tele-behavioral health visits, as well as visits to retail clinics and urgent care facilities and behavioral health services.

Prescription Drug

- *CVS Health with CVS Cost Saver, powered by GoodRx*
- *PrudentRx Specialty Drug Program*

Valuable prescription drug benefits are included with medical coverage, offering the lowest out-of-pocket costs through the City's Preferred Health Pharmacy Network. A PrudentRx $0 Copay Specialty Drug Program is available for certain drugs.

Dental

- *United Concordia*

If you elect medical, **you must elect dental coverage from one of two options**: Concordia Flex PPO: *Elite Prime OR Concordia* DHMO (a dental HMO) using the *Concordia Plus Network*.

Vision

- *EyeMed*

EyeMed Vision Care (Advantage Network) is included when you enroll in a medical plan.

Employee Assistance Program

- *ComPsych Guidance Resources*

Confidential, free professional counseling for social, emotional, and psychological issues is available to you and your family— as well as resources and support for work/life, legal, and financial.

Backup Care

- *Wellthy*

Emergency backup day care for dependents and adults when regular day care isn't available.

Voluntary Insurance

- *Aflac*

No CAP Medical Plan enrollment required. After-tax payroll contributions.

For additional income protection, all City employees who are eligible for the CAP Plan can buy the following for yourselves and your covered family members:

— Critical Illness Insurance. Includes Health Advocate, EZ Shield, and Medical Bill Saver services.
— Group Term to 120 Life Insurance
— Accident Insurance
— Group Hospital Indemnity Plan

Voluntary Pet Insurance

- *WAGMO*

No CAP Medical Plan enrollment required. After-tax payroll contributions.

All City employees who are eligible for the CAP Plan have two pet insurance options to choose from:

— **Wagmo Pet Wellness** plans reimburse for your pet's routine and preventive care.
— **Wagmo Pet Insurance** provides coverage and protection against unexpected vet expenses.

Life & Accident Insurance

- *Securian Financial*

CAP members get peace of mind and automatic City-paid Basic Life and Accident coverage. Flex employees can buy supplemental insurance with after-tax payroll contributions.

Flexible Spending Accounts & Commuter Parking Benefits

- *Provider TBD*

— **Health Care FSA** - Flex Employees Only
— **Dependent Care FSA** - Flex Employees; Eligible Union-classified Members

Save money by using before-tax dollars in your FSA to pay for eligible non-covered healthcare and dependent care expenses! Commuter before-tax parking benefits are also available.

SEPTA Key Advantage Program

- *Ride* **SEPTA** *for FREE*
- *Eligible permanent full-time, part-time, or temporary employees who earn paid sick leave*

Retirement & Deferred Compensation Plan

Retirement (pension) and Deferred Compensation Plan benefits are sponsored by the City for eligible employees.

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Impact Your Health. Impact Your Wallet.

Non-Tobacco User Rates		Single	Employee + 1	Family
MET Wellness Requirements	Keystone HMO	$18.77	$37.69	$61.23
	Personal Choice PPO	$37.72	$71.93	$116.51
DID NOT MEET Wellness Requirements	Keystone HMO	$38.00	$56.92	$80.46
	Personal Choice PPO	$56.95	$91.16	$135.74

Tobacco User Rates		Single	Employee + 1	Family
MET Wellness Requirements	Keystone HMO	$43.77	$62.69	$86.23
	Personal Choice PPO	$62.72	$96.93	$141.51
DID NOT MEET Wellness Requirements	Keystone HMO	$63.00	$81.92	$105.46
	Personal Choice PPO	$81.95	$116.16	$160.74

Contributions are made on a before-tax basis and based on 26 pays per year. These are the combined costs for medical, prescription, dental, and vision coverage.

NEWLY HIRED OR NEWLY ELIGIBLE FOR CAP IN 2025?

You will receive the wellness contribution rate and not receive the tobacco surcharge for health benefits through December 31, 2025.

TOBACCO USER RATES

are assessed when the employee and/or spouse have certified the use of tobacco products during the 2025 open enrollment period. The tobacco-user rate may be changed to the non-tobacco user rate if the employee and/or spouse complete the 2025 MyActiveHealth tobacco cessation program on or before May 1, 2025. Also, the $25 per pay surcharge associated with the tobacco rate will be refunded, retroactively to January 1, 2025.

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NEED HELP OR MORE INFORMATION?

Visit Benefits Navigator, a NEW enrollment assistance service at Benefitsgo.com/PhillyCAPBenefits

3 NEW Options To Help You Enroll:

Scan this QR code or log onto Benefitsgo.com/PhillyCAPBenefits. Under **HOW TO ENROLL**:

1. View a **SELF-GUIDED WEBINAR** about your 2025 CAP benefits (available at anytime during the year).
2. Schedule an appointment to connect online with a **LIVE BENEFITS COUNSELOR** during Open Enrollment, November 6-22.
3. Attend an **ONSITE ENROLLMENT CAFÉ** to meet with a Benefits Counselor during Open Enrollment, November 6-22.

Enroll With A Certified Benefits Counselor

During Open Enrollment, November 6-22, certified Benefits Counselors are available to help you navigate the enrollment system, answer your questions, and help with your benefit selections. You can connect with a counselor in the format that works best for you.

How Does It Work?

STEP 1: **SCHEDULE an appointment** with a Virtual Benefits Counselor or find information about meeting with a Benefits Counselor onsite during an Onsite Enrollment Café. Scan the QR code above or visit Benefitsgo.com/PhillyCAPBenefits and click on **HOW TO ENROLL** to get started.

STEP 2: **SELECT** a **Virtual Appointment** or an **Onsite Enrollment Café Appointment**:

✓ **Virtual Appointment** — schedule to meet with a live Benefits Counselor via video call.

- Click on **SCHEDULE NOW** to schedule your virtual appointment.
- **Watch your email** for an appointment confirmation.

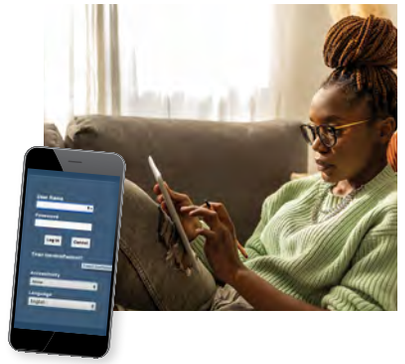
✓ **Onsite Enrollment Café Appointment** — make your benefit elections at a laptop computer station with onsite support from a Benefits Counselor.

- Scroll to the **ONSITE** section to find dates and times to attend an Onsite Enrollment Café at: **The Municipal Services Building** — 1401 JFK Blvd., 16th floor, Room A
- In general, Benefit Counselors will be available Monday - Friday during Open Enrollment (November 6-22), 8 a.m. - 5 p.m.

READY TO ENROLL ON YOUR OWN?

Use OnePhilly, The Employee Self-Service Portal https://ess-onephilly.phila.gov

If You're Currently Enrolled: Use The COP HR Employee Self-Service Portal



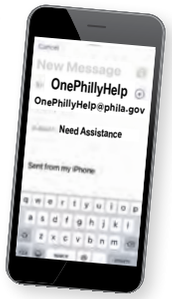
Enroll in 2025 benefits by logging on to the COP HR Employee Self-Service (ESS) portal from a computer, tablet, or smartphone with internet access and a recent version of a standard browser, such as Google Chrome, Microsoft Edge, Mozilla Firefox, or Apple Safari. If you need further assistance, please contact your department HR Representative.

New Enrollee Or New Hire between November 6 - 22

Employees who are newly hired, promoted/demoted, or experience a life event from **November 6, 2024, through November 22, 2024,** should contact their department HR representative for enrollment materials and special enrollment instructions.

Newly Eligible For Benefits After November 22, 2024

If you're newly eligible for City benefits coverage after November 22, 2024, and making elections that will take effect in 2025, please contact your department HR representative for special enrollment instructions.



Need Help With User Name Or Password?

OnePhillyHelp@phila.gov

215.988.8038

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BENEFIT	PROVIDER & SERVICES	CONTACT
Medical	**Independence Blue Cross (IBX)**	**ibx.com** • 800.ASK.BLUE • 800.275.2583 • TTY: 711
	Teladoc Diabetes Management Program (formerly Livongo)	**http://TeladocHealth.com/Register/PHILACAP** • Registration code: PHILACAP • 800.945.4355
	Telemedicine	**TeladocHealth.com** • 800.Teladoc (800.835.2362) • **help@teladochealth.com**
Behavioral, Mental Health & Substance Abuse *Select individualized behavioral health services*	**Behavioral Health** (Independence Blue Cross) **Tele-behavioral Health** **Quartet**	800.688.1911 (To find behavioral health and tele-behavioral health providers and information) **quartethealth.com/ibx** • 877.258.4010 • (To find behavioral health providers)
Prescription Coverage	**CVS Health**	**caremark.com** • 800.309.5013 • **CVS Specialty Pharmacy:** 800.237.2767 Rx delivery information: **www.cvs.com/content/pharmacy/rxdelivery** **PrudentRx** Specialty Drug ($0 Copay) Program with CVS Specialty: 800.578.4403
Dental	**United Concordia**	Dental Providers (**unitedconcordia.com/find-a-dentist**) Dental Benefits (**unitedconcordia.com/GetMDB**) • 866.851.7568
Vision	**EyeMed**	Vision Benefits (**member.eyemedvisioncare.com/cityofphilly**) • Vision Provider Locator (**eyedoclocator.eyemedvisioncare.com/cityofphilly**) • City CAP members: 800.526.8085
Employee Assistance Program (EAP)	**ComPsych Guidance Resources**	**guidanceresources.com** • 877.912.3226 • TDD 800.697.0353 • Click register & input Web ID: CAPCares
Critical Illness, Group Term to 120 Life Insurance, Accident Insurance, Group Hospital Indemnity Plan	**Aflac**	Aflac Customer Service (**aflacgroupinsurance.com/customer-service**) • 800.433.3036
CAP Wellness **CAP Healthy Weight Wellbeing**	**ActiveHealth Management** **On The Goga Wellbeing Hub**	**MyActiveHealth.com/city** • 866.795.2970 • M-F 8:30 AM - 11 PM **On The Goga** (sign in to see info for City CAP members)
Life & Accident	**Securian (Minnesota Life)** Life & Accident	**lifebenefits.com** • File a Life Insurance Claim: 215.686.0859
		Please contact your HR department representative for a copy of the Life & Accident Insurance Certificate.
		To continue insurance after employment ends • **lifebenefits.com** 866.365.2374 for website assistance • Enter policy #: 34021 • Access key: philadelphia
Lifestyle Benefits	**Legacy Planning Resources**	**securian.com/legacy**
	Wellbeing Resources	**lifebenefits.com/lfg** • 877.849.6034 • Use Member Login • User name: lfg • Password: resources
	Travel Assistance Services	**lifebenefits.com/travel** • U.S./Canada: 855.516.5433 • International: +415.484.4677
Backup Care	**Wellthy**	**wellthy.com/member/phila** • (to activate your Wellthy account)
Health Care & Dependent Care Accounts (FSAs)	**TBD**	**TBD**
Commuter Parking Benefit	**TBD**	**TBD**
SEPTA KEY Advantage Program	**SEPTA** **Jawnt**	SEPTA • **https://www.septakey.org** • 215.580.7800 Jawnt • **https://app.jawntpass.com** • 267.762.2694, email: **support@jawntpass.com**
Pet Insurance	**WAGMO**	**www.wagmo.io/enroll/start** • 855.836.8785
Retirement	**Board of Pensions**	**www.phila.gov/pensions** **Email: Pensions.Inquiry@Phila.gov** • **Local**: 215.685.3441 • **Anywhere**: 800.544.1173
	Deferred Compensation	**www.philly457.com** • 215.568.1960

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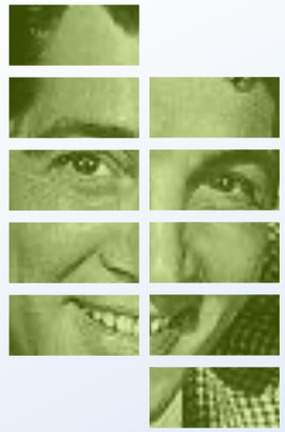
Photo: City of Philadelphia Parks & Rec | Julian Moore-Griffin | LOVE Park Salsa Dancing

My Philly Feelin'



Sway

Dean Martin

Dancing with my partner in the kitchen of his new South Philly apartment as we made dinner.

MELISSA Z.

The Law Department

Dean Martin | https://www.youtube.com/watch?v=ZmUdd8GoToA

Who Is Eligible And When Coverage Begins

Who's Eligible?

You are eligible to participate in the City Administered Health Plan (CAP) as:

- A permanent, full-time, non-represented, exempt employee (also called "Flex employee")
- An employee in a union classified position who previously opted into the City Administered Plan as a **permanent DC-33 CAP member** (meaning you have opted out of your collective bargaining benefits coverage).
  - — **NOTE:** The CAP plan was closed to new DC-33 entrants effective July 1, 2023.
  - — DC-33 employees who rescind union membership or waive union benefits coverage are not eligible to enroll in the City's CAP Plan.
- A DC-47 member who has been grandfathered into the CAP plan, except in circumstances outlined in the Eligibility & Enrollment Guidelines.
  - — **NOTE:** The CAP plan is closed to new DC-47 entrants.
- A permanent, full-time, non-represented, exempt employee of the First Judicial District (FJD) of Pennsylvania and, effective January 1, 2023, FJD Local 286 members.

Coverage does not begin until you enroll and meet all requirements.

Eligible Dependents

You can also cover your spouse and **unmarried** dependent children to age 26, as long as they meet the requirements outlined below and you provide valid proof of eligibility.

- Lawful spouse — *as certified with a copy of marriage certificate and one other document showing marriage is current and spouse is living in same location as you*
  - — Throughout this Benefits Guide, the term "spouse" is intended to include life partners covered as of December 31, 2016.
- Biological birth child to age 26
- Adopted child to age 26
- Stepchild to age 26 (verification of your current marriage required)
- Legally court-ordered child to age 26 (copy of court order required)
- Noncustodial child for whom the City Health Plan has received a Qualified Medical Child Support Order
- Disabled child over age 26 — *as proved by Social Security eligibility and certified by Independence Blue Cross*

Not Eligible For City Benefits

You are not eligible for the CAP Health Plan if you are:

- A part-time employee who works less than 30 hours per week
- A temporary employee, regardless of hours worked
- An employee who is a full union member of DC-33 or DC-47, or a DC-33 or DC-47 member who has rescinded or waived union membership
- A married dependent.

Eligibility For Additional CAP Benefits

Additional CAP Benefits	Exempt & Non-Represented City & FJD Employees	FJD Local 286 Members	DC-33 CAP Members (Permanent)	DC-47 Grandfathered CAP Members (Permanent)
Basic Life and AD&D Insurance – $20,000	✓	✓		
Basic Life and AD&D Insurance – $25,000			✓	✓
Supplemental Life and AD&D	✓			
Dependent Life	✓			
Survivor Income Insurance	✓			
Optional Life Insurance				✓
Employee Assistance Program (EAP)	✓	✓		
Flex Spending Account – Health Care	✓			
Flex Spending Account – Dependent Care	✓	✓	✓	✓
Critical Illness	✓	✓	✓	✓
Group Term to 120 Life Insurance	✓	✓	✓	✓
Group Hospital Indemnity Plan	✓	✓	✓	✓
Accident Insurance	✓	✓	✓	✓
Pet Wellness and Pet Insurance	✓	✓	✓	✓

GO TO CAP Health Plan Eligibility & Enrollment Guidelines

IMPORTANT: Pennsylvania state law allows same-sex marriage. As a result, the CAP Health Plan no longer covers new life partners and their dependent children as of January 1, 2017.

The CAP Health Plan will continue to cover current life partners enrolled in the CAP as of December 31, 2016, and their dependent children, for as long as they remain eligible. However, if a life partner and his/her dependent child enrolled in the CAP as of December 31, 2016, is dropped from coverage, s/he is not eligible to be re-enrolled in the CAP on or after January 1, 2017.

When Coverage Begins

If you are a newly hired eligible Flex employee and wish to enroll in the City Administered Health Plan (CAP), you have 30 days from your date of hire to enroll, plus a 15-day grace period. If you enroll and upload all required proof of eligibility for dependents to the Employee Self-Service portal, here's when coverage will take effect:

If Hired:	Benefits Will Be Effective:
On the **1st-15th** of the month ▶	On the date of hire. *Example: If you were hired January 10, 2025, your coverage begins January 10, 2025.*
16th through the end of the month ▶	On the first day of the following month. *Example: If you were hired January 20, 2025, coverage begins February 1, 2025.*

NOTE: If you are a newly hired employee and enroll after the 30th day from hire but before the 46th day from hire, you will need to enroll via paper and provide required proof of eligibility in paper form. Please contact your department HR representative for assistance before your 45th day of eligibility expires.

If your paper enrollment is completed on time, coverage will take effect the first of the following month.

IMPORTANT: If you waive CAP Health Plan coverage, you will not be eligible to enroll in the CAP Health Plan until the next Open Enrollment, unless you have a qualified life event.

Only Qualified Life Events Allow You To Change Elections

Take care when making your benefits choices because your elections will continue through the end of the calendar year. By federal law, you cannot change your benefits unless you have a qualified life event change during the plan year. Qualified life event changes that allow you to make a change to your benefits include, but are not limited to:

- Birth, adoption, legal guardianship
- Marriage, divorce, or separation
- Death of a spouse or child
- Change in child's eligible dependent status (for example, turning age 26)
- Losing or gaining access to health coverage as a result of circumstances beyond your control, *e.g., your unemployed spouse gets a new job and gains access to employer-provided medical benefits under which you could be covered.*

IMPORTANT: A child's divorce is not a qualified life event, even if under the age of 26.

The benefits change must be consistent with the qualified life event change. For example, if your child is covered under the CAP Medical Plan and turns 26, you can drop his/her medical coverage, but cannot elect Dependent Life as a result of this life event. If you have a qualified life event and want to add dependents, you should upload required documents and change your dependent elections in the Employee Self-Service portal immediately to ensure that your family members are covered within the approved deadlines of the benefit plan.

Please read the detailed description of qualified life events in the Eligibility and Enrollment Guidelines before contacting your department HR representative.

IMPORTANT: You have 30 days to make changes as a result of the life event. **If you do not make changes in the Employee Self-Service portal within those time periods, you and/or your dependents will not be covered by the CAP Health Plan until the next open enrollment period.**

Should a child upon birth or adoption not be enrolled within the enrollment period as described above, they may be added outside of the enrollment window; retroactive to the date of birth.

SPECIAL ENROLLMENT RIGHTS

Federal law gives you other special enrollment rights. If you do not elect coverage now because you have other coverage, when that other coverage ends, you can elect coverage under the City's Medical Plan as long as you enroll within **30 days**. If you gain or lose eligibility for coverage through Medicaid or a State Children's Health Insurance Program (S-CHIP) or become eligible for state-provided premium assistance, you have 60 days from the date of the event to elect coverage. Contact your department HR Representative if you need assistance.

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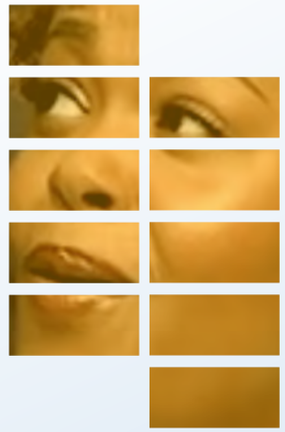
SEPTA Key Advantage
Retirement & Deferred Compensation

Photo: City of Philadelphia Parks & Rec | Eileen C. Miller | Spray Ground Playgrounds

Jill Scott | https://www.youtube.com/watch?v=4QCXr79Rkcw

My Philly Feelin'



Golden

Jill Scott

Laughing and dancing in the spray of a fire hydrant in the streets of 19th and Wharton when I was a child. I felt the joy of youth like a warm embrace.

DarRel L.

Managing Director's Office

CLICK TO PLAY ON YOUTUBE!

Put Flex Credits To Work For You (Flex Employees Only)

The City provides Flex Credits in exchange for unused sick leave, future accrued vacation, and for waiving health coverage if you have other group health coverage. You can use these Flex Credits to offset the cost of before-tax benefits or receive them as a separate flex payment (taxable as income) at the end of December. If you have completed five years of City service and are making enrollment elections for the sixth year, you may be able to convert unused sick leave to Administrative Leave. Please read below for details so that you can put Flex Credit options to work for you.

Unused Sick Leave Bonus Part A

If you have accumulated at least 20 days of sick leave at the end of the 2023 calendar year, you earn Flex Credits based on the following schedule:

Chargeable Sick Leave Used In Calendar Year 2023	Flex Credits Per Pay Period	Maximum Flex Credits Per Year
Less than 1 full day	10	260
1, but less than 2, full days	8	208
2, but less than 3, full days	6	156
3, but less than 4, full days	4	104
4, but less than 5, full days	2	52
5 or more full days	0	0

NOTE: *"full" day = 7-1/2 hours*

The Employee Self-Service portal will show the amount of the Sick Leave Bonus as additional Flex Credits earned per pay period. For example: 260 credits available appear as 10 credits per pay (260 credits ÷ 26 pays = 10 credits per pay).

What Counts As Sick Leave

Family Sick (FS) time is used for determining sick leave bonuses under this program. A Leave of Absence under the Family Medical Leave Act (FMLA) will not be counted as sick leave for this program.

UNUSED SICK LEAVE CAN PAY OFF

If you've accumulated unused sick leave, you could get extra cash in your pay OR convert sick leave to Administrative Leave. See "Unused Sick Leave Bonus Part B."

CAP Members Only: You can exchange sick leave and vacation during Open Enrollment only.

Unused Sick Leave Bonus Part B

If you have completed five years of City service and are making enrollment elections for the sixth year, and have used no more than 45 hours of sick leave during the 2023 calendar year (after adjustment for FMLA), you can choose how to use Unused Sick Leave Bonus Part B.

You have the option to:

- Receive an additional 260 Flex Credits (10 credits per pay), or
- Convert 10 days of accumulated sick leave to five days of Administrative Leave.

IMPORTANT: **You must have 10 accumulated sick days at the time of election and at the time of conversion to offset your election credit costs.**

NOTE: All unused Administrative Leave expires on June 30th of each year. Remember that when you acquire Administrative Leave via Sick Leave Bonus Part B conversion, you have from January 1 – June 30th to use it.

You can earn an annual maximum of 520 Flex Credits based on sick leave usage under Part A and Part B.

Exchange Future Accrued Vacation For Flex Credits

If you have more than six months of continuous service as of January 1st of the benefit plan year, you are eligible to exchange **one or two weeks** of future accrued vacation for additional Flex Credits. (See your department HR Representative for details.) **You can exchange vacation during Open Enrollment only.**

Supplemental Flex Credit (Flex Employees Only)

If you are a full-time employee with a base salary of $42,000 or less, you are eligible to receive a supplemental Flex Credit up to $400 in a calendar year. This Supplemental Flex Credit stops automatically when your salary exceeds $42,000. If your salary is $42,000 or less, and you waive health coverage, you are not eligible to receive the Supplemental Flex Credit.

Flex Credit Waiver Bonus (Flex Employees Only)

If you have medical coverage through another group health plan, you may waive your health coverage offered through the City. If you waive your coverage, *and* submit proof of other medical coverage during the permitted enrollment period, you will receive $36.00 in biweekly Flex Credits. You may use these Flex Credits to help offset the before-tax cost of Flex Spending Accounts if elected. If your total before-tax cost is less than Flex Credits, you will receive remaining Flex Credits as a separate flex payment (taxable as income) in December 2025.

NOTE: **FJD Local 286 Members Only** — If you waive (opt out of) City health coverage, you are not eligible to use Flex (Opt Out) Credits to offset the cost of FSAs and will receive Opt Out Credits as a separate, taxable flex payment each December.

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STEP 1 Get Additional Flex Credits For Accumulated Leave And Vacation Exchange

Example: employee with 2023 year end sick leave balances who is electing to exchange one week of future accrued vacation (out of two future accrued weeks).

Sick Leave Bonus And Vacation Status	Sick Leave Bonus Earned And Vacation Exchange	Flex Credits Per Pay
Sick Leave Bonus Part A: 20 sick days earned, 4 sick days used*	Maximum allowed: 10 Flex Credits per pay	2
Sick Leave Bonus Part B: 5 complete years of service (enrolling for sixth year)and 4 sick days used*	Elected 10 additional Flex Credits per pay	10
Vacation Exchange: 5 days* (based on employee's annual salary)	Elect to exchange one week's future accrued vacation for 60.42	60.42
Total Flex Credits Available		**72.42**

**Assumptions Based on 2023 Year End Leave Balances, Employee's Annual Salary and Future Accrued Vacation*

STEP 2 Use Additional Flex Credits To Pay For 2025 Before-Tax Benefits Elections...With Extra Cash Paid At Year End

Example: continued from Step 1, employee's benefits selection, cost and Flex Credits screen.

Benefit Selections and Cost/Credit Details

Details	Plan	Option	Coverage Start Date	Coverage	Cost Per Pay	Credit
	Tobacco Surcharge - I have not used tobacco in any form in the past 12 months. I am 'tobacco free'		01-Jan-2025		0.00	0.00
	Medical - Keystone HMO	Single	01-Jan-2025		**18.77**	0.00
	Dental - Concordia Flex - PPO	Single	01-Jan-2025		0.00	0.00
	Vision - EyeMed Vision Plan	Single	01-Jan-2025		0.00	0.00
	Prescription - Caremark Rx	Single	01-Jan-2025		0.00	0.00
	Basic AD&D - Basic Life		01-Jan-2025	20000.00	0.00	0.00
	Basic AD&D - Basic AD&D		01-Jan-2025	20000.00	0.00	0.00
	Critical Illness Employee Tobacco Use – Critical Illness Employee Tobacco Use					
	Critical Illness Employee Core – Waive Critical Illness	I have not used tobacco in any form in the past 12 months. I am "tobacco-free"				
	Survivor Income - Waive Survivor Income		01-Jan-2025		0.00	0.00
	Supplemental Life Insurance - Supplemental Life	2x Annual Salary	01-Jan-2025	150000.00	**12.74**	0.00
	Supplemental AD&D - Supplemental AD&D	1x Annual Salary	01-Jan-2025	75000.00	**0.97**	0.00
	Dependent Life - Waive Dependent Life		01-Jan-2025		0.00	0.00
	Health Care FSA - Health Care FSA		01-Jan-2025	520.00	**20.00**	0.00
	Dependent Care FSA - Waive Dependent Care FSA		01-Jan-2025		0.00	0.00
	Vacation Trade - Vacation Trade	Yes, I Want to trade one week's Vacation	01-Jan-2025		0.00	**60.42**
	Sick Leave Bonus A - Part A	Leave Bonus Credits	01-Jan-2025		0.00	**2.00**
	Sick Leave Bonus B - Part B	Elected Credits	01-Jan-2025		0.00	**10.00**
					52.48	**72.42**

About Sick Leave Credits

Prior to the 2025 Open Enrollment, the system will use the 2023 calendar year data to determine sick leave bonuses since the full usage for the 2024 calendar year will not be known until December 31. Your Flex Credits and options will be displayed in the Employee Self-Service portal.

Flex Credits Summary

The employee in this example has 72.42 in Flex Credits. After making before-tax contributions for Medical Coverage (HMO) of $18.77 per pay and a Health Care FSA of $20 per pay — a total of $38.77 per pay — the employee still has 33.65 per pay remaining in Flex Credits. She will receive 33.65 x 26 pays, or 874.90 in Flex Credits, a cash flex payment in December 2025. This amount will be subject to applicable taxes.

Flex Credits Available	72.42
Minus Total Before-Tax Cost	-38.77
Flex Credits Remaining	33.65

Photo: City of Philadelphia Parks & Rec | Dontrece Stewart | Philadelphia Phillies Rally Bus Queen | https://www.youtube.com/watch?v=04854XqcfCY

My Philly Feelin'

We Are The Champions

Queen

Watching the parade and celebrations from a courtroom window on the 2nd floor of City Hall after the Phillies won the World Series in 2008.

MATTHEW A.

First Judicial District Courts

CLICK TO PLAY ON YOUTUBE!

CAP Wellness Program

Whole person health begins with YOU! Taking care of your personal health is one of the most important actions you can share with your family and your community. The CAP Wellness Program has a wide range of resources to support you and your covered spouse in taking healthy actions that can help reduce the future cost of City health coverage.

ActiveHealth MANAGEMENT

ActiveHealth
Call **866.795.2970**
Monday — Friday,
8:30 a.m. to 11 p.m. ET

Impact Your Health. Impact Your Wallet.

You & Your Covered Spouse: In It Together

CAP EMPLOYEE & SPOUSE:
EACH "MUST DO" PREVENTIVE ACTIONS

CAP EMPLOYEE	COVERED SPOUSE
■ Health Assessment	■ Health Assessment
■ Biometric Screening	■ Biometric Screening

+

CAP EMPLOYEE:
"MUST DO" 2 *MORE* ADDITIONAL HEALTHY ACTIONS

CAP EMPLOYEE
■ Additional Healthy Activity
■ Additional Healthy Activity

+

Enter actions into ActiveHealth portal by
OCTOBER 31, 2025
=

2026 Health Benefit Contributions REDUCED By $500

See this marker? Earn Wellness Points!

Reward For Quitting, Or Making A Successful Attempt To Quit

The $25 tobacco surcharge will be removed for the rest of the year, and refunded retroactively to January 1, 2025, when you, and/or your covered spouse, if applicable, complete a tobacco cessation program by May 1, 2025.

You can complete the tobacco cessation program and meet the CAP Wellness Program requirement, regardless of whether you actually stop tobacco use. You can also involve your personal physician in designing an alternative program to meet the CAP Wellness Program requirement.

IMPORTANT: If you are newly hired/newly eligible for the CAP Health plan in 2025, you will not receive the tobacco surcharge between January 1, 2025, and December 31, 2025.

GO TO CAP Employee Wellness Policy Manual

See Policy: Earning Wellness Points And FAQs

Click the Wellness Policy button to the right to see details and FAQs on earning Wellness Points.

Look for information about Wellness and TEAMS virtual sessions from the CAPWell.Health@phila.gov email and the City Employee Newsletter.

CAPWell.Health @phila.gov

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CAP Wellness Program: Choices For A Healthy Life

STEP 1 **START HERE!**

Login or **Register** your account
MyActiveHealth.com/city

Can't login? Call customer service **866.795.2970**

STEP 2 **EMPLOYEE & SPOUSE REQUIRED ACTIONS**

- **2025 HEALTH ASSESSMENT: You and your covered spouse** must complete or update your confidential online 2025 Health Assessments in the ActiveHealth portal.
- **2025 BIOMETRIC SCREENING: You and your covered spouse** must enter your 2025 biometric screening levels in the ActiveHealth portal. Required screenings include: Blood Pressure, HDL, LDL, Total Cholesterol, and Glucose.

Employee Required Actions
Health Assessment + Biometric Screening = **50 Points**

+

Spouse Required Actions
Health Assessment + Biometric Screening = **50 Points**

STEP 3 **EMPLOYEE ONLY HEALTHY ACTIONS—Must Complete 2**

60 DAYS OF PHYSICAL FITNESS | 25 PTS

Log 60 days of physical fitness by making an online attestation or sync an eligible device to automatically track 5,000 daily steps in your MyActiveHealth portal.

NUTRITION COUNSELING | 25 PTS

Complete 2 visits with an in-network Registered Dietitian (RD). Points show 30 days after claim is received by IBX.

DIGITAL COACHING | 25 or 50 PTS
3,000 ♥s = 25 pts | 6,000 ♥s = 50 pts

- **Health Education:** Earn ♥s as you complete health, fitness, and financial modules.
- **Health Goals:** Earn ♥s as you set and complete goals focusing on nutrition, exercise, and better sleep.

800 ♥ weekly eligibility limit. Each week begins on Sunday. Use the ActiveHealth mobile app or portal.

TOBACCO CESSATION | 25 PTS

Complete a consultation + 6 sessions. Includes up to 8 weeks of free nicotine patches, gum, and lozenges after 2 consults. Call **866.795.2970**.

Note: complete by May 1, 2025, to be eligible for a refund of the $25 per pay tobacco surcharge, retroactive to January 1, 2025.

2 Additional Healthy Actions | 50 Points Total

- Employee Additional Healthy Activity 1 (**25 pts**)
- Employee Additional Healthy Activity 2 (**25 pts**)

WORK WITH A LIFESTYLE COACH, CONDITION MANAGEMENT NURSE | 25 PTS

Complete 3 telephonic sessions by working with:

- A Lifestyle Coach (obtain assistance with minor weight loss, fitness goals, etc.) or
- A condition management nurse (obtain assistance with chronic conditions, such as Type 2 diabetes and hypertension).

Call 866.795.2970 to schedule coaching.

CAP HEALTHY WEIGHT COACHING | 25 or 50 PTS

- **Complete 3 sessions (1:1 or group coaching) - 25 pts.**
- **Complete 6 sessions (1:1 or group coaching) - 50 pts.**

Must be enrolled by August 1, 2025 to earn wellness points for 2025.

EYE EXAM OR DENTAL EXAM | 25 PTS

IMPORTANT: **You will earn a maximum of 25 points for completing an eye exam or a dental exam.** Annual deadline for Vision/Dental is September 30. CAP benefits must be used in 2025. Points populate your MyActiveHealth account 30 days after an eligible claim is received by IBX, EyeMed, or United Concordia.

TELADOC DIABETES MANAGEMENT PROGRAM MEMBERS | 25 or 50 PTS

See page 31 for distinct engagement actions for new and established members.

CAP Healthy Weight

The City continually invests in a culture of health equity and inclusive benefits because we know that healthier employees bring their best selves to work, to their families, and their communities.

The CAP Healthy Weight Program uses evidence-based approaches shown to support weight loss and reduce instances of weight-regain. The program's coaching component provides personalized nutrition & exercise plans as well as emotional support. Program features are intended to not only help CAP members maintain a healthy weight, but also:

- reduce the health risks of obesity-related conditions
- develop lifelong habits for a healthier lifestyle
- address emotional and psychological factors contributing to weight concerns.

Members and eligible dependents will benefit from ActiveHealth coaching and CVS Caremark prescription medications as long as they meet program requirements.
NOTE: **In order to access weight loss medication under the City Administered Plan, eligible employees and dependents must participate in the CAP Healthy Weight Program.**

How The Healthy Weight Program Works

Eligibility

Members must meet all program requirements to continue participation in the CAP Healthy Weight program.

CAP members must be at least age 18 and have a physician's written authorization that the member has a:

- BMI (Body Mass Index) over 30, or
- BMI (Body Mass Index) over 27 and at least one comorbidity, i.e., hypertension, Type Two diabetes.

If a dependent has dual health insurance coverage, it does not matter which plan pays first, they must meet the requirements of the Healthy Weight program in order to continue participation and coverage for weight loss medication under CAP.

Automatic Enrollment

- Enrollment begins after the member picks up the prescription weight loss medication from CVS AND when ActiveHealth attempts the first outreach; or when the CAP member contacts ActiveHealth 15 days after picking up weight loss medication.
- Enrollment is based on a rolling calendar year (January 1 - December 31).

Required ActiveHealth Coaching

Make certain your contact information is up to date, so the program can contact you for coaching. Notify ActiveHealth if your contact information changes or call 1.866.795.2970 if ActiveHealth has not contacted you 15 days after picking up your weight-loss medication.

ActiveHealth MANAGEMENT

Call 866.795.2970
Monday — Friday, 8:30 a.m. to 11 p.m. ET

Participation Ends When Requirements Are Not Met

Participation in Healthy Weight is a long-term commitment that requires a lifestyle adjustment, behavior changes, and personal readiness, so we recognize that participants may not initially meet the program requirements within the established time frames. **However, if a member or covered dependent wishes to continue to be eligible for the program, they must:**

- Participate in the required coaching sessions and make certain their contact information is up to date, so they won't miss calls.
- Understand that an approved prescription does not guarantee continued participation and/or receipt of weight loss medication.
- Understand that participation in another weight loss program does not qualify a member to receive weight loss medication through the City's prescription program.
- Be responsible for reading and understanding the program requirements.

IMPORTANT: **If a participant misses six consecutive weeks of coaching, or doesn't meet other responsibilities in the required timeframe, participation will end for the remainder of the calendar year and weight loss medication will no longer be covered by the Prescription Drug Plan.** The member will be eligible to rejoin Healthy Weight after January 1 of the next calendar year, as long as the physician pre-authorizes weight loss medication.

Contact ActiveHealth For Questions & More Information

If you have general questions about CAP Healthy Weight, contact ActiveHealth at **866.795.2970**.

EARN WELLNESS POINTS FOR PARTICIPATION

Participants may earn up to 50 wellness points for healthy actions in CAP Healthy Weight:

- **25 points** - Engage with a CAP Healthy Weight, Lifestyle Coach or Condition Management Nurse for three telephonic coaching sessions
- **50 points** - Engage with a CAP Healthy Weight, Lifestyle Coach, Condition Management Nurse or Group Coach for a total of six telephonic coaching sessions

Must enroll in CAP Healthy Weight by August 1, 2025, to earn wellness credits for 2026.

See the CAP Healthy Weight overview on the following page.

CAP Healthy Weight: Overview

CAP Healthy Weight is designed to support weight loss with a proven process that requires the member's active engagement at each step of the way to achieve a successful result. The chart below outlines what is required at each step, who's responsible, and when requirements must be met. For questions, contact ActiveHealth at **866.795.2970**.

Feature	By When	Who's Responsible
PRE-ENROLLMENT		
• Meet with physician for pre-authorization of weight loss medication	Anytime after January 1, 2025	CAP Member
• Submits written pre-authorization and prescription to CVS	Within 72 hours of member's visit with physician	Physician
ENROLLMENT		
• Picks up prescribed weight loss medication from CVS	As soon as practical	Member
• CVS notifies ActiveHealth that member has picked up prescription	Within 15 business days after member picks up prescription	CVS
ENGAGEMENT (Make sure your contact information is up to date. Notify ActiveHealth at 866.795.2970 of any changes in your contact details. Failure to update your contact details can jeopardize your enrollment in CAP Healthy Weight.)		
• ActiveHealth contacts member (phone and email) **NOTE:** If a member was not contacted 15 days after medication was picked up, then the member must call ActiveHealth at 866.795.2970.	Within 15 business days of receiving notice that prescription was picked up	ActiveHealth
• Schedules first call with coach/nurse	Within four weeks of picking up medication	Participant
• Connection: First Healthy Weight call/nurse	Week 1 after first coaching call – Time mutually agreed upon by participant and coach	Participant & Coach/Nurse
• Assessment: Second Healthy Weight call *(gather information and set goals)*	Week 2 after first coaching call – Time mutually agreed upon by participant and coach	Participant & Coach/Nurse
• Support: Engage in 1:1 and group coaching	From Week 3 – Week 25	Participant & Coach
• *Voluntary check ins at CVS Minute Clinic*	*Weeks 10, 16, 20*	*Participant*
• **PLEASE NOTE: A 6-week gap between coaching sessions will lead to disenrollment of participants in the Healthy Weight program and the Plan will stop coverage of weight-loss medication.**	**From Week 3 – Week 25**	**Participant**
COMPLETION		
• Must maintain current weight, or lose weight, to continue participation for next 6 months • Discuss goals and set up self-directed actions with coach	**Complete ActiveHealth coaching:** End of 26 weeks from enrollment	Participant & Coach
• Must have lost 5% of body weight to continue participation • Must have physician's pre-authorization to continue for next 12 months (year 2 participation)	**Complete self-directed actions:** End of 12 months from enrollment	Participant
YEAR TWO PARTICIPATION Quarterly check in with ActiveHealth coach	**Second 12 months of participation**	Participant

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On The Goga — Your Total Wellbeing Hub

On The Goga is an online hub for total wellbeing built on the principle that happy people do great things. On The Goga resources, events and tools are available to all CAP employees and their families.

Since wellbeing looks and feels different for everyone, you and your family can choose what fits your needs from hundreds of resources in On The Goga's five pillars of total wellbeing: Physical, Emotional, Community, Financial, and Environmental.

ON THE GOGA

Wellbeing When You Want It, How You Want It, Anywhere

On The Goga's online hub is an "always on," one-stop, virtual toolkit where you can sign up for virtual workshops, view workshop recordings, and access the wellbeing library with hundreds of unique pieces of content.

Choose when you want wellbeing support, what area interests you, and how you want to experience it.

Live & Recorded Wellbeing Workshops

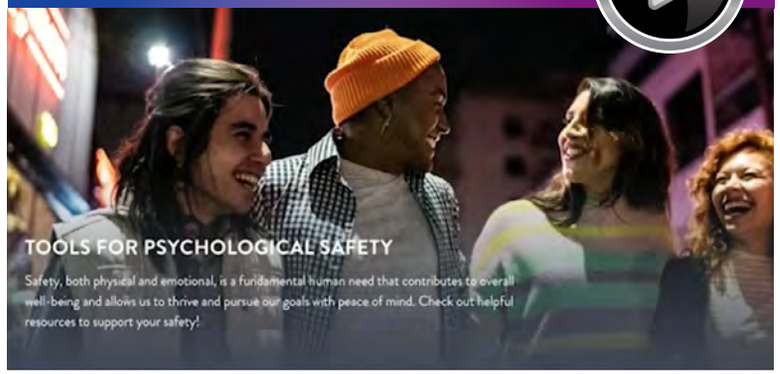
Wellbeing Challenges

Recipes, Videos, Articles & More

& More Resources

NOTE: Activities completed through the On The Goga wellbeing hub are not eligible for wellness points.

Check out this video to see the wide variety of resources on the City's Wellbeing Hub!



CLICK to view instructions on how to sign up for On The Goga

GET STARTED WITH ON THE GOGA

To get started with On The Goga, click https://hub.onthegoga.com/cap-signup, enter the web address into your browser, or scan the QR code and use your City email address to log in or create a new account.

NOTE: It's important to use your City email address with your On The Goga account so that you access the special tools, resources and events designed for City employees and families.

SCAN to sign up for the On The Goga Wellness Hub

Photo: City of Philadelphia Parks & Rec | Joe O'Connor | 24th Annual Senior Holiday Gala
Tasha Cobbs Leonard | https://www.youtube.com/watch?v=x3FuKV6RfQM

My Philly Feelin'

The Moment

Tasha Cobbs Leonard

Driving to class from work, feeling discouraged and exhausted, but instantly encouraged when this song came on and singing along to it.

CORLETTE M.
Department of Behavioral Health & Intellectual disAbility Services

2025 Medical Plans

You can choose between two Independence Blue Cross medical plans, the Keystone HMO or Personal Choice PPO. You may waive coverage if you are covered by another plan. Once you elect a medical option and then choose coverage under one of the United Concordia dental plans, you will be automatically enrolled in the prescription drug and vision coverages. On the next few pages, you can read how benefits compare between the Keystone HMO and the Personal Choice PPO. Understanding the benefits is just as important as understanding the cost of the plans.

How Do The Medical HMO And PPO Compare?

Feature	Keystone HMO	Personal Choice PPO
Payroll contributions	Lower than PPO	Higher than HMO
100% preventive care benefits	Yes	Yes
Must select and use a primary care physician (PCP) to direct all health care services	Yes	No
Referrals to specialists are required	Yes	No
Plan pays benefits out-of-network	No	Yes
Fixed, predictable cost when using plan	Yes	No
Out-of-pocket expenses limited each year	Yes	Yes
Unlimited lifetime maximum benefits	Yes	Yes

The City's medical coverage options are comprehensive and meet all Affordable Care Act (ACA) requirements.

Independence

Independence Blue Cross

800.ASK.BLUE
800.275.2583

http://www.ibx.com

Text IBXWire to 73529

Get secure, health-related text messages on your smartphone

GO TO IBX Provider Listing

NEW! $0 Copay For Medical Specialty Drugs With Smart RxAssist

Smart RxAssist is a cost-share assistance service for specialty drugs on the medical benefit that delivers $0 cost share to members. The service can significantly reduce plan costs for 200+ specialty drugs in major disease areas such as:

- Oncology
- Immunology
- Ophthalmology
- Inflammatory diseases
- And more

How It Works

If a CAP member is using a drug on the Smart RxAssist list, Smart RxAssist's experienced support staff will work with the CAP member's health care provider to help enroll them in the program and answer questions. Once Smart RxAssist reaches out and the CAP Member opts into the program, Smart RxAssist works directly with Independence Blue Cross to ensure the appropriate copay assistance program is applied to reduce the CAP member's out-of-pocket expenses.

The City Rewards A Tobacco-Free Lifestyle

The CAP Health Plan requires employee participants to annually certify if they (and a covered spouse) have remained tobacco-free during the six months prior to Open Enrollment. **On average, it costs $6,000 more per year to cover tobacco users.** That's why the CAP Health Plan assesses a $25 per pay surcharge if an employee or covered spouse uses any of the following: cigarettes, cigars, smokeless tobacco, e-cigarettes, vaping.

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Highlights: Keystone HMO & Personal Choice PPO

Medical Services	Keystone HMO	Personal Choice PPO	
	In-Network	*In-Network*	*Out-of-Network*
Deductible* *(Individual/Family)*	$0	$300/$600	$750/$1500
Coinsurance*	N/A	10%	30%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Teladoc Diabetes Management *Real-time Checks, Guidance & 24/7 Expert Support*	Covered 100%	Covered 100%	Covered 100%
Telemedicine Visit (Teladoc Health)	$10 copay	$10 copay (no deductible)	30%, after deductible
Primary Care Visit	$30 copay	$20 copay (no deductible)	30%, after deductible
Behavioral Health	$20 copay	$20 copay (no deductible)	30%, after deductible
Outpatient Behavioral Health (Mental Health and Substance Abuse) *Use in-network Behavioral Health providers (800.688.1911)*			
Tele-Behavioral Health Visit	$20 copay	$20 copay (no deductible)	30%, after deductible
Quartet 877.258.4010 *Free licensed mental health provider matching service*	Covered 100%	Covered 100%	Covered 100%
Musculoskeletal (MSK) *Digital physical therapy sessions*	Covered 100%	Covered 100%	Covered 100%
Specialist Office Visit	$40 copay	$30 copay (no deductible)	30%, after deductible
Maternity/Doula Support	Covered 100%	Covered 100%	Covered 100%
Routine Annual GYN Exam	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)
Routine Mammography	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)
Diagnostic Mammography	$40 copay	10%, after deductible	30%, after deductible
Nutrition Counseling *(6 in-person visits)*	Covered 100% (no referral)	Covered 100% (no deductible)	30% (no deductible)
Routine Eye Exam	$40 copay (once every 2 years)	Not Covered	Not Covered

This chart is continued on the next page...

800. ASK.BLUE

Independence

* **Deductible** is the amount of charges that you pay out of your own pocket before the medical plan begins to pay benefits. For the HMO, there is no deductible and for the PPO, there is an In-Network and Out-of-Network deductible.
* **Coinsurance** is the percentage of charges that you pay after the deductible is met. For example, you pay 10% of charges (and the plan pays 90%) after you pay the deductible for PPO in-network hospital services.

Out-of-pocket limit is the maximum amount of deductible and coinsurance you (or your family) will pay out of your pocket in a calendar year.

NO DEDUCTIBLE applies to these PPO services.

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
Voluntary Benefits
FSAs & Commuter Parking
SEPTA Key Advantage
Retirement & Deferred Compensation

Highlights: Keystone HMO & Personal Choice PPO

Medical Services	Keystone HMO	Personal Choice PPO	
	In-Network	*In-Network*	*Out-of-Network*
Urgent Care Center	$20 copay	$20 copay (no deductible)	30%, after deductible
Emergency Room	$300 copay – $200 if admitted Emergency care covered in- and out-of-network	$300 copay – $200 if admitted	
Inpatient Hospital Services	$150 copay/day (max. 5 copays per admission)	10%, after deductible	30%, after deductible
Outpatient Hospital Services	$75 copay	10%, after deductible	30%, after deductible
Outpatient Laboratory	Covered 100%	Covered 100% (no deductible) (Freestanding) $30 copay (no deductible) (Hospital-based)	30%, after deductible
Outpatient Radiology	$40 copay	10%, after deductible (Freestanding) 15%, after deductible (Hospital-based)	30%, after deductible
Therapy Services, subject to visit limits *(Physical, Occupational, Cardiac)*	$20 copay	$25 copay (no deductible)	30%, after deductible
Standard Acupuncture *(18 visit limit for 6 conditions/ indications, subject to IBX policy)*	$40 copay	$30 copay (no deductible)	30%, after deductible
Individual Out-of-Pocket Maximum *(includes deductible and coinsurance)*	$1,500	$2,000	$4,500 per Individual
Family Out-of-Pocket Maximum *(includes deductible and coinsurance)*	$3,000	$4,000	$9,000 per individual
Lifetime Maximum	Unlimited	Unlimited	

800. ASK.BLUE

Independence

* **Deductible** is the amount of charges that you pay out of your own pocket before the medical plan begins to pay benefits. For the HMO, there is no deductible and for the PPO, there is an In-Network and Out-of-Network deductible.
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SEPTA Key Advantage
Retirement & Deferred Compensation

How To Get Care When You Need It

You have alternatives for care besides the ER when your doctor's office is closed. When a sudden illness or injury requires prompt medical attention, your lower cost choices for non-emergency care include telemedicine, tele-behavioral health, participating urgent care centers, and retail health clinics. But in a true emergency, you should seek care from the ER.

Telemedicine
(Use Teladoc app)

See a doctor 24/7 via the Teladoc app on your phone or Teladochealth.com on your computer for non-emergency conditions.

COST	TIME	SEVERITY
$10	•	•

Best for

- Acne
- Allergies
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Flu
- Headache
- Insect Bites
- Nausea
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary problems/UTI
- Vaginitis
- Vomiting

Teladoc HEALTH

Retail Clinic

Get quick, convenient care for illnesses and vaccines. Go to the Participating Retail Clinic list in your area.

COST	TIME	SEVERITY
$30	•	•

Best for

- Allergic reactions (minor)
- Bronchitis
- Burns (minor)
- Cold, cough, and flu
- Cuts and scrapes
- Digestive issues
- Ear pain
- Eye pain or irritation
- Fever
- Headache (minor)
- Insect bites
- Sinus pain
- Sore throat
- Urinary tract infection
- Vaccinations
- Vomiting

Urgent Care Center

Use this faster, less expensive choice if you get sick or hurt.

COST	TIME	SEVERITY
$20	• •	• •

Best for

- Allergic reactions (minor)
- Animal bites
- Asthma attack (minor)
- Cold, cough, and flu
- Back pain
- Broken bones (minor)
- Bronchitis
- Burns (minor)
- Digestive issues
- Ear pain
- Eye pain or irritation
- Fever
- Headache (minor)
- Infections
- Injuries (minor)
- Insect bites
- Sinus pain
- Skin conditions
- Sore throat
- Sprains and strains
- Stitches
- Urinary tract infection

GO TO Find IBX Urgent Care Centers

Emergency Room (ER)

Go to the ER in case of a life-threatening or severe sickness or injury.

COST	TIME	SEVERITY
$300	• • •	• • •

Best for

- High fever with headache or stiff neck
- Loss of consciousness
- Major injury
- Overdose
- Poisoning
- Seizure
- Severe allergic reaction
- Signs of heart attack or stroke
- Spine injury
- Sudden severe headache
- Suicidal thoughts
- Trouble breathing

Tele-Behavioral Health

See a tele-behavioral health provider for non-emergency mental health/substance abuse consultation, diagnosis and treatment via phone or secure video. Call 800.688.1911 to find behavioral health providers.

COST	TIME	SEVERITY
$20 (HMO)	•	•
$20 (PPO)		

NOTE: All costs are based on using in-network providers.

Home
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Talk To An IBX Health Coach For All Health Issues And Doctor Recommendations

Whether you have a general health question, need a second or third opinion, need help managing a chronic condition like diabetes, or have a complex health situation like cancer, support from an Independence Blue Cross (IBX) Health Coach is just a phone call away.

All calls with your IBX Health Coach are completely confidential and free for CAP members. IBX Health Coaches are available 24/7, whenever you need their help.

MAKE THE CALL TODAY!

To speak with an available IBX Health Coach 24/7, call **800.ASK.BLUE** (800.275.2583; TTY: 711). Have your IBX insurance member ID # or follow prompts to verify your identity. When asked your reason for calling state "**Health Coach.**"

Total Care

Total Care recognizes doctors who focus on *health* care instead of sick care and who have proven quality and safety results.

These doctors go above and beyond to enhance the overall health of their patients, providing preventive services and wellness coaching, as well as working with patients with chronic conditions to better meet their care needs. Total Care is coordinated, patient-focused and, in many cases, more affordable healthcare.

Find A Total Care Doctor Or Hospital

To find a Total Care doctor or hospital, call the toll-free number on the back of your Blue Cross ID card. To view a list of the Total Care doctors and hospitals in your area, visit the National Doctor & Hospital Finder and choose the Total Care filter for your area.

CLICK to Watch
Find An IBX Doctor Video

Blue Distinction Centers For Exceptional Care and Better Patient Results

If you or a covered family member need specialty care, the last thing you want to worry about is the quality of your specialist or facility. That's why you should consider using Blue Distinction Centers and Blue Distinction Centers+: These doctors and hospitals have a proven history of delivering better quality care with better patient outcomes.

Consider experienced Blue Distinction Centers for the following conditions:

- Bariatric surgery
- Cardiac care
- Knee and hip replacement
- Spine surgery
- Transplants
- Maternity care

GO TO IBX Blue Distinction Centers Listing

Click to See How To Manage Your Healthcare and Benefits Online!

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
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Retirement & Deferred Compensation

Telemedicine – See A Doctor, Anytime, Anywhere

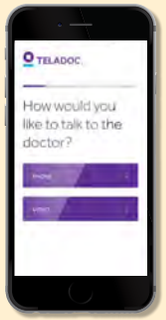
With telemedicine delivered through Teladoc Health, you can see a board-certified doctor from your home, office, or on the go — 24/7/365. Convenient and affordable, a telemedicine visit via Teladoc Health costs $10 in-network, less than a primary care or urgent care visit. It's quicker and more cost-effective than visiting the ER for non-emergency care.

The doctors can visit with you either by phone or secure video to help treat any non-emergency medical conditions, diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice. For a list of non-emergency conditions best for a telemedicine visit, see page 27, How To Get Care When You Need It.

DON'T WAIT UNTIL YOU'RE SICK!

Activate your **Teladoc** account once you receive your ID card by using one of the following methods:

1. Go online to https://teladochealth.com
2. Call toll free: **800.835.2362**
3. Download our Mobile App



Download on the App Store

GET IT ON Google Play

Behavioral Health Resources

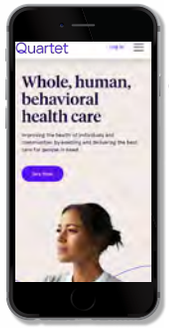
Maintaining your total health and wellness means taking care of your mental health too. Professional behavioral health care offers you and your family valuable support for life's daily challenges as well as a vital lifeline during times of uncertainty and stress.

Three Options To Get Behavioral Health Care

– Use the IBX Behavioral Health Website

Use the IBX Behavioral Health website or call **800.688.1911** to reach our Behavioral Health team who can help you find the behavioral health care and information you need for behavioral, physical, emotional health, and substance abuse treatment.

– Find The Care That's Right For You With Quartet



Quartet

Need help finding a mental health provider? Quartet is a FREE service that matches you to the right licensed mental health provider covered under your health plan. A Quartet Care Navigator will help you understand your options and assist you with finding a licensed therapist or psychiatrist within 15 business days, based on your preferences (online or in-person). You can tell your doctor about this service or self-refer.

Go to the Quartet website or call **877.258.4010** to get started.

– Get Tele-Behavioral Health Support Via Phone Or Video

Tele-behavioral health makes it convenient to get confidential mental health and substance abuse care via phone or video conference, as long as you have an internet-connected phone or computer with camera.

There are over 200 tele-behavioral health providers licensed in our local 5-county service area. These licensed professionals provide mental health services using phone or real-time video conferencing for consultation, diagnosis and treatment. **The cost for a tele-behavioral health visit with an in-network Healthcare provider is the same as an outpatient mental health or substance abuse visit under the PPO ($20) or HMO ($20).**

The tele-behavioral health provider will give you the secure application you should use for the phone or video consultation.

SCHEDULE A VIRTUAL TELE-BEHAVIORAL HEALTH VISIT

Call **800.688.1911** (the Mental Health/Substance Abuse number on the back of your ID card) to locate a licensed in-network healthcare professional who offers tele-behavioral health services.

Customized, High Touch Maternity/Doula Support

Cayaba Care offers a customized high-touch approach to pregnancy and postpartum care. Through its Maternity Navigation program, Cayaba provides virtual and in-person maternity/doula support at no cost to eligible members. Cayaba services are tailored to your preferences to meet you where you are within your journey.

Services offered throughout your pregnancy and postpartum journey, include member advocacy, nutrition support, emotional and mental health support, lactation, and doula services.

Go to https://www.cayabacare.com/ to get started or https://www.cayabacare.com/how-we-help for more information and to learn how Cayaba Care can help.

Musculoskeletal (MSK) Digital Physical Therapy Sessions

Start your journey to living pain free with Sword Thrive, a digital physical therapy program for back, joint, and muscle pain that you can do from the comfort of your home, or anywhere. It combines the best in human care with easy-to-use technology in the convenience of your home.

How It Works

1. Sword Thrive technology matches you with a physical therapist who learns about you and designs a customized program.
2. You'll get a Thrive tablet to digitally track your exercise progress, give feedback, and help correct your form in real-time.
3. Your physical therapist supports you every step of the way and even adjusts the programming as your needs change, so you get better, faster.

No referral is needed, and it is covered with no copay or coinsurance required. Go to Sword Thrive to get started.

Acupuncture

Keystone HMO and Personal Choice PPO will cover standard acupuncture, as defined by IBX medical policy. Standard acupuncture benefits will be provided for six conditions/indications and limited to 18 visits (combined in- and out-of-network for the PPO), subject to IBX medical policy.

Standard acupuncture benefits cover the following conditions:

- Headache (migraine, tension)
- Post-operative and chemotherapy-induced nausea and vomiting
- Nausea from pregnancy
- Low back pain
- Pain from osteoarthritis of the knee and/or hip
- Chronic neck pain

In Vitro Fertilization (IVF) Benefit

Eligibility

City employees and their spouses who are covered under the City's medical and prescription plan will be eligible for the in vitro fertilization benefit if medically necessary. For same sex female couples, the in vitro fertilization benefit must be assigned to either the covered employee or the covered spouse.

Dependent children are not eligible for the in vitro fertilization benefit.

Maximum Benefits

There will be a $25,000 lifetime maximum in vitro fertilization benefit: a $15,000 lifetime maximum for medical services and a $10,000 lifetime maximum for prescription drugs, including all fertility treatments related to fertility medical services. Maximum benefits are subject to change. See the chart below for more details. Billed services, whether successful or not, will count toward the lifetime maximum.

Using IVF Benefits

You must call 800.ASK.BLUE to get preauthorized for in vitro medical benefits. You must call Caremark Specialty Pharmacy at 800.237.2767 to get preauthorized for prescription benefits in conjunction with in vitro medical benefits.

Assisted Fertilization And Family Planning Services

Service	Keystone HMO *Referral Required*	Personal Choice PPO *No Referral Required*
Office visits to diagnose infertility*	Covered	Covered
Diagnostic testing (lab and X-ray)*	Covered	Covered
Artificial insemination; intra-cervical and intrauterine**	Covered	Covered
In vitro fertilization	Covered	Covered
Egg banking/freezing	Call 800.ASK.BLUE for the list of covered exceptions	
Gamete intra-fallopian transfer (GIFT)	Covered	Covered
Zygote intra-fallopian transfer (ZIFT)	Covered	Covered
Tubal ligation*	Covered	Covered
Vasectomy*	Covered	Covered
Injectable fertility medication	Refer to Caremark Specialty Pharmacy at 800.237.2767	

For more information, call 800.ASK.BLUE (800.275.2583).
**Does not apply to lifetime maximum*
***Applies to prescription drug lifetime maximum and not to lifetime maximum for medical services*

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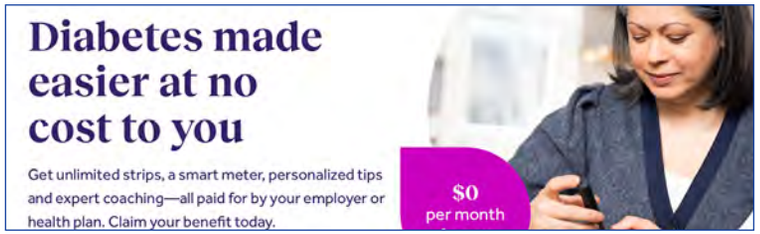
Living With Diabetes? Make It Easier With Real-Time Support

If you're a CAP Health Plan member with Type I or II diabetes, Teladoc's Diabetes Management Program (formerly Livongo) with personalized coaching will empower you to take charge of blood checks, supplies, and expert help in one click, no hassles, while you're on the go. **If you're covered by the CAP Health Plan and age 13 or older, Teladoc's Diabetes Management Program is available at no cost to you.**

Teladoc HEALTH



Manage Diabetes Easier And Smarter At No Cost To You

- 24/7 support from expert coaches
- Cell-connected meter and real-time, personalized insights
- Unlimited strips and lancets shipped right to your address

Blood glucose meter: The Teladoc meter is a cellular-connected, interactive blood glucose meter with an easy-to-use touchscreen. Your readings are sent seamlessly to the Teladoc cloud, and you receive real-time analytics, insights, and remote monitoring.

No charge for testing supplies: Participating members get unlimited glucose test strips and lancets, and the meter triggers automatic refills when supplies get low.

Health Nudges: Members get personalized Health Nudges based on their blood glucose patterns, including invitations to review data insights, recipe ideas for healthy meals, and educational content about managing diabetes.

Digital tools: The Teladoc program offers digital tools across mobile and web platforms, and members can easily share health data with their health care providers and family members.

Coaching and remote monitoring: Teladoc's diabetes coaches follow the American Association of Diabetes Educators AADE7 Self-Care Behaviors® curriculum. These expert coaches are available for 1:1 live coaching and 24/7 remote monitoring, with emergency outreach in the case of extreme blood glucose readings.

Register Online Or Call

Teladoc's Diabetes Management Program is available to members enrolled in the CAP Health Plan who are age 13 or older.

Multiple Ways To Register

Please have your IBX Health Insurance Group Number and Member ID handy.

1. Online Registration: Go to http://TeladocHealth.com/Register/PHILACAP | Use Registration Code: **PHILACAP**
2. Call **800.945.4355** to register with Teladoc Member Support.
3. Once your membership is confirmed, you will receive a Welcome Kit and can follow the instructions to begin using the enclosed blood sugar monitor right away.

IMPORTANT: It may take up to 90 days for Teladoc to confirm your membership, so please be patient while your health profile is fully documented in their system.

NOTE: You must have an iPhone or Android smartphone to use Teladoc's Diabetes Management Program

EARN WELLNESS CREDITS FOR ENGAGEMENT

Members actively engaged with Teladoc's Diabetes Management Program may earn extra wellness credits for distinct actions. Actions include the following:

New Teladoc Participants *(Starting in 2025)*	Established Teladoc Participants *(Ongoing or Returning)*
25 PTS | Enroll in Teladoc Diabetes Management and perform your first glucose check on your device.	**25 PTS** | Perform 10 glucose checks each month; for 3 consecutive months

Complete 3 distinct actions to earn an additional | 25 PTS

- Connect to Blood Glucose Monitor
- Complete a Health Nudge
- Complete a Five-Day challenge
- Participate in an expert coaching session
- Send a health report to Care Team/Doctor

Program participants saw an average reduction in HbA1c at 90 days of 0.8 percent and a 15 percent reduction in hypoglycemia.

Privacy

Your protected health information like blood sugar and blood pressure readings are protected through federal and state laws, including Health Insurance Portability and Accountability Act (HIPAA), and will not be shared with any third party in a manner that violates federal or state law.

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Photo: City of Philadelphia Parks & Rec | Eileen C. Miller | Playground Groundbreaking at FDR Park
Roy Ayers | https://www.youtube.com/watch?v=Blg_vkaXSWI

My Philly Feelin'

Everybody Loves The Sunshine

Roy Ayers

Takes me back to my childhood summers in Philly: water ice, homemade ice cream, firecrackers, fireflies, skates, jacks, double Dutch, pretzels, penny candy, park, popsicles, and the pool.

JA'NET R.
Department of Human Services

The Employee Assistance Program

As life's challenges seem to become more complex, you and your family don't have to face them alone. **For Flex employees, the City offers an Employee Assistance Program as a confidential, free service to you and all family members in your household.**

The Employee Assistance Program is provided by ComPsych® GuidanceResources® and here's how it works:

- **Call 877.912.3226**, a confidential toll-free number 24-hours-a-day, 7-days-a-week where you can speak directly to a master's-level or Ph.D.-level counselor who will help answer questions and direct you to trained professional counselors, OR
- **Visit the GuidanceResources website** to find and schedule an appointment with a counselor that fits your personal needs. This video walks you through the process:

- **Receive up to three (3) free personal visits per presenting issue per year** for you and your household family members through a network of high-quality EAP providers located at offices near where you live or work.
  - — **Telehealth** visits available via phone, video, or chat
- **Receive follow up and appropriate referrals for ongoing counseling needs.**
- **Access helpful online educational resources.**

First time users, follow the simple instructions to log on:

1. Go to guidanceresources.com to reach the website.
2. Once on the guidanceresources.com home page, click the **"Register"** tab.
3. Enter **CAPCares**, the City's Web ID, and click the **"Register"** button.

Care Coordinated With In-Network Behavioral Health

If the problem cannot be resolved in short-term counseling in the EAP and you need longer-term treatment, you will be referred to a Behavioral Health provider early on. Treatment expenses for covered members will be submitted to the CAP Health Plan.

Confidential Emotional Support

Highly trained clinicians will listen to concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care, after-school care, back-up/ emergency child care, special needs programs, and more resources
- Hiring movers or home repair contractors
- Planning events, or locating pet care

Legal Guidance

Talk to attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
  Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Financial experts can assist with a wide range of issues. Talk to them about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support and Education for the Whole Family

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- Children's educational videos on a wide range of topics
- On-demand trainings
- "Ask the Expert" personal responses to your questions

ComPsych® GuidanceResources® Worldwide

FOR FLEX EMPLOYEES

ComPsych Guidance Resources

HERE WHEN YOU NEED US, 24/7

877.912.3226

TDD: 800.697.0353

guidanceresources.com

Web ID: CAPCares

Mobile App
GuidanceNow℠

Prescription Drug Benefits: Affordable And Comprehensive

Overview: Prescription Drug Plan

Helping you find ways to save on prescription medications is a high priority. The City Administered Health Plan includes a comprehensive prescription plan designed to keep your copay the lowest when you:

- Use Tier 1 or Preferred Health (tobacco-free) pharmacies for short-term prescriptions and get generic medications whenever appropriate.
- Fill maintenance medications in a 90-day supply at CVS ONLY (pharmacy or mail service).
- Enroll in PrudentRx and use CVS Specialty Pharmacy to fill specialty drugs on the PrudentRx specialty drug list for $0 copay. (Go to next page for more information.)

NEW: HIV Prevention Medication

The CAP Health Plan covers Pre-exposure prophylaxis (PrEP) HIV prevention medication at home. Don't forget to use CVS Pharmacies or CVS Mail Order Pharmacies for this maintenance medication for it to be covered under the Plan.

Tier 1 Pharmacies/Tobacco-free Preferred Health Network vs. Tier 2 Pharmacies

The City created a Tier 1 pharmacy network of tobacco-free "Preferred Health" pharmacies, and your copay will be lowest when you use Tier 1 pharmacies.

Tier 2 pharmacies sell tobacco products. When you fill a short-term retail prescription at a Tier 2 pharmacy you will incur an additional $15 copay towards the cost of your medications.
IMPORTANT: **Maintenance medications are NOT COVERED at Tier 2 pharmacies.**

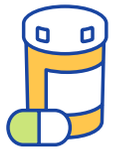
Pharmacy Advisor®

Call Pharmacy Advisor at **866.624.1481** for expert guidance on prescriptions, or they may call you with helpful medication information.

GO TO Tier 1 Tobacco-Free Preferred Health CVS Pharmacy Listing

Use Generic Drugs To Save Money Compared To Brand Names

To avoid more than tripling your out-of-pocket costs, always ask your doctor about same-quality generic options when discussing brand name medications for your condition.



IMPORTANT: **If you or your doctor request a brand-name medication when a generic equivalent is available, you will pay the brand copay, plus the difference in cost between the brand name and the generic medication.**

Caremark Cost Saver, Powered By GoodRx

The plan helps you save money on generic medications at Preferred Health pharmacies with **Caremark® Cost Saver, powered by GoodRx**. Just show your CVS Caremark ID to the pharmacist, and the lowest available discount price will be applied to your prescriptions. Amounts you pay will be automatically applied to your out-of-pocket maximum.

Keep Copays Lowest By Using Tier 1 Tobacco-Free Pharmacies And CVS Mail Service

CVSHealth

Feature	Non Maintenance Medication		Maintenance Medication (90-Day Supply Only)	
	TIER 1: Preferred Health Pharmacy – Tobacco-Free	**TIER 2:** Non-Preferred Pharmacy – Sells Tobacco	**TIER 1** CVS Pharmacy Only	Non CVS Pharmacy
Generic Drug	$10	$25	$20	NOT COVERED
Formulary Brand Drug*	$25	$40	$50	
	PLUS the difference in cost between the generic and brand drug			
Non-Formulary Brand Drug*	$40	$55	$80	
	PLUS the difference in cost between the generic and brand drug			
Dispensing Limit	Up to 34 days	Up to 34 days	Up to 90 days	
Yearly Out-of-Pocket Maximum	$3,000 per person per year; $5,000 per family per year			

* **If you or your doctor request a brand name drug when a generic equivalent is available, you will pay the brand name copay, plus the difference in cost between the generic and brand name medication.**

Step Therapy: Start With Generic Before Brand

The Prescription Drug Plan generally requires that you or a family member try a generic medicine as a first step in treatment — prior to using the preferred or non-preferred brand name medication. Step Therapy works because it is proven effective in treating health conditions, and the generic copay is much lower than the brand name copay.

SAVE TIME WITH LOCAL RX DELIVERY

You can now save a trip to your CVS pharmacy and get needed prescriptions, plus over-the-counter medications and personal products, too.

Same day delivery for $8.99 per delivery.

- **Monday - Friday:** Place order by 4:00 p.m. local time, receive order no later than 8:00 p.m.
- **Saturday/Sunday:** Place order by 11:00 a.m. local time, receive order by 4:00 p.m.

1-2 day delivery for $4.99 per delivery.

It's easiest to order by using your CVS app. You can call your CVS pharmacy too. To learn more about delivery, visit www.cvs.com/content/pharmacy/rxdelivery

Maintenance Medications Covered Only When You Use CVS

You must use CVS Pharmacies or CVS Mail Order Pharmacies only for maintenance medications (90-day supply only) in order for them to be covered by the CAP Health Plan. Maintenance medications are prescribed for long-term or chronic conditions and must be taken on a regular, recurring basis. If you need maintenance medication, sign up for the Maintenance Choice Mandatory® program.

TWO EASY WAYS TO GET STARTED SAVING ON LONG-TERM MEDICATIONS

Visit Online: Caremark.com/90day
Call: **800.309.5013**
We'll contact your doctor for a new prescription and handle all the details.

CVS caremark

$0 Copay For Specialty Drugs Through PrudentRx And CVS Specialty®

The City is partnering with PrudentRx and CVS Specialty to ensure that CAP members save out of pocket costs while receiving vital specialty drugs.

You Must Enroll In PrudentRx If You Take A Specialty Drug

If you have a complex condition that requires specialty drugs (e.g., cancer, rheumatoid arthritis, hepatitis, autoimmune disorders), please enroll in the PrudentRx $0 Copay Program when you are contacted by PrudentRx.

- PrudentRx will work with CAP members and the drug manufacturer to ensure that you receive specialty medication for $0 out of pocket as long as you are enrolled in the PrudentRx program. (IVF drugs are not eligible for the $0 copay program.)
  - — **NOTE:** *PrudentRx uses copay assistance offered by drug manufacturers to provide certain specialty drugs at $0 copay. Copayments for the specialty medications, whether made by the drug manufacturer's copay assistance program, your plan, or you, will not count toward your medical plan deductible.*
- CVS Specialty pharmacy **(800.237.2767)** will coordinate with PrudentRx to coordinate benefits and ensure that you receive the specialty medications you need at no cost.

PrudentRx

Enroll to Save Money & Pay $0 for Specialty Drugs

You must enroll with PrudentRx to avoid paying 30% of the cost for specialty drugs on the PrudentRx specialty drug list.

Visit Online: prudentrx.com

Call: **800.578.4403**
Monday - Friday,
8 a.m. - 8 p.m. ET

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Dental Benefits ... A Link To Whole Health

Once you've elected a City medical plan, you're eligible to select one of two United Concordia dental plans to help cover dental services and take care of your and your family's whole health.

Option 1: Concordia Flex – PPO

This is a dental PPO plan, which means you can visit any licensed dentist (primary care or specialist) without a referral. However, you can save more money by seeing a dentist in the **Elite Prime Network**. This is because in-network dentists cannot bill you more than United Concordia's negotiated fees, but out-of-network dentists can. Both will charge you for deductibles or services that exceed plan limitations.

Services Covered at 100%

- **Preventive services**, including cleanings, exams, and x-rays
- **Basic services**, such as root canals and gum disease care

Services Covered at 80%

- **Major services**, such as implants, crowns, new dentures, and bridges
- **Basic restorative services**, includes amalgam (silver-colored) and resin (tooth-colored) fillings for front and back teeth
- **Expanded orthodontic coverage** to now include adults

Deductibles, Maximums And Limitations

- **Annual deductible** – $25 per person or $75 per family must be paid out-of-pocket before the plan will provide coverage for services (excluding preventive and orthodontic services)
- **Annual maximum** – The plan will pay up to $2,500 per person toward the cost of dental services performed in 2025 (excluding orthodontics)
- **Orthodontic maximum** – For the lifetime of each covered individual, the plan will pay up to $2,000 toward the cost of orthodontic services
- **Frequency limitations** – Cleanings, routine exams, and bitewing x-rays are covered at a frequency of two per person per calendar year. For a complete list of limitations, contact Customer Service.

MAKE SURE YOUR DENTIST IS IN-NETWORK BEFORE YOU GO

Call United Concordia at **866.851.7568** or go to unitedconcordia.com/find-a-dentist

Option 2: Concordia Plus – DHMO

With a DHMO plan, you must select a primary dentist from the **DHMO Concordia Plus Network** to coordinate all of your dental care needs, including referrals to specialists. Each family member can choose their own primary dentist. While the network of dentists available under this plan is much smaller, you can save money because there are no deductibles or benefit limitations. Most services are done at no cost; however, copayments may be required for some services. You will always know what you will be charged through a provided copayment schedule of benefits.

Plan Features

- Preventive, Basic, Major, and Basic restorative services covered at no or low cost (Note: Resin fillings are covered for back teeth only.)
- Primary dentists coordinate all care
- Same copayments for specialists as general dentists
- No annual maximum or deductible

IMPORTANT: The DHMO plan does not cover out-of-network dentists. Make sure your preferred primary dentist is in the DHMO Concordia Plus Network before you enroll.

Feature	Concordia Flex (PPO) Elite Prime Network	Concordia Plus (DHMO)
Network size (5-county Phila. area)	3,200+ participating dentists	250+ primary care dentists
Out-of-network coverage	Yes	No
Primary Dentist required	No	Yes
Self-referrals allowed	Yes	No, primary dentist must make all referrals
Implants	Yes	No
Pregnancy Benefit included	Yes	No
Annual Deductibles	$25/person or $75/family (None for preventive and orthodontic services)	None
Annual Maximum	$2,500/person/calendar year (Orthodontics have a separate lifetime maximum of $2,000 for each covered individual)	None
Wellness Credits: September 30, 2025, deadline to enter dental exams in ActiveHealth portal or submit claims.		

United Concordia dental

United Concordia Dental Customer Service

866.851.7568

Set Up *MyDentalBenefits*

https://www.unitedconcordia.com/benefits/get-started

Scan to learn how to make the most of your dental plan.

How Do The Dental PPO And HMO Compare?

Besides the difference in access to dentists between the PPO (large number, in- *and* non-network) and the DHMO (small number, *in-network only*), there are also differences in what's covered that tend to cause big questions. To show those differences clearly, we've **highlighted them** among the main features of the plans in the chart below.

Feature	Concordia Flex (PPO) Elite Prime Network	Concordia Plus (DHMO)
Network size (5-county Phila. area)	3,200+ participating dentists	250+ primary care dentists
Out-of-network coverage	Yes	No
Primary Dentist required	No	Yes
Self-referrals allowed	Yes	No, primary dentist must make all referrals

Benefits	In-Network (Elite Prime)	Non-Network	In-Network Only
Diagnostic/Preventive Services	**Plan Pays**		
Exams, X-rays, Cleanings & Fluoride Treatments, Sealants, Space Maintainers	100%	100%	$0 copay
Pregnancy Benefit (one additional cleaning)			**Not Covered**
Basic Services			
Extractions, Denture Repair, Endodontics (e.g, root canals), Periodontics (gum disease care), Oral Surgery	100%	100%	Scheduled benefits
Basic Restorative (Fillings) – amalgam (silver color) and resin (tooth color)	80% after deductible	80% after deductible	**$0 copay Resin fillings covered for BACK TEETH only**
Major Services			
Crowns, Repairs of Crowns, Inlays, Onlays & Bridges; Dentures	80% after deductible	80% after deductible	Scheduled benefits
Implants			**Not covered**
Orthodontics			
Diagnostic, Active, Retention Treatment	80%, no deductible (per covered individual)	80%, no deductible (per covered individual)	**Scheduled benefits (for dependent children to age 23 only. Does not cover adults.)**
Maximums & Deductibles (combined in- and non-network)			
Annual Deductible	$25 per person/$75 per family (None for preventive and ortho)		None
Annual Maximum	$2,500 per person per calendar year (excludes orthodontics)		No maximum
Separate Lifetime Orthodontic Maximum	$2,000		Scheduled benefits (per child to age 23)

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Retirement & Deferred Compensation

Vision Benefits ... To Support Whole Health

Once you've elected the City medical plan, you're eligible for EyeMed Vision Care benefits to further support your whole health. Chronic diseases, such as diabetes and high blood pressure, can be detected early with eye exams.

EyeMed offers members the option of using EyeMed in-network (Advantage Network) or out-of-network (non-participating) Doctors of Optometry and Ophthalmology.

CITY CAP MEMBERS

FIND AN EYE DOCTOR *(Advantage Network)*
800.526.8085 • Vision Provider Locator

SEE BENEFITS • Vision Benefits

Laser Vision Correction

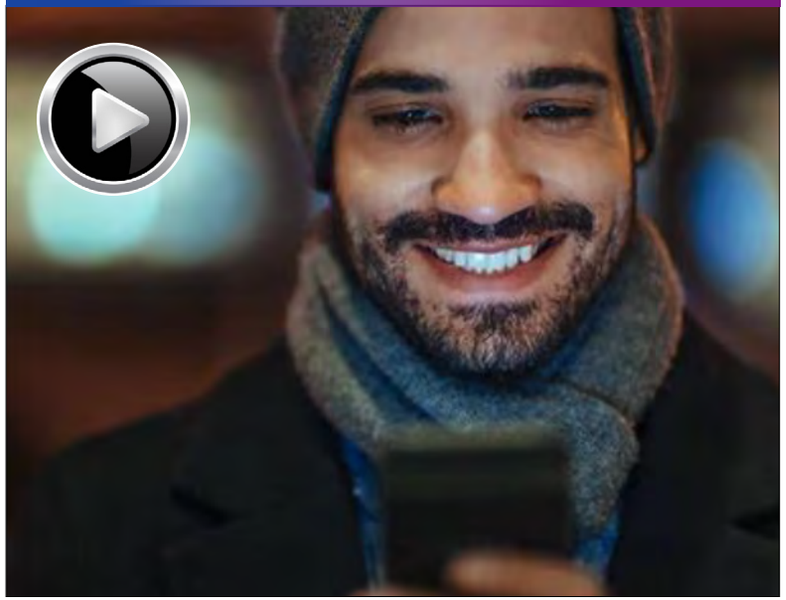
EyeMed members are eligible to receive 15% off retail price or 5% off a promotional price for Lasik or PRK through U.S. Laser Network, owned and operated by LCA Vision. For LASIK providers, call **800.988.4221**.

Helpful Discounts Too

There are additional discounts available once you have used your in-network EyeMed benefits. They include:

- 40% off a complete pair of glasses
- 20% off non-prescription sunglasses
- 15% off conventional contact lenses
- discounts on hearing exams and hearing aids through Amplifon Hearing Health Care (1-877-203-0675), with up to 64% off the retail price of hearing aids from top brands

Click to Learn How To Make The Best Use of The EyeMed App



How Vision Benefits Work

Vision Care Services	In-Network Member Cost	Out-Of-Network Reimbursement
Routine Eye Exam *with dilation as necessary; Once every 12 months*	$0 copay	Up to $30
Retinal Imaging	Up to $39	N/A
Frames *Once every 24 months*	$0 copay; $110 allowance; 20% off retail price over $110	Up to $30
Standard Plastic Lenses	Choose plastic lenses OR contact lenses once every 12 months	
Single Vision	$0 copay	Up to $25
Bifocal	$0 copay	Up to $40
Trifocal	$0 copay	Up to $60
Standard Progressive Lens	$45 copay	Up to $60
Premium Progressive Lens	$45 copay (plus 70% of the charge less $110 allowance)	Up to $60
Lenticular	$0 copay	Up to $80
Lens Options	Paid by the member and added to the base price of the lens	
UV Treatment and Tint (solid and gradient)	$12	N/A
Standard Plastic Scratch Coating	$0	Up to $5
Standard Polycarbonate	$35	N/A
Standard Polycarbonate, kids under 19	$0	Up to $5
Standard Anti-Reflective Coating	$40	N/A
Polarized and Other Add-Ons and Services	30% off retail price	N/A
Contact Lens Fit and Follow Up	Contact lens fit and two follow up visits are available after a comprehensive eye exam has been completed. Choose plastic lenses OR contact lenses once every 12 months.	
Standard Contact Lens	Up to $40	N/A
Premium Contact Lens	10% off retail	N/A
Conventional	$0 copay; $90 allowance; 15% off retail price over $90	Up to $90
Disposable	$0 copay; $90 allowance; plus balance over $90	Up to $90
Medically Necessary	$0 copay; paid in full	Up to $210
Type 1 or 2 Diabetic Retinopathy Services *Once Every 6 Months*		
Medical Follow Up Eye Examination	$0 copay	Up to $77
Fundus Photography Examination	$0 copay	Up to $50
Extended Ophthalmoscopy (initial and subsequent)	$0 copay	Up to $15
Gonioscopy	$0 copay	Up to $15
Scanning Laser	$0 copay	Up to $33

Notes: Members who purchase contact lenses online can apply their contact lens benefits at www.contactsdirect.com.

For prescription contact lenses for only 1 eye: the plan will pay one-half of the amount allowable for contact lenses for both eyes, once every 12 months.

IMPORTANT
out-of-network notes:

Payment and Claims
When you use an out-of-network provider you will be responsible to pay the provider in full at the time of service.

To be reimbursed up to the allowable amount, you must submit an out-of-network claim to EyeMed.

Refer to the chart to see eligible reimbursement amounts.

Out-of-Network Eye Exams & Wellness Points
To earn wellness points for out-of-network routine eye exams, you must follow these two steps:

1. The eye exam service must occur on or before September 30, 2025.
2. The out-of-network claim form must be submitted to EyeMed on or before September 30, 2025.

Free eye exams do not earn wellness points.

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My Philly Feelin'

On My Own

Patti Labelle ft. Michael McDonald

Graduating from Dobbins Tech in 1986, singing this with my class and realizing I was officially leaving my childhood behind and entering adulthood.

DANA V.

First Judicial District Courts

Photo: Temple University Graduation | Commencement 2024
Patti Labelle ft. Michael McDonald | https://www.youtube.com/watch?v=KsH63qJlIMM

Life & Accident Insurance For Peace Of Mind

To help your family continue its lifestyle if you die or suffer a serious accidental injury, the City provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance as well as supplemental coverage options. These benefits are provided through Minnesota Life Insurance Company, an affiliate of Securian Financial.

Basic Life And Accident Insurance

The City provides Basic Life and Accidental Death & Dismemberment coverage at no cost to eligible members, as described below:

- **$20,000** — Eligible Flex exempt and non-represented employees and eligible members of First Judicial District and FJD Local 286
- **$25,000** — Eligible DC-33 Permanent CAP members and grandfathered DC-47 Permanent CAP members

Basic Life insurance will be paid to your designated beneficiary in the event of your death while actively employed.

Accidental Death and Dismemberment insurance will be paid to your designated beneficiary if you die as the result of accident — OR — will be paid to you, if you suffer a serious accidental injury that results in loss of limb(s), vision, or hearing.

Benefit Scout®: A Smart Tool to Find Insurance that Fits Your Needs

Visit the Benefit Scout tool, an easy-to-use "smart" guide, at LifeBenefits.com/Scout1 to make supplemental insurance elections with confidence.

Supplemental Insurance (Flex Employees Only)

For extra protection, you may purchase Survivor Income, Supplemental Life and AD&D Insurance, and Dependent Life Insurance through **after-tax payroll contributions** as outlined in the table below. You can view rates and enroll through the City's Employee Self-Service portal. If you are not currently enrolled in benefits, contact your department HR Representative.

About Imputed Income

Life insurance is a tax-free benefit in amounts up to $50,000. The IRS requires you to pay income tax on the value of any amount exceeding $50,000. The amount of this "imputed income" is determined using IRS calculations based on the amount of coverage, the cost, and your age.

Update Your Beneficiary(ies) At Any Time

Review, elect, or update your beneficiary(ies) at any time using the Employee Self-Service portal. Choosing an up-to-date beneficiary for your Life and AD&D Insurance is the only way to ensure that benefits go to whom you want. You can choose a person, charity, trust, or your estate. **Beneficiary questions? Call 877.494.1754 or visit LifeBenefits.com.**

Feature	Highlights of Supplemental Insurance (Flex Employees Only)
Survivor Income	You can buy insurance that will pay your full salary to your eligible spouse and unmarried dependent child(ren) up to age 26 in a predetermined order for two years following your death.
Supplemental Life Insurance for You	Elect 1x annual salary, rounded to the nearest $5,000, if not already a multiple of $5,000 — without proof of good health. If already enrolled, you may increase Supplemental Life by one level without proof of good health, as long as it does not exceed 3x salary, to a maximum of $600,000.
Supplemental AD&D Insurance for You	Elect 1x to 3x annual salary, rounded to the nearest $5,000, if not already a multiple of $5,000, up to a maximum of $600,000.
Dependent Life Insurance	Elect Dependent Life Insurance that provides $5,000 of coverage for your spouse and $2,000 of coverage for your unmarried dependent child(ren). Unmarried dependent children are eligible from live birth to age 26.
IMPORTANT TO KNOW	
• You can buy **Dependent Life Insurance** ONLY for unmarried dependent child(ren) from live birth to age 26. • If you have not named an up-to-date beneficiary for Life and AD&D Insurance, benefits upon death are paid to your closest living relative in the order of spouse, children, grandchildren, parents, and siblings.	

Insurance Certificate

Please contact your HR department representative for a copy of the insurance certificate.

To File Claims

The Life Insurance Hotline

215.686.0859

Update Beneficiary Now

Use form in Employee Self-Service Portal

GO TO City of Philadelphia Life & Accident Insurance Beneficiary Form

What Happens When Life Insurance Ends?

Generally, Basic and Supplemental Life and AD&D Insurance stops at the end of the month in which you are no longer an active employee of the City. However, you may choose to port Basic and Supplemental AD&D Insurance or convert Basic and Supplemental Life insurance, usually at a higher cost, and pay the premium directly to Securian Life. You must make this election within 60 days after the end of the month in which your active employment ends. **For information about continuing life insurance, call 877.494.1754, or go to lifebenefits.com/continue, enter policy number 34021 and access key: philadelphia.**

Lifestyle Benefits To Meet Your Life Needs

(Available To All City Employees)

Life happens. When it does – turn to your Lifestyle Benefits. These benefits are designed to help you in times of need and are only a click or a call away.

Legal, Financial & Grief

LifeBenefits.com/lfg

Access one or all to meet your needs:

- Will preparation
- Unlimited telephonic guidance and consultation with professionals in each area
- Comprehensive web and mobile resources
- Thirty-minute face-to-face consultation with an attorney for each unique legal issue

username: **lfg**

password: **resources**

877.849.6034

Provided by TELUS Health

Travel Assistance

LifeBenefits.com/travel

Available 24/7/365 for personal or business travel when 50+ miles from home:

- Medical professional locator services
- Assistance replacing lost or stolen luggage, medication, or other critical items
- Medical or security evacuation
- Medically necessary repatriation
- Repatriation of mortal remains

U.S./Canada

855.516.5433

All other locations **415.484.4677**

Legacy Planning

Securian.com/legacy

Access to a variety of information and resources to work through end-of-life issues:

- End-of-life planning
- Final arrangements
- Important directives
- Express Assignment for expedited funeral home assignments

Beneficiary Financial Coaching

PricewaterhouseCoopers LLP (PwC) provides independent financial coaching resources designed to help beneficiaries make sound financial decisions at a difficult time.

- Beneficiary reference guide
- Access to a financial counseling website for 12 months
- Financial Fitness assessment
- Step-by-step assistance in completing a personalized financial plan
- Bi-monthly newsletter
- Additional personalized resources are available to those beneficiaries making decisions about higher amounts

Beneficiaries must opt in to this service. We will send access instructions to all beneficiaries receiving insurance proceeds of $25,000 or more.

Insurance policies are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Services provided by Morneau Shepell, PricewaterhouseCoopers LLP, and RedpointWTP LLC are their sole responsibility. The services are not affiliated with Securian Financial or its group contracts and may be discontinued at any time. Certain terms, conditions, and restrictions may apply when utilizing the services. To learn more, visit the provider website.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates. Minnesota Life Insurance Company is an affiliate of Securian Financial Group, Inc.

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NEW: Wellthy — Your Reliable Backup Care Solution

Life is unpredictable, but your backup care doesn't have to be. Eligible CAP employees have access to Wellthy's emergency backup care services for **dependent and adult loved ones** when regular care is unavailable. From school closures to sick nannies and unexpected caregiver issues, Wellthy provides vetted in-center, community-based, and in-home childcare options.

Life Happens, And Now, You Have Help!

What it is: Wellthy provides City of Philadelphia employees with emergency backup care for those "uh-oh" moments. With up to 8 backup care days per employee per year for your dependent children or adult loved ones, you'll never be left in the dark again.

When to use it: Think of Wellthy's Backup Care as your go-to for those unexpected hiccups like sudden school closures, a sick babysitter or caregiver, or for when you need to plan ahead for school holidays or caregiver vacations.

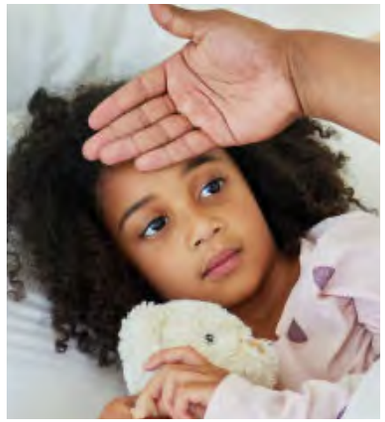
What Type Of Care Is Provided:

- In-Center Care: Safe and vetted childcare centers for your little ones.
- Community-Based Programs: Trusted programs right in your neighborhood.
- In-Home Providers: Professional caregivers who come to your home.
- Personal Network: Prefer to use a family member, neighbor, or friend? You can, and get reimbursed for a portion of the cost!

Program Details:

- 8 backup days per employee per year
- The City of Philadelphia covers the cost of a backup care day up to $225 per day for any providers within Wellthy's Care Network and $125 for providers in your personal network.
- You pay a $15 copay per backup care day, regardless of the provider you choose.
- Wellthy can pay providers directly when they source and book care, but if you pay the provider, you can request reimbursement by submitting the necessary evidence for approval.

Go to wellthy.com/member/phila, click "get started" and input your payroll number to get ready for care today!



Who Can This Benefit Be Used For?

Backup care can be used for eligible dependents or adult loved ones.

The City of Philadelphia defines an eligible dependent as:

- Biological birth child through age 25
- Biological birth child of a life partner through age 25
- Adopted child through age 25
- Stepchild through age 25
- Legal court ordered child through age 25
- Noncustodial child for whom the CAP has received a Qualified Medical Child Support Order
- Disabled child over age 26 — as certified by the medical Insurance Administrator

To secure backup care for an eligible dependent or an adult loved one, you will be required to provide specific documentation to validate the relationship of an eligible dependent.

Wellthy

Let Wellthy Help!
Scan to get started.

wellthy.com/
member/phila

877.588.3917

Voluntary Benefits That Can Make A Difference

Employees and their eligible dependents can choose to enroll in supplemental benefits called "voluntary benefits," in addition to their basic benefits. Voluntary and/or supplemental benefit programs provide financial protection against unexpected medical expenses, accidents, illnesses, and more not covered by insurance.

Your Voluntary Benefit Options Include:

- **Pet Wellness and/or Pet Insurance**
- **Critical Illness Insurance**
- **Group Term to 120 Life Insurance**
- **Accident Insurance**
- **Group Hospital Indemnity Plan**

Contributions Are After-Tax

You pay for voluntary benefits through after-tax payroll contributions. No enrollment in the CAP Medical Plan is required and coverage is not retroactive.

When Coverage Begins

There are no retroactive effective dates of coverage.

- If you enroll in voluntary benefits within the first 30 days after your hire date, coverage will start on the first of the following month.
- If you enroll after 30 days from your date of hire, coverage is delayed to the first of the second month following your date of hire.

2025 Enrolling Late

If you do not enroll in these coverages during Open Enrollment or when first eligible, you can enroll only if you have a qualified life event or at the next Open Enrollment.

FINANCIAL PROTECTION

NEW: Pet Wellness And/Or Pet Insurance Through Wagmo

Pet Insurance can help lower the cost of pet care for your cat or dog. It covers wellness visits such as routine or preventive care check-ups and offers customizable plans for those unexpected vet visits resulting from injuries or illnesses.

Choose From Two Options

- **Wagmo Pet Wellness** plans reimburse for your pet's routine and preventive care.
- **Wagmo Pet Insurance** provides coverage and protection against unexpected vet expenses.

Wagmo Pet Wellness

Wagmo Pet Wellness plans help you save money on routine pet care not typically covered by pet insurance plans and provide discounts on some pet products. Depending on the services you want covered for your pet, you can choose from three coverage levels:

- Value: $21/month per pet (up to 5)
- Classic: $38/month per pet (up to 5)
- Deluxe: $55/month per pet (up to 5)

Go to the Wagmo site through the OnePhilly portal or in this guide for more information about what's covered.

How It Works

- Your cat or dog is eligible for a pet wellness plan regardless of age, breed, or pre-existing conditions.
- You have the freedom to visit any licensed veterinarian in the United States.
- No deductibles or waiting periods.
- Wellness reimbursements are processed within 24 hours via PayPal, Venmo, or bank transfer.

Unpaid Leave Of Absence (LOA)

- If you go on an unpaid leave, you'll receive communication from Wagmo regarding your coverage options.
- You can choose to continue your **wellness coverage** by paying Wagmo directly, or you may pause your Wellness coverage during your leave.
- If you pause your plan, it will be automatically reinstated upon your return.

Wagmo Pet Insurance

With Wagmo Pet Insurance, you can rest assured knowing that unexpected veterinary bills for your pet are covered. It covers emergencies and illnesses such as hospital stays and surgeries. Go to the Wagmo site through the OnePhilly portal or in this guide for more information about what's covered, deductibles, and coinsurance levels.

How it Works

- Visit any licensed veterinary practice in the United States.
- Up to 100% coverage after your deductible has been met.
- Claims are reimbursed via direct check or PayPal.

Unpaid Leave Of Absence (LOA)

- During an unpaid leave, you'll receive information from Wagmo about continuing your insurance coverage.
- To maintain your insurance, you must pay Wagmo directly. If you choose not to continue payments, your **insurance coverage** will be terminated.
- If you wish to have coverage when you return to work, you will need to re-enroll in insurance, which will be subject to standard underwriting guidelines and the applicable rate at that time.

NOTE: Your effective date for the pet insurance benefit will be the date you return to work and will be re-rated on this anniversary date.

WHY PET INSURANCE?

- There are no required necessary networks so you can stay with your licensed vet.
- Reimbursements are hassle-free.
- Coverage also includes 24/7 access to telehealth advice from veterinary professionals and a $50 credit at a $25 discount for Rover, a website and app that connects pet owners to pet care providers.

ELIGIBILITY

All City employees who are eligible for the CAP Plan may purchase Wagmo Pet Wellness and/or Pet Insurance. If you enroll in Wagmo coverage it will will start 30 days after enrollment.

If you leave or retire, your Wagmo Pet Wellness or Pet Insurance coverage can be seamlessly transferred through Wagmo.

WAGMO

Click here for Wagmo's Website

- Find Rates
- Enroll
- Review your policy
- Update your coverage

Call
855.836.8785

Email
support@wagmo.io

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Wellness Program/ $500 Credit
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EAP
Prescription
Dental
Vision
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SEPTA Key Advantage
Retirement & Deferred Compensation

Aflac Voluntary Benefits

Aflac voluntary benefits can help you take care of the expenses your CAP Plan doesn't cover.

Aflac Voluntary Benefits Include:

- **Critical Illness Insurance**
- **NEW: Group Term to 120 Life Insurance**
- **NEW: Accident Insurance**
- **NEW: Hospital Indemnity Plan**

Guaranteed Acceptance

There is a guaranteed acceptance or issue when you enroll, and you will not be required to answer any health questions or take a physical exam.

It's Portable: You Can Take It With You

All of the Aflac voluntary benefit options ensure:

- Your rates will never change.
- If you change jobs or retire, you can keep your coverage level at your same issue age, meaning the cost does not change.

How To Enroll

Eligible employees can enroll, review, and update coverage using the Aflac At Work link on the City's OnePhilly portal or in this guide.

Unpaid Leave Of Absence

If you take an unpaid leave of absence, the City will notify Aflac that you are no longer actively at work and your payroll contributions will be discontinued. Payroll contributions can be reactivated once you return to work and Aflac has been notified of your change in status.

If you return to work after an unpaid leave, your Aflac voluntary benefit insurance coverage(s) and payroll contributions will begin again when your City benefits are reinstated.

Increase, Decrease, Or Cancel Your Aflac Voluntary Benefit Insurance Coverage(s)

If you do not enroll in these coverages during Open Enrollment or when first eligible, you can enroll only if you have a qualified life event or at the next Open Enrollment.

During Open Enrollment—If you want to increase, decrease, or cancel your Aflac voluntary benefit insurance coverage(s) during Open Enrollment, you should make your elections using the Aflac At Work link on the City's OnePhilly portal or in this guide. **NOTE:** If you wish to decrease your Critical Illness coverage, you must contact the City's HR department for a paper application.

After a Qualified Life Event—You may increase, decrease, or cancel coverage through the Aflac at Work link on the City's OnePhilly portal or in this guide. **NOTE:** If you wish to decrease your Critical Illness and/or Group Term to 120 Life Insurance coverage(s) as the result of a qualified life event, you must contact the City's HR department for a paper application.

NOTE: If you are already enrolled in Critical Illness Insurance or Group Term to 120 Life Insurance, and want to increase coverage, the cost of the increased amount will be based on your age (and your spouse's age, if applicable) at the time you elect the increase.

No Longer Employed By The City

If you leave employment with the City, Aflac voluntary benefit insurance coverage(s) will stop on the last day of the month in which you were an active employee. However, you can contact Aflac at 800.433.3036 (Monday - Friday, 8:00 a.m. - 8:00 p.m. ET) to continue Aflac voluntary benefit insurance coverage(s) at the same cost by sending payment directly to Aflac. **Use the City's Group Policy #24817.**

See the following pages to learn more about Aflac voluntary benefits.

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

800.433.3036

Monday – Friday
8:00 a.m. – 8:00 p.m. ET

Email
AflacCustomerService

Critical Illness Insurance For Life-Changing Conditions

If you are eligible for the CAP Plan, you can buy Critical Illness Insurance that pays a cash benefit for serious health conditions such as a heart attack, cancer, or stroke. Critical Illness Insurance is provided by Aflac/Continental American Insurance Company (CAIC) — and there is no waiting period to receive benefits between multiple or re-occurring conditions. **There is a guaranteed acceptance or issue when you enroll, and you will not be required to answer any health questions or take a physical exam.**

Highlights of Critical Illness Insurance

ALL CAP-ELIGIBLE EMPLOYEES

You can enroll in the City's Critical Illness Insurance Plan and do not have to be enrolled in the CAP Medical Plan.

FLEXIBLE COVERAGE OPTIONS

You can choose from six coverage amounts for yourself: $5,000, $10,000, $15,000, $20,000, $25,000 or $30,000. Coverage is also available for your spouse and child(ren), provided you are also enrolled in Critical Illness Insurance.

- Spouse will be insured for 50% of your amount.
- Child(ren) will be insured for 50% of your amount.

Costs are based on your age (and the age of your spouse if applicable), how much insurance you buy, who is covered, and whether or not you and your spouse use tobacco products. Please review the Critical Illness Rate Tables at Aflac At Work on the City's OnePhilly portal.

PAYS IN ADDITION TO OTHER BENEFITS

Critical Illness Insurance pays in addition to all other insurance you have. No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

NO HEALTH QUESTIONS TO ANSWER

CASH LUMP SUM PAYMENT

After you are diagnosed with a covered condition, submit a claim, and are approved, you will receive a lump sum payment that can be used for medical and non-medical expenses. (See the list of covered conditions on the next page.)

ENROLL, REVIEW & UPDATE COVERAGE

Eligible employees can enroll, review, and update coverage using the Aflac At Work link on the City's OnePhilly portal. If you already have Critical Illness Insurance and want to keep your current coverage, no action is required at Open Enrollment.

NOTE: Critical Illness Insurance does not take effect retroactively.

NO PRE-EXISTING CONDITION EXCLUSION

AFTER-TAX CONTRIBUTIONS MEAN TAX-FREE BENEFITS

Because you pay for Critical Illness Insurance through after-tax payroll contributions, cash benefits are received tax-free.

EARN $100 FOR PREVENTIVE SCREENINGS

If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a $100 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service, or click here to access the Aflac Wellness Form.

NOTE: Completing the ActiveHealth tobacco cessation program may not qualify you for non-tobacco rates.

IT'S PORTABLE: YOU CAN TAKE IT WITH YOU

If you change jobs or retire, you can keep your coverage level at your same issue age, meaning the cost does not change. You have up to 30 days to port your coverage.

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

800.433.3036

Monday – Friday
8:00 a.m. – 8:00 p.m. ET

Email
AflacCustomerService

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
Voluntary Benefits
FSAs & Commuter Parking
SEPTA Key Advantage
Retirement & Deferred Compensation

Critical Illness Insurance Covered Conditions

Human Coronavirus Benefit

- Hospitalization: 4+ days = 10% of insured amount
- Hospitalization: 10+ days = 25% of insured amount
- Hospitalization: ICU = 40% of insured amount

- Addison's Disease*
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's or Parkinson's Disease
- Benign brain tumor
- Bone Marrow Transplant
- Cancer
- Coma
- Carcinoma In-situ*
- Cerebrospinal Meningitis*
- Coronary Artery Obstruction*
- Diphtheria*
- End-Stage Renal Failure
- Heart Attack
- Huntington's Chorea*
- Legionnaire's Disease*
- Loss of Sight, Speech or Hearing
- Major Organ Failure
- Malaria*
- Muscular Dystrophy*
- MS (Multiple Sclerosis)
- Myasthenia Gravis*
- Necrotizing Fasciitis*
- Occupational HIV
- Osteomyelitis*
- Paralysis
- Polio*
- Rabies*
- Scleroderma*
- Sickle Cell Anemia*
- Skin Cancer ($250)
- Stroke
- Systemic Lupus*
- Tetanus*
- Tuberculosis*

** 25% of insured amount*

Childhood Conditions

- Autism Spectrum Disorder ($3,000 lump sum lifetime maximum benefit)
- Down Syndrome
- Type 1 Diabetes
- Cystic Fibrosis
- Cerebral Palsy
- Cleft Lip or Cleft Palate
- PKU (Phenylalanine Hydroxylase Deficiency Disease)

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

800.433.3036

Monday – Friday
8:00 a.m. – 8:00 p.m. ET

Email AflacCustomerService

Check Out These Additional Protection Programs Included With Your Aflac Critical Illness Insurance.

FRAUD PROTECTION

Fraud Protection, powered by EZShield, helps protect and monitor personal information and restore it if you're impacted by fraud or identity theft.

Aflac Fraud Protection • 866.826.8851 • aflac.ezshield.com

HEALTH ADVOCATE & MEDICAL BILL SAVER RESOURCES

Helps you find doctors and treatment centers, get second opinions, coordinate care, get approvals from insurers, and untangle medical bills and claims.

Health Advocate • 855.423.8585

Group Term To 120 Life Insurance

Group Term to 120 Life Insurance provides financial support for your loved ones for the long term. You can purchase from $25,000 up to $200,000 of portable life insurance. **There is a guaranteed acceptance or issue when you enroll, and you will not be required to answer any health questions or take a physical exam.**

Accelerated Benefits Option

You may opt to receive a portion of your death benefit while you are still alive if you suffer from a terminal illness and/or chronic condition. You may receive up to 50% of the lump sum or 25 periodic payments equal to 4% of the death benefit. There is a 90-day waiting period.

Highlights Of Group Term To 120 Life Insurance

ALL CAP-ELIGIBLE EMPLOYEES

You can enroll in the City's Group Term to 120 Life Insurance Plan and do not have to be enrolled in the CAP Medical Plan.

FLEXIBLE COVERAGE OPTIONS

To enroll you must be between the ages of 18-70. Dependent children must be between the ages of 15 days to age 25. Rates are based upon age ban and level of coverage. Coverage is also available for spouse or child(ren), provided you are also enrolled in Group Term to 120 Life Insurance.

- Spouse will be insured for 50% of your amount, up to $50,000.
- Dependent children are covered at $25,000.

AFTER-TAX CONTRIBUTIONS MEAN TAX-FREE BENEFITS

Because you pay for Group Term to 120 Life Insurance through after-tax payroll contributions, cash benefits are received tax-free.

NO HEALTH QUESTIONS TO ANSWER

CASH LUMP SUM PAYMENT

If the policyholder passes during the term, the beneficiary receives the death benefit in a cash lump sum payment.

ENROLL, REVIEW & UPDATE COVERAGE

Eligible employees can enroll, review, and update coverage using the Aflac At Work link on the City's OnePhilly portal. If you already have Group Term to 120 Life Insurance and want to keep your current coverage, no action is required at Open Enrollment.

NOTE: Group Term to 120 Life Insurance does not take effect retroactively.

NO PRE-EXISTING CONDITION EXCLUSION

PAYS IN ADDITION TO OTHER BENEFITS

Group Term to 120 Life Insurance pays in addition to all other insurance you have.

IT'S PORTABLE: YOU CAN TAKE IT WITH YOU

If you change jobs or retire, you can keep your coverage level at your same issue age, meaning the cost does not change. You have up to 30 days to port your coverage.

Employees and Spouses can renew coverage for as long as needed (to age 120).

WAIVER OF PREMIUM

If insured is totally disabled for 3 continuous months, premiums will be waived for 24 months.

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

800.433.3036

Monday – Friday
8:00 a.m. – 8:00 p.m. ET

Email AflacCustomerService

Accident Insurance

If you have an unexpected event like an accident, you may experience time away from work and lost wages that can impact your ability to pay for everyday expenses, including rent, mortgage, groceries, and utility bills. Accident Insurance helps pay out-of-pocket expenses associated with an accident, including medical and non-medical costs. **There is a guaranteed acceptance or issue when you enroll, and you will not be required to answer any health questions or take a physical exam.**

Coverage Schedule

Accident Insurance pays a fixed amount to cover accidental injuries. See the following coverage schedule for more information.

Outpatient Benefits	
ER/Urgent Care	$300/visit + $250/x-ray per accident
Doctor's Office	$150/visit + $100/x-ray per accident
Major Diagnostic Testing	$200/accident
Dislocations	Up to $4,000/accident based upon a benefits schedule
Fractures	Up to $5,000/accident based upon a benefits schedule
Inpatient Benefits	
Hospital Admission	$1,250/accident
Hospital Confinement	$300/day up to 365 days/accident
ICU	$300/day up to 30 days/accident, within 6 months after the accident
Additional Benefits	
Rehabilitation Unit	$125/day up to 31 days/accident

What It Costs

Coverage	BiWeekly Rates
Employee	$3.22
Employee + Spouse	$5.67
Employee + Children	$7.23
Family	$9.68

Highlights Of Accident Insurance

ALL CAP-ELIGIBLE EMPLOYEES

You can enroll in the City's Accident Insurance Plan and do not have to be enrolled in the CAP Medical Plan.

FLEXIBLE COVERAGE OPTIONS

You can choose coverage for your spouse if over age 18, and child(ren) up to age 26, provided you are also enrolled in the Accident Insurance plan. Accident Insurance is a fixed rate program based on coverage tiers for Employee, Employee + Spouse, Employee + Children, and Family.

ENROLL, REVIEW & UPDATE COVERAGE

Eligible employees can enroll, review, and update coverage using the **Aflac At Work** link on the City's OnePhilly portal. If you already have Accident Insurance and want to keep your current coverage, no action is required at Open Enrollment.

NOTE: Accident Insurance does not take effect retroactively.

PAYS IN ADDITION TO OTHER BENEFITS

Accident Insurance helps pay the bills your major medical insurance doesn't cover.

NO PRE-EXISTING CONDITION EXCLUSION

EARN $50 FOR PREVENTIVE SCREENINGS

If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a $50 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service, or click here to access the **Aflac Wellness Form**.

IT'S PORTABLE: YOU CAN TAKE IT WITH YOU

If you change jobs or retire, on a direct bill basis you can keep your coverage level at your same issue age, meaning the cost does not change. You have up to 30 days to port your coverage.

AFTER-TAX CONTRIBUTIONS MEAN TAX-FREE BENEFITS

Because you pay for Accident Insurance through after-tax payroll contributions, cash benefits are received tax-free.

PAYMENT OPTIONS

Aflac accident insurance pays you cash benefits directly (unless assigned).

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

Aflac/CAIC

Once you've enrolled, Policyholder Customer Service

800.433.3036

Monday – Friday
8:00 a.m. – 8:00 p.m. ET

Email AflacCustomerService

Hospital Indemnity Plan

The Hospital Indemnity Plan supplements your major medical coverage and offers protection or assistance with in-patient treatment, including coinsurance and deductibles. **There is a guaranteed acceptance or issue when you enroll, and you will not be required to answer any health questions or take a physical exam.**

Coverage Schedule

The Hospital Indemnity Plan pays a fixed amount to cover certain benefits and conditions when hospitalized. See the following coverage schedule for more information.

Inpatient Benefits	
Hospital Admission	$1,000 per covered accident/ sickness per calendar year
Hospital Confinement	$200/day per covered accident/ sickness up to 30 days
ICU	$200/day per covered accident/ sickness up to 30 days, payable in addition to the confinement benefit
Rehabilitation Benefit	$100/day per covered accident/ sickness up to 30 days

What It Costs

Coverage	BiWeekly Rates
Employee	$7.90
Employee + Spouse	$15.84
Employee + Children	$12.80
Family	$20.74

Highlights Of The Hospital Indemnity Plan

ALL CAP-ELIGIBLE EMPLOYEES

You can enroll in the City's Hospital Indemnity Plan and do not have to be enrolled in the CAP Medical Plan.

FLEXIBLE COVERAGE OPTIONS

You can choose coverage for your spouse if over age 18, and child(ren) up to age 26, provided you are also enrolled in the Hospital Indemnity Plan.

PAYS IN ADDITION TO OTHER BENEFITS

The Hospital Indemnity Plan helps pay the bills your major medical insurance doesn't cover.

EARN $100 FOR PREVENTIVE SCREENINGS

If you and your covered spouse participate in preventive screenings, such as biometrics or breast cancer screening, you are each eligible for a $100 annual wellness benefit paid directly to you from Aflac. For details, call Aflac Customer Service, or click here to access the **Aflac Wellness Form**.

PAYMENT OPTIONS

Receive cash benefits paid directly to you. **NOTE:** The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year.

ENROLL, REVIEW & UPDATE COVERAGE

Eligible employees can enroll, review, and update coverage using the Aflac At Work link on the City's OnePhilly portal. If you already have coverage through the Hospital Indemnity Plan and want to keep your current coverage, no action is required at Open Enrollment.

NOTE: The Hospital Indemnity Plan does not take effect retroactively.

AFTER-TAX CONTRIBUTIONS MEAN TAX-FREE BENEFITS

Because you pay for the Hospital Indemnity Plan through after-tax payroll contributions, cash benefits are received tax-free.

IT'S PORTABLE: YOU CAN TAKE IT WITH YOU

If you change jobs or retire, you can keep your coverage level at your same issue age, meaning the cost does not change. You have up to 30 days to port your coverage.

NO PRE-EXISTING CONDITION EXCLUSION

Aflac

Click here for Aflac's Website for City of Philadelphia Members

- Current Coverage
- Benefits Info
- File Claims

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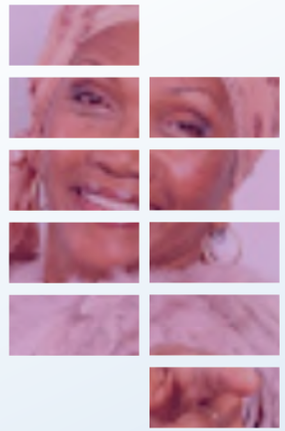
AflacCustomerService

Photo: City of Philadelphia Parks & Rec | Julian Moore-Griffin | CBS3 Mental Reset at Love Park
Marsha Griffiths | https://www.youtube.com/watch?v=eYlZs3-w_Eg

My Philly Feelin'



Electric Boogie

Marcia Griffiths

Knowing summer was coming in the early 2000s when Unity Day kicked off with this song on the parkway and everyone, no matter their age, started dancing to it.

LAURA W.
The Water Department

Benefits To Reduce Taxes & Increase Take-Home Money

NOTE: HealthEquity will no longer be your Health Care and Dependent Care FSA and Commuter Parking Benefit provider. You will receive more information once a new provider is chosen.

Flexible Spending Accounts and Commuter Parking Benefits allow you to set aside tax-free money that you can use to reimburse yourself for qualified out-of-pocket expenses, reducing your taxes and giving you more take-home money for other living expenses. If you and your eligible dependents have predictable health care, work-related day care, and/or commuter parking expenses that aren't covered by another plan, then you may benefit from participating in the **Health Care Flexible Spending Account (FSA)**, the **Dependent Care Flexible Spending Account (FSA)** and/or the **Commuter Parking Benefit**. The FSA provider administers these benefits and the plan year is January 1 to December 31. You enroll and pay for the Parking Benefit directly with the provider.

2025 Flexible Spending Account (FSA) Elections

IMPORTANT: You must make an election for a Health Care FSA and/or Dependent Care FSA in order to have an FSA for the next calendar year. As a reminder, prior year elections do not automatically roll over into the next calendar year. See more about enrollment in the **Parking Benefit** on page 55.

Payment Options

Use Prepaid Healthcare Card

FSA participants will automatically receive a prepaid healthcare card from the provider for payment of eligible expenses. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. The card will be accepted at a number of medical providers and facilities and most pharmacy retail outlets. The provider may request supporting documentation for expenses paid with the card.

File A Claim

FSA claim forms will be available through the provider's website. A completed claim form along with a copy of the receipt or explanation of benefits as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) year.

FSA GUIDELINES

- Once enrolled, you can change FSA elections during the year only if you have a qualified life event. Please see "Only Qualified Life Events Allow You to Make Changes" in the Eligibility & Enrollment section.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Member and dependent(s) cannot be reimbursed for services they have not received.
- Member and dependent(s) cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.

CLAIMS DEADLINES

2024 FSA CLAIMS DEADLINE: You have until March 31, 2025, to submit claims for eligible FSA expenses incurred through December 31, 2024.

2025 FSA CLAIMS DEADLINE: You have until March 31, 2026, to submit claims for eligible FSA expenses incurred through December 31, 2025.

Do You Have Predictable Healthcare Or Prescription Drug Expenses Not Covered By Another Plan?

Consider The Health Care Flexible Spending Account (FSA)

WHO IS ELIGIBLE?

- Flex employees only (exempt and non-represented)

HOW DOES IT WORK?

- The **HEALTH CARE FSA** allows members to set aside up to an annual maximum of $3,300 before taxes for 2025.
- You can carry over up to $660 of your unused Health Care FSA balance at the end of the year into the next plan year. The carryover does not affect the maximum amount you can contribute to your 2025 Health Care FSA.
- **IMPORTANT:** The carryover will become available on or after April 1, 2025.
- This money will not be taxable income to the member and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs, such as deductibles, copayments, and coinsurance.
- Members can also receive reimbursement for expenses related to prescription drugs and certain over-the-counter drugs and products — as well as dental and vision care that is not classified as cosmetic.
- **IMPORTANT: You must make an election and establish an automatic before-tax payroll contribution for a Health Care FSA in order to have an FSA for the next calendar year. Prior year elections do not automatically roll over** into the next calendar year.

WHEN ARE MY FUNDS AVAILABLE?

- The entire Health Care FSA election is available for use for eligible expenses on the first day coverage is effective.

WHERE CAN I GET MORE INFORMATION?

- For a complete list of eligible Health Care FSA expenses, go to https://www.irs.gov/publications/p502
- Once enrolled, members can shop online for health-related items at https://fsastore.com

How An FSA Helps You Save On Taxes

As an example, assume a CAP member with a salary of $30,000 elects to contribute $1,000 a year before taxes to an FSA (Health Care or Dependent Care). That's a payroll deduction of $38.46 per paycheck, based on 26 pay periods in a year. As a result, the member's taxable pay is reduced, giving the member an annual tax savings of $227.

General Example Only	With FSA	Without FSA
Salary	$30,000	$30,000
FSA Contribution	- $ 1,000	-$0
Taxable Pay	$29,000	$30,000
Estimated Tax = 22.65% (15% + 7.65% FICA)	-$6,568	-$6,795
After Tax Expenses	-$0	-$1,000
Spendable Income	$22,432	$22,205
ANNUAL TAX SAVINGS	**$227**	

CLAIMS DEADLINES

2024 FSA CLAIMS DEADLINE: You have until March 31, 2025, to submit claims for eligible FSA expenses incurred through December 31, 2024.

2025 FSA CLAIMS DEADLINE: You have until March 31, 2026, to submit claims for eligible FSA expenses incurred through December 31, 2025.

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
Voluntary Benefits
FSAs & Commuter Parking
SEPTA Key Advantage
Retirement & Deferred Compensation

Do You Have Day Care Expenses For A Child Under 13 Or A Dependent Incapable Of Self-Care?

Consider The Dependent Care Flexible Spending Account (DC FSA)

WHO IS ELIGIBLE?

- Exempt Employees
- Non-Represented Employees
- DC33 Fair Share Employees
- DC33 Represented Employees
- DC47 Represented Employees
- FJD Local 286 Members

HOW DOES IT WORK?

- To qualify, **DEPENDENTS** must be:
  - — A child under the age of 13, or
  - — A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in the member's household.
  - — A dependent elder or disabled parent requiring eldercare. **NOTE:** The IRS requires adult dependents are claimed on your taxes.
- The **DEPENDENT CARE FSA** allows members to set aside up to an annual maximum of $5,000 before taxes for work-related day care expenses if single or married and filing a joint tax return. If you are married and filing a separate return, you can set aside up to an annual maximum of $2,500.
- There is no carryover or refund of unused contributions. IRS rules require that unused contributions be forfeited after all claims have been filed for the plan year. So it pays to be conservative in how much you contribute.
- This money will not be taxable income to the member and can be used to offset qualified dependent care expenses, including child day care, preschool, and before/after school care for eligible child(ren) and day care for dependent adults.
- **NEW! You can use your Dependent Care FSA account to pay for Backup Care copays.**

WHEN ARE MY FUNDS AVAILABLE?

- Unlike the Health Care FSA, Dependent Care FSA reimbursement is available only up to the amount that has been deducted from the member's paycheck for the Dependent Care FSA.

WHERE CAN I GET MORE INFORMATION?

- **For a complete list of eligible Dependent Care FSA expenses, go to https://www.irs.gov/publications/p503**

CLAIMS DEADLINES

2024 DC FSA CLAIMS DEADLINE: You have until March 31, 2025, to submit claims for eligible DC FSA expenses incurred through December 31, 2024.

2025 DC FSA CLAIMS DEADLINE: You have until March 31, 2026, to submit claims for eligible DC FSA expenses incurred through December 31, 2025.

Do You Have Parking Expenses From Your Daily Commute To Work?

Consider The Commuter Parking Benefit

WHO IS ELIGIBLE?

- Benefits-eligible employees

HOW DOES IT WORK?

- If you have qualified parking expenses because you park at a train station or bus stop that is part of your daily commute to work, you can save an average of 30% on these expenses by signing up for the before-tax Parking Benefit.
- Contribute up to a maximum of $325 per month for qualified parking expenses in 2025.

WHEN DO I ENROLL AND CAN I MAKE CHANGES?

- You can enroll in the **COMMUTER PARKING BENEFIT** at any time directly with the identified provider.
- To stop Parking Benefit contributions, you must contact the provider.
- For qualified parking expenses, you will use the card administered by the provider.
- If you are newly eligible to enroll, or want to increase or decrease your contributions, you must do so by contacting the provider.
- **IMPORTANT: The Parking Benefit ends on the last day of your active employment with the City. There are no refunds.**

SEPTA Key Advantage Benefit

You may be eligible to ride SEPTA for **FREE** if you're a permanent full-time, part-time, or temporary employee who earns paid sick leave as part of a new pilot program with the City of Philadelphia and SEPTA.

The following employee categories are **NOT eligible**:

- **Uniformed Police Officers**: All Police Officers can ride SEPTA for free when they are either in uniform or show a valid Police identification card or badge.
- **Employees aged 65 and over**: These individuals are eligible to receive a free SEPTA Senior Fare Card directly through SEPTA. You can find more information on how to register for a **Senior Fare Card** here: https://www5.septa.org/travel/fares/senior-fare-card/
- **Employees of City contractors.**

What Is The SEPTA Key Advantage Program?

The SEPTA Key Advantage Program offers a reusable, reloadable contactless chip card good for 240 rides each month on all SEPTA modes of transportation, including all zones of regional rail and CCT. (For employees using CCT as their primary form of transportation, you must register your CCT Key Card and not SEPTA's universal Key Card if you wish to continue to access that transportation service.)

How Much Will This Cost Me?

Participation in this pilot program is **FREE** to all eligible City of Philadelphia employees through June 2025.

What Happens When My Card Expires?

Follow these steps if your Key Card expires:

1. Purchase a new Key Card from any SEPTA sale location at https://www.septakey.org/info/buy-load-locator
2. Register your Key Card on your Jawnt account at https://app.jawntpass.com

How Do I Enroll?

To enroll you must have the following listed in OnePhilly:

- **Payroll number**
- **Email address** — There are two categories of City employees: Employees **WITH** City-Issued email addresses and Employees **WITHOUT** City-Issued email addresses. No matter which category you fall into, you must have an email address listed in OnePhilly in order to receive this benefit.
  - **WITH City-Issued Email** — Some employees are issued a City email upon hire. If available, this City-Issued email address is always primary. Your HR Team should list your City email address in OnePhilly upon hire.
  - **WITHOUT City-Issued Email** — Employees who are not issued a City email address **MUST** provide a personal email address to participate in this benefit. Your HR Team should list your personal email address in OnePhilly upon hire.

The Process

1. Upon hire, your HR Team will provide you with a six-digit payroll number and possibly an email address. If no email address is issued to you, you must provide a personal email address for your HR Team to input into OnePhilly.
2. The following Monday, you will receive an email from hello@jawntpass.com which you will need to respond to and setup an account. Use your email address and password (that you define) to setup your account.
3. You will also need a SEPTA Key Card that you need to register at www.septakey.org. You may:
   - **Use One You Already Have** — You can use one already in your possession so long as it is not expired, has a positive balance in the travel wallet, and is not currently enrolled in another employer program.
   - **Purchase a New Key Card** — You can purchase a Key Card from any SEPTA sale location: https://www.septakey.org/info/buy-load-locator.
     (You are not required to load any funds or passes onto a newly purchased Key Card. The sales price should always be $4.95 which is immediately refunded to the Travel Wallet once you register it at www.septakey.org within 30 days. The $4.95 can be used to travel immediately on SEPTA.)
   - **Receive a Key Card from the City** — If you choose to receive a Key Card from the City, your HR Team must complete a digital request form for you.

   Once approved, your HR Team will inform you of the time and location to pick up your Key Card. Employees will not be able to receive a Key Card until the request from HR has been processed and approved.
4. Once your Key Card is registered with SEPTA, you will need to copy and paste your Card Reference ID number from SEPTA into Jawnt. This is a series of numbers and letters found in your SEPTA account under Card Options. As the Card Reference ID is case sensitive, it is strongly recommended you copy and paste this number. Having an invalid Card Reference ID is the leading reason for delayed benefits.
5. The process is complete once your Card Reference ID has been transferred to Jawnt. Jawnt will email you if there are any errors with your Key Card.

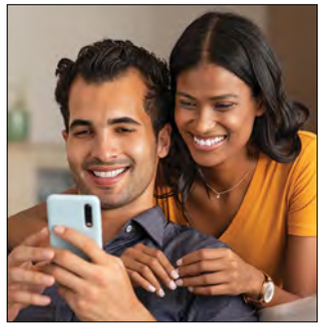
Make Your Accounts Work For You

Log into your Jawnt account at any time to see your Key Card and benefit status.

https://app.jawntpass.com

Log into your SEPTA account at any time to see your loaded pass and travel wallet balance.

https://www.septakey.org



Contact Info

Visit the Intranet
General questions and more information:

https://phila.city/display/keycardprogram/SEPTA+Key+Advantage+Benefit+Program

Contact your HR Team
Employee eligibility questions and to update your email address in OnePhilly

Contact SEPTA Customer Service
Key Card errors and account access

- Weekdays from 7:00 a.m. to 7:00 p.m.
- Weekends from 8:00 a.m. to 5:00 p.m.
- 215.580.7800

Contact Jawnt Customer Service
Finalizing enrollment, benefit status, and account access

- Weekdays from 9:00 a.m. to 5:00 p.m.
- 267.762.2694
- support@jawntpass.com

Summary of City of Philadelphia Retirement Plans

Certain key terms regarding service retirement benefit eligibility and calculation for Plans A, B, L, and Y, the 2010 Plan ("Plan 10") and the 2016 Plan ("Plan 16") are summarized and compared on this page and the next page. Plans A, B, L, and Y are defined benefit plans. Plan 10 and Plan 16 on the next page are "hybrid" plans that include both defined benefit and defined contribution components.

Defined Benefit Plans

Plans A, B, L & Y	Normal Retirement Eligibility	Average Final Compensation ("AFC")	Defined Benefit – Retirement Benefits Multiplier
Municipal (Plan Y)	Age 60 and 10 years of credited service[1]	Average of three highest calendar or anniversary years	(2.2% x AFC x years of service up to 10 years) plus (2.0% x AFC x numbers of years in excess of 10 years), subject to a maximum of 100% of AFC
Police and Fire (Plans A & B)	Age 50 and 10 years of credited service[1]	Average of two highest calendar or anniversary years	(2.2% x AFC x years of service up to 20 years) plus (2.0% x AFC x numbers of years in excess of 20 years), subject to a maximum of 100% of AFC
Elected Official (Plan L)	Age 55 and 10 years of credited service[2]	Average of three highest calendar or anniversary years	3.5% x AFC x years of service, subject to a maximum of 100% of AFC

[1] Five years of credited service for exempt employees who make additional member contributions for accelerated vesting.
[2] The lesser of two full terms or eight years of credited service for those elected officials who make additional member contributions for accelerated vesting.

Pension Questions & Information

www.phila.gov/pensions
215.685.3441 Please leave a message.

For all questions and information, email:

Pensions.inquiry@phila.gov

If vested in your pension: Request an estimate from the Board of Pensions. Contact Jada Berkley at **215.685.3447**.

Update Your Retirement Plan Beneficiary

Make sure to name or update your beneficiary for your Retirement Plan by clicking on the button below.

GO TO Board of Pensions & Retirement Beneficiary Form

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
Voluntary Benefits
FSAs & Commuter Parking
SEPTA Key Advantage
Retirement & Deferred Compensation

Summary of City of Philadelphia Retirement Plans, continued

Certain key terms regarding service retirement benefit eligibility and calculation for the 2010 Plan ("Plan 10") and the 2016 Plan ("Plan 16") are summarized and compared below. Plan 10 and Plan 16 are "hybrid" plans that include both defined benefit and defined contribution components.

Hybrid Plans: Defined Benefit And Defined Contribution Plans

Plan 10	Normal Retirement Eligibility	Average Final Compensation ("AFC")	Defined Benefit – Retirement Benefits Multiplier	Defined Contribution
Municipal	Age 60 and 10 years of credited service[4]	Average of five highest calendar or anniversary years	1.25% x AFC x years of service up to 20 years	• The City matches employee contributions at a 50% rate, with the total City match not to exceed 1.5% of compensation for each year. • After five years of credited service, the full amount in the account is distributed to the employee when he or she separates from City service. • The right to the portion of the account attributable to City contributions does not vest until the completion of five years of credited service.
Police and Fire[3]	Age 50 and 10 years of credited service	Average of five highest calendar or anniversary years	1.75% x AFC x years of service up to 20 years	

Plan 16	Normal Retirement Eligibility	Average Final Compensation ("AFC")	Defined Benefit – Retirement Benefits Multiplier	Defined Contribution
Municipal	Age 60 and 10 years of credited service[5]	Lesser of (i) AFC under Plan Y (which is the average of three highest calendar or anniversary years) or (ii) $65,000	(2.2% x AFC x years of service up to 10 years) plus (2.0% x AFC x numbers of years in excess of 10 years), subject to a maximum of 100% of AFC	• Employees may voluntarily participate in the defined contribution portion; employee contributions vest immediately. • For employees with annual salaries above the cap, the City matches employee contributions at a 50% rate, with the total City match not to exceed 1.5% of compensation for each year (only if employee is contributing); the City's matching contributions vest after five years of credited service. • Ages 49 and under: The maximum contribution for 2025 is $23,500. • Ages 50+: The maximum contribution for 2025 is $31,000.

[3] Under Plan 10 (Police & Fire), member pension contributions freeze after 20 years. At such time and for each subsequent year, the employee's pension benefit payments remain fixed and the employee may no longer make pension contributions.
[4] Five years of credited service for Plan 10 exempt employees who make additional member contributions for accelerated vesting.
[5] Seven years of credited service for Plan 16 exempt employees who make additional member contributions for accelerated vesting.

Pension Questions & Information

www.phila.gov/pensions
215.685.3441 Please leave a message.

For all questions and information, email:
Pensions.inquiry@phila.gov

If vested in your pension: Request an estimate from the Board of Pensions. Contact Jada Berkley at **215.685.3447**.

Update Your Retirement Plan Beneficiary

Make sure to name or update your beneficiary for your Retirement Plan by clicking on the button to the right.

GO TO Board of Pensions & Retirement Beneficiary Form

Home
Eligibility & Flex Credits
Wellness Program/ $500 Credit
Medical
EAP
Prescription
Dental
Vision
Life & Accident
Backup Care
Voluntary Benefits
FSAs & Commuter Parking
SEPTA Key Advantage
Retirement & Deferred Compensation

City of Philadelphia 457(b) Deferred Compensation Plan

Ready To Retire?

Take your first steps by contacting your City of Philadelphia Retirement Specialists and Personal Retirement Counselor.

3 Reasons To Contact The City Of Philadelphia Right Away When You're Planning To Retire:

1. ***Rolling In Drop Money***
   Meet with a local Retirement Specialist or Personal Retirement Counselor to learn more about consolidating your deferred retirement option plan (DROP) money into your 457 Deferred Compensation Plan.

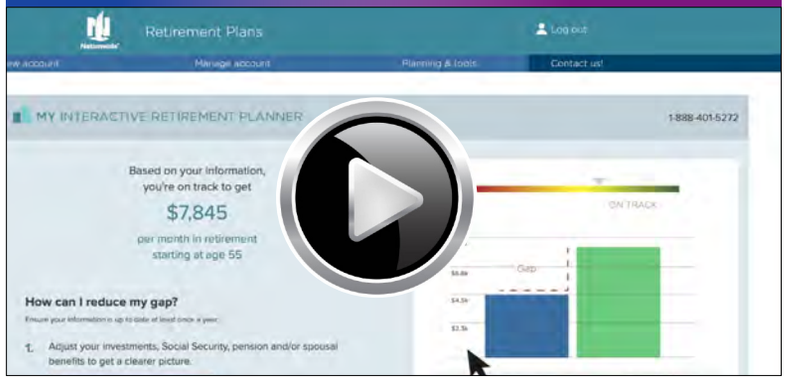
2. ***Deferral Of Unused Leave Balance***
   Consider giving your retirement savings a boost as you defer immediate income taxes by converting unused vacation and/or sick time into the City of Philadelphia Deferred Comp Plan. Plan ahead. Contact us as soon as you know your retirement date.

3. ***Keep The City Of Philadelphia Deferred Comp Plan Working For You***
   Scan the QR code at the right to talk with a City of Philadelphia Retirement Specialist about how and why you should consider letting your investments potentially grow through your retirement. The City of Philadelphia Deferred Comp Plan is with you for life. Together we can help you gain the confidence to make the right choices to meet your financial goals.

Update Your Deferred Compensation Beneficiary

Make sure to name or update your beneficiary for your Deferred Compensation Plan savings by clicking on the button to the right.

Check out this Video to Learn About The Nationwide Website for New Participants



We're Here To Help.

For personal assistance with any step of Plan participation, schedule an appointment with a Retirement Specialist.

Shawn McDonald, *Sr. Retirement Specialist*
mcdons3@nationwide.com | **215.804.6161**

Cristina Gibson, *Sr. Retirement Specialist*
Gibsc3@nationwide.com | **267.205.6606**

Don Marchesiello, CFP, *Personal Retirement Counselor*
marchd2@nationwide.com | **215.568.1964**

City of Philadelphia 457 Deferred Compensation Plan

215.568.1960
855.550.1777

www.philly457.com

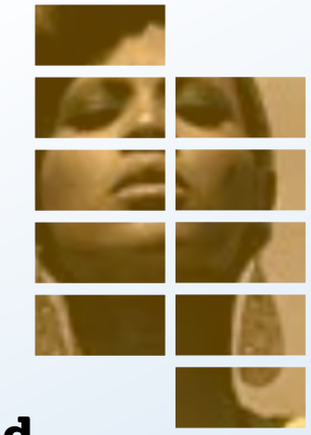
Get Mobile App for Easy Access to your Account

Nationwide | Philadelphia Deferred Compensation

GO TO Deferred Compensation Beneficiary Form

Photo: City of Philadelphia Parks & Rec | Wendi Wu | City Wide Dance Festival at Venice Island Performing Arts & Recreation Center
Beyoncé | https://www.youtube.com/watch?v=syCPQH4UQRY

My Philly Feelin'



Run The World

Beyoncé

New to the country, a new mom,
and learning English while
2 years into my coursework,
riding the 77 bus to Chestnut
Hill College and listening to
this song that reminded me
I'm like my mother and
I could do anything.

LANDRICE K.
Office of Human Resources

Rights & Notices

Affordable Care Act (ACA): Preventive Care Services

The following preventive services must be covered 100% when you use an in-network provider. This means they must be covered without a copay, deductible, or coinsurance. The City's benefit program complies with this standard. For a comprehensive list, please contact the City Benefits Department.

Covered Preventive And Drug Services (Partial List)

Note that covered drugs, vitamins, and contraceptives obtained at a pharmacy require a prescription, including over-the-counter drugs and products. **Contact the City Benefits Department for a full list of covered preventive items.**

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 45
- **Contraceptives** (oral, emergency, injectables, implantable devices and vaginal rings, transdermal patch, and barrier methods)
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **Diet** counseling for adults at higher risk for chronic disease
- **HIV Pre-Exposure Prophylaxis (PrEP)** — generic form of Truvada (emtricitabine-tenofovir)
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults (and children, as age-appropriate) – doses, recommended ages, and recommended populations vary
- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk
- **Vitamins** and supplements, including iron supplements, fluoride supplements, folic acid, and vitamin D

COBRA Continuation Coverage

When City health coverage ends due to a termination of employment, you and your covered dependents may be eligible to continue coverage for up to 18 months by paying the full cost of coverage under COBRA continuation rules. COBRA is the federal statute that permits covered employees and dependents to continue health coverage temporarily, at their own expense, if certain Qualifying Events occur that would ordinarily result in the loss of coverage. Other Qualifying Events in which your dependents may continue coverage for up to 36 months include employee divorce or death, entitlement to Medicare, and a dependent child losing eligibility for health coverage.

Required Notice About Your Wellness Program Information

The City of Philadelphia Wellness Program is a voluntary wellness program available to all benefits-eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood glucose, blood pressure, and total cholesterol HDL and LDL. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program and complete four required activities will receive an incentive of 100 points, equal to a $500 discount, on the cost of health coverage in the following year. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will be eligible to receive 50 points toward the total 100 points requirement.

Additional incentives of 50 points are available for employees who participate in certain health-related activities and complete two of several activities (including health coaching/condition management, physical fitness, and/or registered dietician visits). If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Marsha Greene-Jones at 215.686.2325, marsha.greene-jones@phila.gov.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition counseling. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure Of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Philadelphia may use aggregate information it collects to design a program based on identified health risks in the workplace, The City of Philadelphia Wellness Program will never disclose any of your personal information either publicly or to the City, as employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are ActiveHealth Management, the City's third party wellness program provider and administrator, and ActiveHealth's health coaches, condition management nurses, doctors, and licensed health care professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Marsha Greene-Jones at 215.686.2325, marsha.greene-jones@phila.gov.

Women's Health Coverage

The City's medical and prescription drug plans include preventive coverage for women, as required by the Affordable Care Act (also known as federal health care reform). Coverage for the following services, drugs and supplies for women will be covered at 100% when you or your covered family member visits an in-network provider:

- Well-woman visits
- Breastfeeding support, supplies and counseling
- FDA-approved contraception methods, sterilization, and reproduction-related patient education and counseling
- Counseling for sexually transmitted infections
- HIV Screening and counseling
- HPV DNA testing
- Gestational diabetes screenings
- Domestic and interpersonal violence screening and counseling

In addition, the City's health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call Independence Blue Cross at 800.275.2583 for more information.

Maternity And Newborn Infant Coverage

Coverage under the City's medical plans provides that maternity or newborn child coverage may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn 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, health care plans and insurance 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 hours (or 96 hours).

HIPAA Privacy Notice Reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the group health plans sponsored by the City of Philadelphia to periodically send a reminder to participants about the availability of the plans' Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the plans' legal duties with respect to protected health information (PHI) and how the plans may use and disclose PHI. To see the complete HIPAA Privacy Notice, click the box located in the bottom right corner of this page. For more information on the plans' privacy policies or your rights under HIPAA, call our HIPAA Officer at 215.686.0612.

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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Pennsylvania, 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 **877.KIDS NOW** or 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 or call 866.444.EBSA (3272).

If you live in Pennsylvania, see sidebar information; you may be eligible for assistance paying your employer health plan premiums. This information is current as of July 31, 2024. Contact your State for more information on eligibility.

Pennsylvania Medicaid

https://www.pa.gov/en/agencies/dhs.html

800.692.7462

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

866.444.EBSA

U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

877.267.2323

Menu Option 4, Ext. 61565

GO TO Joint Notice of Privacy Practices: HIPAA

Important Notice From The City Of Philadelphia About Your Prescription Drug Coverage And Medicare (Medicare Part D Notice)

To Active Employees Eligible For Medicare Coverage As Of January 1, 2025

If you are Medicare eligible (or if you or your dependents are Medicare eligible or will be during 2025)—and you participate in the City of Philadelphia Prescription Drug Coverage—this notice applies to you. **Keep this Creditable Coverage notice where you can find it**. Please disregard this information if it does not apply to you.

Creditable Coverage Notice

Please read this notice carefully and keep it where you can find it. The notice has information about your current prescription drug coverage with the City of Philadelphia and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare.** You can get this coverage if you join a Medicare Prescription Drug Plan or a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage for a higher monthly premium.
2. The City of Philadelphia has determined that the prescription drug coverage offered by the City of Philadelphia for active employees is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you also may join a Medicare drug plan during a two (2) month Special Enrollment Period (SEP).

What Happens To Your Current Coverage If You Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your City of Philadelphia Prescription Drug coverage will not be affected. The City of Philadelphia plan will coordinate with Medicare. The City of Philadelphia Medicare-eligible retirees have the same drug coverage as they did as an active member.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Philadelphia and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

For more information about your City Administered Prescription Drug coverage, contact our Benefits Administrator below.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if the coverage through the City of Philadelphia changes. You also may request a copy of this notice at any time.

U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov

877.267.2323

Menu Option 4,
Ext. 61565

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible for Medicare, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

1. Visit www.medicare.gov
2. Call your State Health Insurance Assistance Program (see the inside back cover of the "Medicare & You" handbook for their telephone number) for personalized help.
3. Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2024

Title: Deputy Human Resources Director
Health and Welfare Benefits
City of Philadelphia

Contact: marsha.greene-jones@phila.gov

Address: Two Penn Center Plaza, 1500 JFK Boulevard, FL 16
Philadelphia, PA 19102

About This Enrollment Guide: Disclaimer

This enrollment guide is a summary of benefits options and not intended to be a complete description of the City's benefit plans/ programs. If there are any discrepancies between this benefits enrollment guide and any City Administered benefit plan or policy, the applicable plan documents or policy shall govern. This booklet does not represent a guarantee of benefits eligibility or employment. In addition, the City reserves the right to change or stop benefits at any time for any reason, as permitted by applicable laws, rules, and regulations. Employees who are represented by one of the City municipal labor unions may, or may not, be eligible for the programs described in this document. The eligibility of union-represented employees for these programs will be governed by the applicable collective bargaining agreement(s) and/or be subject to collective bargaining.

Photo: Philadelphia Department of Transportation

My Philly Feelin'

Un Verano Sin Ti

Bad Bunny

Barreling down the Schuylkill River Trail on an Indego bike after moving to Philly during COVID, then hammocking underneath the trees and feeling like life is carefree and infinite.

VIVIAN C.
The Law Department

CLICK TO PLAY ON YOUTUBE!

Bad Bunny | https://www.youtube.com/watch?v=IO6rgnJfmiM

Return to **Enrollment** page 9
Return to **Eligibility** page 12
Home

CAP Employee Benefits
CITY OF PHILADELPHIA

Policy Effective Date: October 28, 2013
Policy Amended: September 13, 2024

Purpose: To establish guidelines for benefits enrollment for the City Administered Health Plan (CAP).

Eligibility: Employees classified as eligible to participate in the City Administered Health Plan may include regular, non-represented, exempt (called "Flex employees"), and provisional employees and those employed by First Judicial District of Pennsylvania (FJD), who are either exempt, non-represented or represented by Local 286.

An employee in a union classified position who previously opted into the City Administered Health Plan as a permanent DC-33 CAP or DC-47 CAP member (meaning you have opted out of your collective bargaining benefits coverage) will continue to be grandfathered into the CAP for so long as they are enrolled in the plan.

As per the DC-33 contract effective July 1, 2021, DC-33 members may ***not*** enroll into the CAP plan as new hires after July 1, 2023. DC-33 members who rescind union membership or waive union benefits are ***not*** eligible to join the CAP Benefit program at any time.

An employee in a DC-47 Local 2186 classified position currently or who has been promoted into the same ***may not*** enroll in the CAP Benefits program as a new member.

City of Philadelphia employee's ineligible to participate in the CAP include:

- Part-time employees
- Temporary employee
- Seasonal employees
- Employees who are members of a collective bargaining unit to which participation in the CAP has not been established in the current collective bargaining agreement.

Eligible Dependent Include:

- Lawful Spouse - as certified with a marriage certificate
- Biological birth child through age 25
- Biological birth child of a life partner through age 25
- Adopted child through age 25
- Stepchild through age 25 (current marriage verification required)
- Legal court ordered child through age 25 (court order required)
- Noncustodial child for whom the CAP has received a Qualified Medical Child Support Order
- Disabled child over age 26 - as certified by the medical Insurance Administrator

***Married employee dependents (children) are not eligible to enroll in any City Administered Health Plan.**

***Life Partners** – Pennsylvania state law allows same-sex marriage. As a result of this law, the City Administered Health Plan will no longer cover new life partners and their dependent children on or after January 1, 2017. The City Administered Health Plan will continue to cover current life partners enrolled in the Health Plans as of December 31, 2016, and their dependent children, for as long as they and their dependents remain eligible.

However, if a life partner and his/her dependent child are enrolled in the City Administered Health Plan as of December 31, 2016, is dropped from coverage, s/he is not eligible to be re-enrolled in the Health Plan on or after January 1, 2017.

* The criteria for dependent eligibility determination is based upon the submission of the verification documents stipulated in this policy (see pages 7 – 9). Married dependents (children) are ineligible for coverage under the City Administered Health Plan.

ENROLLMENT POLICY AND PROCEDURES

Newly Hired Flex and Local 286 CAP Eligible Employees
An eligible newly hired employee must be enrolled into the CAP within 30- days of his/her date of hire (DOH) via COP HR Employee Self-Service. The necessary enrollment documents required as proof of dependent eligibility must be available at time of enrollment. When these documents are uploaded to the COP HR Employee Self-Service portal within the 30-day requirement, benefit coverage will become effective following the CAP 1st through the 15th rules or the 16th through the last date of the month eligibility rule.

- **Coverage begins for employees hired from the 1st to the 15th** retroactive to their date of hire i.e. Employee start date February 10th coverage begins on February 10, 2025.
- **Coverage begins for employees hired from the 16th through the end of the month** on the first day of the next month i.e. Employee start date February 20, 2025, coverage begins on March 1, 2025.

Waive Credit Flex Employees and FJD Local 286 Employees
To be eligible for the $36 per pay waive credit benefit, Flex and FJD Local 286 employees must complete the online enrollment in the COP HR Employee Self-Service portal indicating waived coverage. Employees must also upload the appropriate documentation including a letter or certification stating the type of coverage the employee has, i.e., health, prescription, dental etc. **(photocopies of health cards are not acceptable proof of coverage). All documentation must also be uploaded within the requisite new hire enrollment period (30- days plus a 15-day administrative grace period).**

DC-33 Employees Waive Union Coverage/Age Out
A DC-33 employee who waives union coverage may only join the CAP plan in certain circumstances. DC-33 members eligible to enroll include those who waive coverage due to existing CAP coverage via a spouse; DC-33 classified employees who age out of a parent's CAP coverage may also enroll in CAP, in both situations' enrollment must take place within 30-days of the aforementioned event.

There is a 15-day administrative grace period - starting on the 31st day from the employees age-out - allowing for the submission of benefit enrollment documents for newly aged out employees. This grace period requires a paper enrollment inclusive of a benefit enrollment application, flex form, tobacco certification form and required proof of dependent eligibility.

An enrollment is considered **LATE** if the employee has not enrolled via the Employee Self-Service portal and has not uploaded the required documentation. See page 5 for provisions surrounding late enrollment.

DC- 33 CLASSIFIED EMPLOYEES (PERMANENT)
No Longer Eligible to Enroll In CAP Coverage

DC 47 – LOCAL 2186 CLASSIFIED EMPLOYEES (PERMANENT), "SUPERVISORY POSITIONS" ONLY
No Longer Eligible to Enroll In CAP Coverage

Newly Hired Provisional Employees
Employees hired on a provisional status are subject to the same time periods for enrollment as non-represented employees (i.e., (i.e., 1st/15th and the 16th /30th rule with a 30-day requirement and 15-day grace period) based on the date of the provisional appointment.

Permanent Promotion or Change of Status Employees from Union Classified Positions to CAP-
Newly promoted employees into the CAP must provide the necessary documents required for proof of dependent eligibility at time of enrollment. **Union members promoted into a CAP eligible position cannot retain enrollment in a union health plan upon permanent promotion.** These documents must be uploaded into the COP HR Employee Self-Service portal (ESS) within the 30-days of promotion. **For enrollments completed within the 30 days from the date of status change, coverage will become effective the first day of the month following the date of the change.**

Because all City plans terminate health coverage at the end of the month, coverage and enrollment into the CAP plan will begin on the first of the month following promotion, this same rule applies to employees accepting positions within a City of Philadelphia Union.

An enrollment is considered **LATE** if it is not completed in the Employee Self Service portal within 30-days of the promotion date. For enrollments more than 30-days after the date of promotion please see page 5, for the provisions surrounding late enrollment.

Employees Returning from unpaid LOA (when benefits have been terminated)
The employee must notify their Human Resources Representative of their return from leave immediately to activate their returned status. If the employee previously enrolled with single benefit status no further action is required. However, if the employee previously had covered dependents they must log-in to the COP HR Employee Self-Service portal to confirm their coverage within 30-days upon return from leave**. Coverage will become effective on the date the employee returns to work.**

An enrollment is considered **LATE** if the benefit confirmation takes place more than 30 days after the re-appointment date. See page 5 for provisions surrounding late enrollment.

Benefit Enrollment for Demoted, Rehired, Laid Off Flex and Local 286 Employees

CAP Employees who are rehired/reinstated are subject to the same time periods for enrollment as non-represented employees (i.e., 1st/15th and the 16th /30thrule with a 30-day requirement and 15-day grace period) based on the **date of rehire/reinstatement.**

Benefit Enrollment for Demoted, Promoted, Rehired, and Laid Off DC-33 CAP Employees
DC-33 employees who were formerly members of CAP at least 12 months prior to demotion, rehire or layoff may rejoin the CAP plan. If the employee formerly participated for six months in union coverage, they are not required to participate a second time; and may join CAP immediately**,** following the CAP enrollment rules.

Benefit Enrollment Upon Reinstatement for DC-33 CAP, Flex, Local 286 (as a result of an award or settlement agreement)
An employee who has lost coverage from the CAP as a result of an employment separation may be re-enrolled into such plan upon reinstatement of employment. The effective date of coverage shall be contingent upon the agreed terms of the award determination.

The award can be ordered by a Civil Service, Arbitration, Court Order or Settlement agreement.

Benefits Enrollment for Mid-Year Qualifying Life Events (QLEs)
As per IRS guidelines, all enrollments related to a QLE change must be accompanied by the supporting proof of dependent eligibility. QLE documents must be uploaded to the COP HR Employee Self-Service portal within 30-days of the qualifying life event. For a birth/adoption qualifying life event, enrollments must be completed within 45-days of the life event. **Should a child upon birth or adoption not be enrolled within the prescribed enrollment period as described above, they may be added outside of the enrollment window; retroactive to the date of birth.**

The requested QLE change will not be implemented if the required documents are not uploaded via the COP HR Self-Service portal within the required period. Requested benefits changes resulting from the QLE received beyond 30 days cannot be processed for the current benefits plan year with the exception of the birth or adoption of a child.

QLEs are only permitted if the change is consistent with the qualified life event. For example, having a child does not permit the employee to add their spouse to health coverage mid-year.

Employees experiencing a QLE will be required to provide documentation from the **Definitions and Required Documents List** (see pages 7 – 9).

Listing of Mid-Year Qualifying Life Events	Benefits Action	Documentation
Marriage	Addition	See Required Documents List page 7 – 9.
Life Partnership	Removal	Life Partner termination statement, signed by both parties
Divorce	Removal	Divorce Decree
Separation	Removal	Statement of separation by attorney, signed by both parties
Birth	Addition	See Required Documents List page 7 – 9.

Adoption	Addition	See Required Documents List page 7 – 9.
Legal Guardianship	Addition	See Required Documents List page 7 – 9.
Gaining other health coverage or a waive of City coverage	Removal	Letter or cert. stating start date of coverage; including type i.e., health, RX, dental etc. and members gaining or currently covered
Losing other health coverage	Addition	Letter or cert. stating start date of coverage loss; including type of loss coverage i.e., health, RX, dental etc. and members losing coverage.

LATE ENROLLMENT GUIDANCE

Newly Hired Employees *(including provisional hires and rehires)*
There will be a 15-day administrative grace period starting on the 30th day from the employee's DOH or date or rehire. This grace period requires a paper enrollment inclusive of benefit enrollment application, flex form, tobacco certification form and required proof of dependent eligibility.

- For late enrollments, if you are hired between 1st and the 15th of the month but within the 15-day grace period, the effective date of coverage will be retroactive to the first day of hire.
- If you are hired from the 16th thru the last day of the month, your coverage will become effective on the first day of the next month following your date of hire.

Waive Credit
If the health coverage election is not submitted within the 45-day maximum period for enrollment, the employee is considered to have **WAIVED coverage**.

- Enrollment will only be permitted if there is a qualifying mid-year life event or at the following annual open enrollment period.
- By default, Flex eligible employees will be viewed as waiving health coverage when they do not enroll and submit enrollment documents within the designated period.

The City of Philadelphia will not offer a waive credit to employees who do not submit documented proof of other coverage timely.

Promoted/ Demoted or Change of Status Employees – Union Classified to CAP
For late enrollment, the effective date of coverage will be prospective to the first day of the month following termination of the former union coverage and receipt of enrollment documentation.

Employees promoting out of a union classified position into a civil service non-represented or an exempt position are not permitted to continue their enrollment in a union benefits program unless stipulated in the current collective bargaining agreement, authorized by the Union and the City or if coverage is offered via COBRA through the Union's benefits program.

Employees Returning from unpaid LOA (when benefits have been terminated)
For late enrollment, the effective date of coverage will be the date the employee returns from leave.

Qualifying Life Events
All mid-year QLEs enrollments must be completed within 30 days of the event date, regardless of whether the event is intended to add or remove coverage. In the COP HR Employee Self-Service portal, the window to make changes will automatically close on day-30, hence changes cannot be made beyond the 30- days. Birth or adoption are the only exceptions to this qualifying life event, enrollments in this situation will be added first of the month upon receipt of enrollment documentation.

The late enrollment rules apply regardless of whether ***the delay is a result of the employee or the respective department.***

GUIDE TO CAP ENROLLMENT RULES*

Enrollment Event	Time Period to Enroll	Effective Date (if received timely)	Effective Date (if received late)
New Hires CAP Flex, Local 286 Rehired/ Reinstated	30 days from DOH (15 days grace period)	CAP 1st / 15th rule from DOH CAP 16th / 30th effective the first of the following month	Not eligible
New Hires CAP Flex, Local 286 Waiving Coverage	30 days from DOH (15 days grace period)	CAP 1st / 15th rule from DOH CAP 16th / 30th effective the first of the following month	Not eligible for $36 waive credit
Provisional	30 days from Provisional Appointment (15 days' grace period)	CAP 1st / 15th rule from date of provisional appointment CAP 16th / 30th effective the first of the following month	Not eligible
****DC33-CAP (PERMANENT)**	6-month Probationary Period	1st of the month following 6-month period in union plan	Not eligible for DC-33 CAP
Promotions/ Demotions Change of Status (Union Classified to CAP) and Temp to Perm	30 days from date of promotion	1st of the month following date of promotion/promotion/change of status	1st of the month following receipt of documents and termination of union coverage
Returning from Unpaid LOA	Effective the date the employee returns to work.	1s day upon return to work	1st day upon return to work, EE must re-set enrollment on behalf of formerly covered dependent (s)
Reinstatement (as a result of an award or settlement agreement)	30 days from date of reinstatement	Contingent upon the stipulations of the award/agreement	Contingent upon the stipulations of the award/agreement

Qualified Life Events (QLE) Includes CAP, DC-33, Local 286	30 days from QLE event date (15 days' grace period for newborns only)	1st day of the month following the event date (note: birth is effective on the date of birth)	Requested change will not be made. The exception is adding a newborn or adoption of a child

*** Denials of eligibility are appealable to the Director of Human Resources.**

*** * DC-33 employees lose their eligibility to enroll in CAP if hired after January 15, 2023, please see other eligibility rules**

TERMINATION OF HEALTH COVERAGE

Employees who terminate from CAP coverage are offered COBRA continuation coverage. To ensure compliance with COBRA regulations all CAP benefit terminations **MUST** be completed within 30- days of the date employment ends or when the employee moves into non-pay status.

Events associated with loss of CAP coverage include:

- Unpaid LOA beyond the FMLA 12-week requirement
- Employment separation/termination
- Employment status change to union classified position with exception to Local 286
- Employment status change to part-time, temporary, or seasonal position

Terminating CAP health benefits coverage CANNOT BE DELAYED!

REQUIRED DOCUMENTATION FOR BENEFITS ELIGIBILITY

In order for a dependent to be covered under the CAP, the employee must provide valid proof of eligibility. To certify eligibility, the employee must upload the required documentation from the Required Documents list below, into the COP HR Employee Self-Service portal. This information must be uploaded within the 30-day eligibility period. For enrollments after 30-days but within the 45-day enrollment period, please follow the late enrollment process. The Human Resources Representative will collect all documentation and forms for submission to the Benefits Unit. A copy of this documentation should be maintained on file by the respective departmental HR Office.
Please note all Social Security Cards must match the name of enrolled individuals.

Dependent Eligibility Verification Documentation

DEPENDENT TYPE	REQUIRED DOCUMENT(S) (COPIES ONLY, NO ORIGINAL DOCUMENTS)
Spouse	• Marriage Certificate, and **Social Security Card**

	• Foreign nationals without a social security card must submit a birth certificate, until a social security card can be produced, a social security card must be produced within 12-months of enrollment. **AND ONE** of the following tax documents: • Page 1 and signature page of employee's current or prior year Federal Income Tax Return (1040, 1040A or 1040EZ) **as filed with the IRS** listing the spouse *(it is recommended that all personal financial information is redacted)* • Page 1 and certificate of filing or email confirmation of electronic submission of employee's current and prior year Federal Income Tax Return (1040, 1040A or 1040EZ) **as filed with the IRS** listing the spouse. **OR ONE** of the following documents (these are some examples) to show marriage is still current (Note: if document lists SPOUSE ONLY the document must reflect an address, and the address must be the same as the address on file for the employee): • Current mortgage statement, home equity loan, or lease agreement • Current Property Tax documents • Automobile registration that is currently in effect • Current credit card or account statement • Current utility bill • Assignment of a durable property power of attorney or health care power of attorney • Valid government-issued ID **NOTE: "Current" is defined as within the last 12 months.**
Biological (natural) child through age 25	• Birth Certificate (issued by a state, county, or vital records office) and **Social Security Card** • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment. ***NOTE:*** *Both parents' names must appear on the Birth Certificate. If the employee's name is not listed on the certificate, then the non-employee who is named on the birth certificate must be linked to the employee through the marriage records submitted*
Biological (natural) child of a life partner through age 25	• Birth Certificate (issued by a state, county, or vital records office) and **Social Security Card** • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment. ***NOTE:*** *Both parents' names must appear on the Birth Certificate. If the employee's name is not listed on the certificate,* ***then the non-employee who is named on the***

	birth certificate must be linked to the employee through the marriage records submitted.
Adopted child through age 25	**ONE** of the following legal documents and **Social Security Card:** • Certificate of adoption (court documents) signed by a judge showing that the employee has adopted the child. • Certified copy of the Placement Report or Petition for Adoption from the adoption agency showing intent to adopt. • International adoption papers from country of adoption • Birth Certificate (issued by a state, county or vital records office naming the adopted parents) • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment.
Stepchild through age 25	**BOTH** of the following documents and **Social Security Card:** • Marriage Certificate (indicating stepchild's biological parent is married to employee) • Birth Certificate of stepchild (issued by a state, county or vital records office) listing spouse. • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment.
Legal court ordered child through age 25	• Court Order signed by a judge verifying legal custody of the child and **Social Security Card** • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment.
Non-custodial child for whom the CAP has received a Qualified Medical Child Support Order	**ONE** of the following documents and **Social Security Card**: • Court Order signed by a judge. • Medical Support Order issued by a state agency. • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment.

Disabled child [over age 26]	**ALL** of the following and **Social Security Card**: • You must submit the required document(s) for the appropriate dependent category above, as proof that the child is your or your spouse. • Current government-issued ID or document showing eligibility for Social Security Income (SSI) or Social Security Disability Income (SSDI) • Approved Disabled Child Form from the medical insurance carrier/administrator. • Foreign nationals without social security cards may use birth certificate ***only*** until a social security card is secured. A social security card must be produced within 12 -months of enrollment.

RESOURCES TO OBTAIN DOCUMENTS

NOTE: If your legal documents are in a foreign language, please include a notarized translation in English.

- Birth Certificates & Marriage Licenses: http://www.cdc.gov/nchs/w2w.htm (click on your State for details).
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html
- Approved Disabled Child Form: Contact Independence Blue Cross at 1-800 ASK-BLUE (275-2583).

10-2024 mgj

Blue Distinction® and Blue Distinction Centers+

Pennsylvania

Philadelphia County

Albert Einstein Medical Center
5501 Old York Rd
Philadelphia, PA 19141

- Cardiac Care+
- Spine Surgery+
  - Hospital
- Transplants - Solid Organ
  - Adult Kidney Deceased
  - Adult Kidney Living
  - Adult Liver Deceased

Chestnut Hill Hospital
8835 Germantown Ave
Philadelphia, PA 19118

- Bariatric+
  - Comprehensive Center

Childrens Hospital of Philadelphia
3401 Civic Center Blvd
Philadelphia, PA 19104

- Transplants - Bone Marrow
  - Pediatric Bone Marrow
- Transplants - Solid Organ
  - Pediatric Liver

Hospital of the University of Pennsylvania
3400 Spruce St
Philadelphia, PA 19104

- Bariatric
  - Comprehensive Center
- Cardiac Care+
- Maternity Care
- Spine Surgery+
  - Hospital
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Kidney Deceased
  - Adult Kidney Living
  - Adult Liver Deceased
  - Adult Liver Living
  - Adult Lung

Pennsylvania Hospital of the University of Pennsylvania
800 Spruce St
Philadelphia, PA 19107

- Bariatric
  - Comprehensive Center
- Maternity Care
- Spine Surgery+
  - Hospital

Presbyterian Medical Center
51 N 39th St
Philadelphia, PA 19104

- Bariatric
  - Comprehensive Center
- Cardiac Care+
- Spine Surgery+
  - Hospital
- Substance Use Treatment

Temple University Hospital - Jeanes Campus
7600 Central Ave
Philadelphia, PA 19111

- Bariatric
  - Comprehensive Center

Temple University Hospital
3401 N Broad St
Philadelphia, PA 19140

- Bariatric+
  - Comprehensive Center
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Heart
  - Adult Kidney Deceased
  - Adult Kidney Living
  - Adult Lung

The Consortium Inc Main Site
451 S University Ave
Philadelphia, PA 19104

- Substance Use Treatment

Thomas Jefferson University Hospital
111 South 11th Street
Philadelphia, PA 19107

- Bariatric+
  - Comprehensive Center
- Cardiac Care+
- Knee and Hip Replacement
  - Hospital
- Maternity Care
- Transplants - Bone Marrow
  - Adult Bone Marrow
- Transplants - Solid Organ
  - Adult Heart
  - Adult Kidney Deceased
  - Adult Kidney Living
  - Adult Liver Deceased
  - Adult Liver Living

Independence

TJUH - Methodist Hospital
2301 S Broad St
Philadelphia, PA 19148

- Bariatric
  - Comprehensive Center

University of Pennsylvania, Penn Fertility Care
3701 Market St, Suite 730
Philadelphia, PA 19104

- Fertility

Bucks County

Doylestown Hospital
595 W State St
Doylestown, PA 18901

- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital
- Spine Surgery
  - Hospital

Grand View Health
700 Lawn Ave
Sellersville, PA 18960

- Bariatric+
  - Comprehensive Center
- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

Penn Foundation Recovery Center
807 Lawn Avenue
Sellersville, PA 18960

- Substance Use Treatment

Rothman Orthopaedic Specialty Hospital
3300 Tillman Dr
Bensalem, PA 19020

- Knee and Hip Replacement+
  - Hospital

St. Mary Medical Center
1201 Langhorne Newtown Rd
Langhorne, PA 19047

- Spine Surgery+
  - Hospital

Chester County

Chester County Hospital
701 East Marshall Street
West Chester, PA 19380

- Cardiac Care+
- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

Main Line Hospitals - Paoli Memorial
255 W Lancaster Ave
Paoli, PA 19301

- Knee and Hip Replacement+
  - Hospital
- Maternity Care+

Phoenixville Hospital
140 Nutt Rd
Phoenixville, PA 19460

- Knee and Hip Replacement
  - Hospital

Recovery Centers of America at Devon
235 W Lancaster Ave
Devon, PA 19333

- Substance Use Treatment

Montgomery County

Abington Memorial Hospital
1200 Old York Rd
Abington, PA 19001

- Bariatric+
  - Comprehensive Center
- Cardiac Care+
- Maternity Care+
- Spine Surgery+
  - Hospital

Abington Reproductive Medicine, Abington IVF and Genetics, Toll Center for Reproductive Sciences
Arches Bldg, 1200 Old York Rd, 2nd Floor
Abington, PA 19001

- Fertility

Albert Einstein Medical Center
60 Township Line Rd
Elkins Park, PA 19027

- Bariatric+
  - Comprehensive Center

Einstein Medical Center Montgomery
559 W Germantown Pike
East Norriton, PA 19403

- Bariatric+
  - Comprehensive Center
- Cardiac Care+

Holy Redeemer Hospital Medical Center
1648 Huntingdon Pike
Meadowbrook, PA 19046

- Maternity Care+
- Spine Surgery+
  - Hospital

Lankenau Hospital
100 Lancaster Avenue
Wynnewood, PA 19096

- Cardiac Care+
- Knee and Hip Replacement
  - Hospital
- Spine Surgery
  - Hospital

Main Line Fertility and Reproductive Medicine
825 Old Lancaster Rd, Suite 170
Bryn Mawr, PA 19010

- Fertility

Main Line Hospitals - Bryn Mawr
130 South Bryn Mawr Ave
Bryn Mawr, PA 19010

- Bariatric+
  - Comprehensive Center
- Knee and Hip Replacement+
  - Hospital

Physicians Care Surgical Hospital
454 Enterprise Dr
Royersford, PA 19468

- Knee and Hip Replacement+
  - Hospital

Pottstown Hospital
1600 E High St
Pottstown, PA 19464

- Knee and Hip Replacement+
  - Hospital

Reproductive Medicine Associates of Philadelphia
625 Clark Ave, Suite 17B
King of Prussia, PA 19406

- Fertility+

Delaware County

Crozer Chester Community Division
301 W. 15th Street
Chester, PA 19013

- Substance Use Treatment

Crozer Chester Medical Center
1 Medical Center Blvd
Chester, PA 19013

- Bariatric+
  - Comprehensive Center
- Substance Use Treatment

Delaware County Memorial Hospital
501 N Lansdowne Ave
Drexel Hill, PA 19026

- Knee and Hip Replacement+
  - Hospital

Mercy Fitzgerald Hospital
1500 Lansdowne Ave
Darby, PA 19023

- Bariatric+
  - Comprehensive Center

Mirmont Treatment Center
100 Yearsley Mill Rd
Media, PA 19063

- Substance Use Treatment

Providence Treatment
1223 N Providence Rd
Media, PA 19063

- Substance Use Treatment

Riddle Memorial Hospital
1068 W Baltimore Pike
Media, PA 19063

- Knee and Hip Replacement+
  - Hospital
- Maternity Care+
- Spine Surgery+
  - Hospital

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City of Philadelphia Tobacco-Free Network Participating Pharmacies

The following list shows the major chain pharmacies and independent pharmacies that accept your prescription ID card. In addition to these, other independent pharmacies also take part in your prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.

ZIP Code 19002
CVS Pharmacy
Amber Pharmacy
Prospectville Pharmacy

ZIP Code 19102
CVS Pharmacy®
Jomici Apothecary
CVS® HealthHUB® Location at 1500 Spruce Street
MinuteClinic at 1500 Spruce Street

ZIP Code 19103
CVS Pharmacy
Medical Tower Pharmacy
Pickwick Pharmacy

ZIP Code 19104
Asprie Rx LLC
CVS Pharmacy
Hospital of the University of Pennsylvania
Lancaster Pharmacy
My Pharmacy
Nextdoor Community Pharmacy
Penn Med University City Apothecary
Penn Presbyterian Apothecary
Penn Presbyterian Med Center Pharmacy

ZIP Code 19106
CVS Pharmacy
Washington Square Pharmacy

ZIP Code 19107
AHF Pharmacy
Arch Pharmacy
Care Plus CVS Pharmacy
CVS Pharmacy
CVS Pharmacy Specialty Services
Jefferson Pharmacy Walnut Street
Neff Surgical Pharmacy
Pennsylvania Hospital Outpatient Pharmacy
PHMC Pharmacy

ZIP Code 19111
Alexa Pharmacy
Angel Care Pharmacy
Cottman 1 Pharmacy
CVS Pharmacy
Fox Chase Cancer Center Pharmacy
Rising Sun Pharmacy
Tang Pharmacy 3

ZIP Code 19112
Jefferson Navy Yard Pharmacy

ZIP Code 19114
Academy Pharmacy
Alliance Cancer Specialists PC
CVS Pharmacy
Morrell Park Pharmacy
ShopRite Pharmacy of Morrell Plaza

ZIP Code 19115
CVS Pharmacy
Dream Pharmacy
Einstein at Center One Pharmacy
Elite Pharmacy
I & L Express Pharmacy LLC
Krewston Pharmacy
Philadelphia Discount Pharmacy

ZIP Code 19116
A Plus Pharmacy
Avon Pharmacy Inc.
CVS Pharmacy
Firxst Pharmacy

ZIP Code 19119
CVS Pharmacy
Pelham Pharmacy

ZIP Code 19120
CVS Pharmacy
Lifetime Pharmacy
Live Well Pharmacy at Rising Sun
Tang Pharmacy
Tang Pharmacy 2
Wyoming Pharmacy

ZIP Code 19121
Diamond Pharmacy
Project Home Pharmacy
Sedgley Plaza Pharmacy Inc

ZIP Code 19122
CarePlus® Pharmacy Inc.
CVS Pharmacy
CVS Pharmacy Specialty Services
MD Company Pharmacy
North Philly Pharmacy
West Girard Health Pharmacy

ZIP Code 19123
CVS Pharmacy
Getwell Pharmacy
Girard Avenue Pharmacy
Greater Philadelphia Pharmacy
The Art of Medicine

ZIP Code 19124
CVS Pharmacy
Dedicated Senior Med Center Olney
Frankford Health Pharmacy
Greater Philadelphia Pharmacy
Northeast Discount
Smith's Pharmacy
Summerdale Pharmacy
TRX Pharmacy
Universal Pharmacy
Wellcare Pharmacy 2

City of Philadelphia Tobacco-Free Network Participating Pharmacies (cont.)

ZIP Code 19125
AbsoluteCARE of Philadelphia
Centennial Phcy Services Inc
CVS Pharmacy
Fishtown Pharmacy
Nova Star Pharmacy

ZIP Code 19126
CVS Pharmacy
Oak Lane Pharmacy
Penncare Pharmacy

ZIP Code 19127
CVS Pharmacy

ZIP Code 19128
CVS Pharmacy
CVS HealthHUB Location at 6701 Ridge Avenue Building 1
Hopkins Pharmacy
Morrison Pharmacy
MinuteClinic at 6701 Ridge Avenue Building 1

ZIP Code 19130
Brewerytown Rx Pharmacy
CVS Pharmacy
Ellis Prescription Pharmacy
Fairmount Pharmacy INC
Fairmount Pharmacy Services LLC
Fairmount Primary Care Center
Solace Pharmacy and Wellness Shop
Tang Pharmacy IV

ZIP Code 19131
CVS Pharmacy
Dedicated Sen Med Ctr W Phila
Monument Pharmacy
West Village Pharmacy
Wynnefield Pharmacy

ZIP Code 19132
26th & Lehigh Pharmacy
Broad & Lehigh Pharmacy
Dedicated Senior Med Ctr N Phila
Family Rite Pharmacy
Just Here II Pharmacy
King Pharmacy
Patriot Pharmacy
Robinson Pharmacy

ZIP Code 19133
Apollo Pharmacy
Cambria Pharmacies
Esperanza Health Center
Maria De Los Santos Health Ctr
M R Pharmacy
Superdrug
Urbancare Pharmacy

ZIP Code 19134
A&F Pharmacy
Allegheny Apothecary
Apple Pharmacy at St. Christopher's
Care Trust Pharmacy
CVS Pharmacy
Esperanza Health Center
Global Pharmacy
La Vida Discount Pharmacy
Medicine Shoppe Pharmacy
Nice Pharmacy
Olde Philly Pharmacy
QRX3 Pharmacy and Medical Supply
Sunray Drugs C Street

ZIP Code 19135
Apex Pharmacy
Crown Drugs
Healthaid Pharmacy
Tacony Pharmacy

ZIP Code 19136
CVS Pharmacy
Deluxe Pharmacy
Holmesburg Pharmacy
QRX2 Pharmacy

ZIP Code 19137
Bridesburg Pharmacy

ZIP Code 19138
CVS Pharmacy
Tang Pharmacy 5

ZIP Code 19139
Best Care Pharmacy
CVS Pharmacy
Haverford Pharmacy
Neff Drugs LLC
Neighborhood Pharmacy
Olive Tree Pharmacy
RiteChoice Pharmacy 5 LLC
Sun Ray Drugs
Trans Drugstore
Wellaid INC

ZIP Code 19140
Caribbean Pharmacy
Center Pharmacy of Erie Ave INC
Esperanza Health Center Inc
Getwell Pharmacy
Hillrise Pharmacy
Jay's Hunting Park Pharmacy
Just Here Pharmacy
Oxford Pharmacy
Smith's Pharmacy
Temple University Hospital Outpatient Pharmacy

ZIP Code 19141
Broad and Grange Pharmacy
Delco Pharmacy
Einstein Pharmacy
Primary Choice Pharmacy
Shop and Carry Pharmacy

ZIP Code 19142
65th and Woodland Pharmacy
CVS Pharmacy
Destiny Pharmacy
Four Star Pharmacy
Rena's Pharmacy
RiteChoice Pharmacy
Trans Drug Store

ZIP Code 19143
Davis Pharmacy
Greater Philadelphia Pharmacy
The New Pharmacy

ZIP Code 19144
Germantown Pharmacy
Goodwill Community Pharmacy
Healing Pharmacy
Ritechoice Pharmacy 4
United Pharmacy Upper Darby INC

City of Philadelphia Tobacco-Free Network Participating Pharmacies (cont.)

ZIP Code 19145
Broad and Snyder Pharmacy
Broad Street Apothecary
CVS Pharmacy
Farmacia
McKean Street Pharmacy
Packer Apothecary
Point Breeze Pharmacy

ZIP Code 19146
CVS Pharmacy
Greater Philadelphia Pharmacy
Health on South Rx

ZIP Code 19147
Bertolinos Pharmacy Inc
CVS Pharmacy
Escript360
Greater Philadelphia Pharmacy
Lan Apothecary
Patient care pharmacy
Wellcare Pharmacy

ZIP Code 19148
CVS Pharmacy
Dedicated Senior Medical
Linsky Pharmacy
Olde Philly Pharmacy
Sav Mor Pharmacy Inc
Silverman Pharmacy
Wellcare Pharmacy 3

ZIP Code 19149
Castor Pharmacy & Surgical Supplies
CVS Pharmacy
Dedicated Sen Med Ctr Mayfair
Friendship Pharmacy
Friendship Pharmacy LTC Grace
CVS HealthHUB Location at
6501 Harbison Avenue
MinuteClinic at
6501 Harbison Avenue
QRX Pharmacy
Rapoport Pharmacy
Wellcare Pharmacy

ZIP Code 19150
Citimed Pharmacy LLC
CVS Pharmacy

ZIP Code 19151
CVS Pharmacy
Four Star Pharmacy
LN Pharmacy

ZIP Code 19152
Bells Pharmacy
Bells Market Pharmacy
Bright Medical Technology Inc
Community Care Rx LTC
CVS Pharmacy
Empire Pharmacy Inc
Medplus Pharmacy
SS Pharmacy

ZIP Code 19154
CVS Pharmacy
Fairdale Pharmacy

Office of Human Resources
CAP Employee Benefits
CITY OF PHILADELPHIA

CVS caremark®

Return to Life/Accident page 51

Home

Basic ▪ Optional ▪ Supplemental Life Insurance

DESIGNATION OF BENEFICARY / CHANGE OF BENEFICIARY FORM

Office of Human Resources CAP Employee Benefits CITY OF PHILADELPHIA

Return completed form to your department *Human Resource Representative

Fillable - only if opened in Adobe. | See instructions page #2.

Personal Information

Name:	SSN #:
Date of Birth:	Payroll #:
Address:	Home/Cell #:
City, State, & ZIP:	Work #:

Choose 1 of the following:

☐ I am designating/changing the beneficiary(s) of my Basic LIFE INSURANCE. I am completing SECTION A.

☐ I am designating/changing the beneficiary(s) of my Optional/Supplemental LIFE INSURANCE. I am completing SECTION B.

☐ I am designating/changing the beneficiary(s) of both my Basic & Optional/Supplemental LIFE INSURANCE. I am completing SECTIONS A&B.

Beneficiary Designation(s) - Both Primary designations & Contingent designations must total **100%**

PLEASE NOTE: If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

SECTION A - Basic LIFE INSURANCE Beneficiary Designation /Change

Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent

SECTION B - Optional/Supplemental LIFE INSURANCE Beneficiary Designation /Change

Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent
Name:	Relationship: dropdown	SSN #:	Phone #:
Address:		D.O.B:	% _____: ☐ Primary ☐ Contingent

Authorization: Requires that you date and either sign *or* type your name below.

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Policy Holder Name:		**Date:**	

JDA | 9.23.2023

Page 2 of 2 - Basic, Optional, Supplemental Life Insurance Beneficiary Form

This form is fillable only when viewed using Adobe.

EXAMPLES of Beneficiary Designations /Changes

Indicate all of the required information for each beneficiary:

- First and last names
- Social Security #
- Date of birth (D.O.B.)
- Relationship to you
- Address
- Phone/Cell number
- If either a primary or a contingent beneficiary
- Split % you'd like a beneficiary to receive

Beneficiary Designation(s) - Both Primary designations & Contingent designations must total 100%

Example 1

SECTION A - Basic LIFE INSURANCE — **Beneficiary Designation /Change**

Name:	Michael J. Jackson	Relationship:	Spouse	SSN #:	123-456-7891	Phone #:	555-456-5555
Address:	2900 Jackson Street #A, Philadelphia, PA 19134			D.O.B:	08-29-1958	% 100 : ☒ Primary ☐ Contingent	
Name:	Janet J. Jackson	Relationship:	Sister	SSN #:	222-456-7891	Phone #:	222-456-5555
Address:	553 Control BLVD, Philadelphia, PA 19134			D.O.B:	05-16-1966	% 50 : ☐ Primary ☒ Contingent	
Name:	Ella J. Fitzgerald	Relationship:	Aunt	SSN #:	333-456-7891	Phone #:	232-456-5555
Address:	1267 Jazz Drive, Philadelphia, PA 19106			D.O.B:	04-25-1917	% 50 : ☐ Primary ☒ Contingent	

Example 2

SECTION B - Optional/Supplemental LIFE INSURANCE **Beneficiary Designation /Change**

Name:	Diana J. Ross	Relationship:	Spouse	SSN #:	444-456-7891	Phone #:	555-456-5555
Address:	999 Motown Way, Philadelphia, PA 19151			D.O.B:	03-26-1944	% 60 : ☒ Primary ☐ Contingent	
Name:	Smokey J. Robinson	Relationship:	Brother	SSN #:	555-456-7891	Phone #:	578-456-5555
Address:	876 Detroit Lane, Philadelphia, PA 19122			D.O.B:	02-19-1940	% 40 : ☒ Primary ☐ Contingent	
Name:	Prince Roger Nelson	Relationship:	Son	SSN #:	987-456-7891	Phone #:	511-456-5555
Address:	1999 Paisley Park Road, Philadelphia, PA 19234			D.O.B:	06-07-1958	% 100 : ☐ Primary ☒ Contingent	

Return completed form to your department *Human Resource Representative. Retain a copy for your records.

***HR Reps should add completed form to the employee's document of record.**

City of Philadelphia

BOARD OF PENSIONS AND RETIREMENT

DESIGNATION OF BENEFICIARY FOR PENSION BENEFITS

I hereby designate that upon my death the following named beneficiary or beneficiaries shall receive the death benefits provided in the Public Employees Retirement Code, and that this designation replaces any prior designation that I may have made for this purpose:

NAME	ADDRESS	RELATIONSHIP

In the event all of the above-named shall predecease me, I designate the following as a contingent beneficiary:

NAME (PLEASE PRINT)	SIGNATURE	DATE	PAYROLL NUMBER

☐ NEW DESIGNATION ☐ CHANGE OF DESIGNATION

Note: **This Designation of Beneficiary For Pension Benefits Form is not valid unless it is signed and dated by the employee or vested member. You must download and sign, using a wet signature.**

The Public Employees Retirement Code provides what persons may be valid beneficiaries of a City employee for death benefits. There are two kinds of beneficiaries: (1) "specifically designated" beneficiaries, such as the names you place on the form above; and (2) "default" beneficiaries, which are the persons who may receive a benefit under the Retirement Code if there are no valid specifically designated beneficiaries living at the time of the employee's death.

You may name any person as a beneficiary. "Person" means only human beings; not estates, corporations, charities, or any other entity. You may only name a trust if it is for the benefit of a disabled child and meets all of the legal requirements as defined by Section 22-701 of the Pension Code. You may name more than one person, and then upon your death all of those beneficiaries who are still living will share equally in the benefit. You may name "contingent beneficiaries" who will become the beneficiaries if all the regular beneficiaries die before you do. However, if you are aware of the death of any beneficiaries, it would be preferable for you to contact the Pension Board to complete a Change of Beneficiary Designation Form.

If there are no living valid designated beneficiaries upon your death, the Retirement Code provides that the benefit shall be to the "default beneficiaries," that is, the following person or persons in this order:

a) Spouse living with the employee at the time of the employee's death or entitled to support from the employee;
b) The child or children of the employee *(natural or adopted);*
c) Parent or parents of the employee;
d) The employee's estate *(lump sum benefit only).*

Philadelphia Deferred Compensation

City Of Philadelphia Deferred Compensation Plan
Name • Address • Beneficiary Change Form

Personal Information

Name:	SSN or Account Number:
Date of Birth:	Payroll Number:
Address:	Email Address:
City, State, & ZIP:	Phone Number:

Type of Request & Paperless Delivery Option

☐ Beneficiary Change ☐ Address Change ☐ Name Change*

*Proof of name change must be attached; i.e. copy of your driver's license, Social Security card, or marriage certificate.

Paperless Delivery: By providing your email address you are consenting to receive statements, confirmations, terms, agreements and other information provided in connection with your retirement plan electronically. Unless you choose to have statements, account documents and other documents sent in connection with your retirement plan delivered via US Mail to the mailing address of record by checking the box below, these documents will be made available to you electronically. ☐ **I wish to receive my statements and account documents via US Mail.**

Beneficiary Designation

This beneficiary designation applies to all funding options (including life insurance) unless otherwise noted. For payout purposes, the Plan Administrator will establish an account for each beneficiary.

NOTE: Percentage split must total 100% for each category of beneficiary. If you select "Equal Percentage" for your beneficiaries, there may be some minor variance based upon the number of beneficiaries you have listed. For example: if you list three beneficiaries, the oldest beneficiary will be designated 33.34% and the other two will be 33.33%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

Primary Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Contingent Beneficiary(ies) (must total 100%):

Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:
Name:	Relationship:	Social Security #:	Phone #:
Address:		Date of Birth:	% Split:

Authorization

This designation supersedes any prior beneficiary designation and shall become effective on the date accepted by the Plan as listed below prior to my death. My death benefits will be paid first to my Primary Beneficiaries. If some of my Primary Beneficiaries predecease me, then my death benefit will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid pursuant to the sequence set forth in the Plan Document.

Participant Signature:	Date:

Model Beneficiary Designations

Indicate the full names of the beneficiaries, their Social Security numbers, date of birth, relationship to you, address, phone number, and split you'd like each one of them to receive. Please use the following designations as a guide when completing this form.

Name	% Split	Relationship	SSN	Date of Birth
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2. Contingent: Henry Nation	100%	son	987-65-4321	06/26/1984
1. Primary: Joan Nation	100%	spouse	123-45-6789	01/02/1962
2. Contingent: Henry Nation	50%	son	987-65-4321	06/26/1984
3. Contingent: Betty Nation	50%	daughter	305-24-9731	02/12/1980
1. Primary: Henry Nation	50%	son	987-65-4321	06/26/1984
2. Primary: Betty Nation	50%	daughter	305-24-9731	02/12/1980
1. Primary: Henry Nation	34%	son	987-65-4321	06/26/1984
2. Primary: Betty Nation	33%	daughter	30 5-24-9731	02/12/1980
3. Primary: John Nation	33%	son	876-91-3416	09/31/1986
1. Primary: Sara Nation	60%	mother	811-61-1781	10/14/1950
2. Primary: George Nation	40%	father	916-18-1781	12/30/1945
3. Contingent: Jean Nation	100%	sister	913-18-3319	03/29/1971
1. Primary: My Estate				
1. First National Bank of Canton, Ohio, as Trustee under Trust Agreement with Robert E. Nation, dated January 2, 2002. (Attach a copy of the title & signature page of the Trust)				

Generic beneficiary designations **will not** be accepted. Examples of generic designations include:

1. My spouse, parent(s), sister(s), brother(s), son(s), daughter(s).
2. My children.
3. Children of this marriage or any past marriage.
4. As designated in my will.

Form Return

By mail: Nationwide Retirement Solutions
PO Box 182797
Columbus, OH 43218-2797

By fax: 877-677-4329

Overnight Address: Nationwide Retirement Solutions
DSPF-F2
3400 Southpark Pl Ste A
Grove City, OH 43123-4856

THE CITY OF PHILADELPHIA
GROUP HEALTH PLANS
JOINT NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INFORMATION. PLEASE REVIEW IT CAREFULLY.

IMPORTANT: Receipt of this Notice does not mean you are eligible for or enrolled under any of the Plans. Eligibility and enrollment are determined by the Plan documents and your elections.

1. Why am I receiving this Notice?

Under the City of Philadelphia Flex Plan, the City of Philadelphia ("City") provides certain group health benefits that are subject to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). These group health benefits include:

Medical Coverage Benefits;

Prescription Coverage Benefits;

Dental Coverage Benefits;

Vision Coverage Benefits;

Health Care Flexible Spending Account Benefits;

Employee Assistance Plan Benefits; and

Wellness Benefits.

The City also sponsors certain group health plans for retirees that are subject to HIPAA. These plans include:

The City of Philadelphia Medical Plan for Retirees;

The City of Philadelphia Prescription Drug Plan for Retirees;

The City of Philadelphia Dental Plan for Retirees; and

The City of Philadelphia Vision Plan for Retirees;

Together these health benefits and plans will be referred to in this Notice as the "Plans" and individually they will be referred to as a "Plan". For purpose of HIPAA compliance, the Plans operate as an organized health care arrangement ("OHCA"). This allows the City to have one

notice and one set of policies and procedures encompassing all the City's health benefit plans that are part of the OHCA. Each Plan that is part of the OHCA may disclose protected health information about you to another Plan that is part of the OHCA for payment and health care operations activities of the Plans.

In addition, the City of Philadelphia Flex Plan is a hybrid entity under HIPAA. This means that this Notice shall only apply and be interpreted to apply to those portions of the Flex Plan identified above that are subject to the HIPAA Privacy Rule as a group health plan.

Some of the Plans are self-insured by the City, which means the City assumes the financial risk of paying for the Plan benefits, and some of the Plans are insured by an insurance company that assumes the financial risk. To the extent you are enrolled in a Plan or option under a Plan that is not self-insured by the City, you may receive a separate privacy notice from your insured Plan or option. That notice will apply to the insurer's privacy practices.

HIPAA protects the privacy and security of your personal health information that is created, used, maintained, or disclosed by the Plans. The Plans are required by law to:

Maintain the privacy and security of your protected health information in their possession;

Provide you with this Notice describing the Plans' legal duties and privacy practices and your rights concerning your PHI;

Follow the duties and practices described in this Notice; and

Notify you if a breach occurs that compromises the privacy or security of your PHI.

2. What is Protected Health Information (PHI)?

Protected Health Information, sometimes referred to as PHI, is any information created, received or maintained by a Plan that relates to the past, present or future physical or mental health or condition of an individual or the past, present or future provision of and/or payment for the provision of health care to an individual and which identifies (or may be used to identify) an individual. PHI includes information that may appear on paper or in any other form. It does not include employment records held by the City in its role as employer.

3. How do the Plans typically use or disclose my PHI?

The Plans, and the individuals who administer them, may use, receive, or disclose your protected health information, without obtaining a written authorization from you, to assist in your treatment, to evaluate and pay claims for health care services, and to conduct health care operations. These activities cover a broad range of functions. Specific examples of the ways in which your PHI may be used and disclosed for these purposes are set forth below. This list is representative only and does not include every use and disclosure that is permitted under each category.

For Treatment. The Plans may disclose your PHI to your providers for treatment. For example, a doctor treating you for a particular condition may need to obtain information from a Plan about

prior treatment of you for a similar or different condition, including the identity of the health care provider who treated you previously.

For Payment. The Plans may use and disclose your PHI to calculate premiums, to determine or fulfill their responsibility for covering and providing benefits under the Plans, and to obtain reimbursement and pay for health care you have received. Activities related to this purpose may include determining eligibility for benefits, making coverage determinations, administering claims, and utilization review activities. For example, a physician submits an authorization to a Plan prior for your hospital visit for knee surgery for the Plan to evaluate the authorization and grant coverage approval prior to the service being rendered. A Plan may send explanations of benefits (EOBs) and other claim denials to the employee or former employee who is enrolled in the Plan.

For Health Care Operations. The Plans may use and disclose your PHI for certain operational purposes. Such activities may include conducting quality assessment to ensure that members of the Plans receive quality care, case management and care coordination, credentialing health care providers, underwriting and obtaining a contract of insurance, obtaining stop-loss insurance, business planning and development, customer service, resolving internal grievances, and general administrative functions. For example, the Plans may use your PHI to verify enrollment information and to perform audits. PHI may also be used to provide you with the opportunity to participate in certain activities under a disease management program to the extent these features are available now or in the future under the Plans.

If applicable to your circumstances, the Plans may use and disclose your PHI to contact you and to tell you about treatment alternatives or information about other health-related benefits and services that may be relevant to you and to provide you with appointment (or treatment) reminders.

Under certain terms and conditions, the Plans (and the HMOs or insurers offering benefits under the Plans) may disclose your protected health information to the City as the Plan sponsor. Ordinarily, these disclosures are limited to enrollment information and information necessary for the administration of the Plans. The Plan documents identify by position the specific employees or other individuals who are authorized to have access to or receive your protected health information for plan administration purposes. The City cannot use your protected health information obtained from the Plans for any employment-related actions without your authorization.

The Plans contract with other businesses and individuals for certain plan administrative services. Each of these "business associates" may obtain, create, use, and disclose your health information for purposes of performing services for or on behalf of the Plans so long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements. Certain business associates may also use and disclose PHI for their own management, administrative, and legal responsibilities (and for purposes of aggregating data with data obtained from other clients for evaluation of Plan design issues and other appropriate Plan purposes).

The Plans may use or disclose PHI for underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of contracts for health insurance. However, a Plan may not use or disclose any genetic information of an individual for these purposes.

A Plan may disclose PHI to health care providers, to health plans outside this OHCA, and to

health care clearinghouses (companies that translate electronic health information from one format to another) for purposes of their own payment or certain health care operation services (such as quality assurance, case management, care coordination, licensing, credentialing and the detection of fraud and abuse).

4. How else may the Plans use or disclose my PHI?

The Plans are also permitted to use or disclose your protected health information, without obtaining a written authorization from you, in the following circumstances:

When required to do so by law;

For certain public health activities (such as reporting for COVID-19 or other disease outbreaks);

For reporting abuse, neglect, or domestic violence to government authorities authorized by law to receive such information;

To a health oversight agency for the purpose of conducting health oversight activities authorized by law;

In the course of any judicial or administrative proceeding in response to a court or administrative tribunal's order, subpoena, discovery request, or other lawful process;

To a law enforcement official for certain law enforcement purposes, such as providing limited information to locate a missing person or report a crime;

To a coroner, medical examiner, or funeral director for purposes of carrying out his or her duties;

To organ donation organizations to facilitate donations and transplants of organs, eyes, and tissues;

For research purposes, such as research related to the prevention of disease or disability, if the research study meets requirements designed to protect your privacy;

To avert a serious threat to the health or safety of you or any other person;

For specified government functions, such as military or veterans' activities, national security, or intelligence activities, and your care if you are imprisoned;

As authorized by and to the extent necessary to comply with laws and regulations related to workers' compensation or similar programs;

To persons involved in your care or who help pay for your care, such as a family member, or to a disaster relief organization, if you are unavailable or unable to object and we believe the disclosure is in your best interest.

A request to disclose PHI related to reproductive health care for health oversight activities; judicial and administrative proceedings; law enforcement purposes; or to coroners and medical examiners must comply with a HIPAA written attestation requirement before the Plans may disclose that PHI.

The Plans **are required to** disclose PHI about you when:

You or your personal representative requests it; or

The U.S. Department of Health and Human Services requests information to assess whether the Plans are complying with privacy laws.

5. When will the Plans ask my permission to use or disclose my PHI?

In any circumstances not described in this Notice, the Plans will not use or disclose your PHI unless you authorize the use or disclosure in writing. For example, the Plans will obtain your authorization to market (or allow other parties to market) products and services to you or to sell your PHI to a third party. The Plans will also obtain your consent for most uses or disclosures of psychotherapy notes and for disclosures of your PHI that are considered a sale of PHI under HIPAA.

Your authorization is not required for uses or disclosures of psychotherapy notes that are necessary for treatment, payment, or health care operations, including the use, by the originator of the psychotherapy notes, for treatment, or the use or disclosure of that information for training purposes as provided by law. The Plans may also use and disclose these notes to defend against litigation or other legal proceeding brought by you or on your behalf.

You can choose to allow the Plans to share your PHI with persons involved in your care or who help pay for your care, such as family members and friends. We will ask you if you want us to share your PHI and give you an opportunity to object, unless the circumstances clearly indicate you would like us to share your PHI with a person involved in your care or payment for your care. The Plans may also advise a family member or close friend about your location (for example, that you are in the hospital) or death, unless other laws would prohibit such disclosures. In these situations, when you are present and not incapacitated, the Plans will either: (1) obtain your agreement, (2) provide you with an opportunity to disagree to the use or disclosure, or (3) using reasonable judgment, infer from the circumstances that you do not object to the disclosure. If you are not present or you cannot agree or disagree to the use or disclosure due to incapacity or emergency circumstances, the Plans may use professional judgment to determine that the disclosure is in your best interest and disclose PHI relevant to a person's involvement with your care, payment related to your health care, or for notification purposes. If you are deceased, the Plans may disclose to individuals involved in your care or payment for your health care prior to your death the PHI that is relevant to that individual's involvement, unless you have previously instructed the Plans otherwise.

6. If you have a legally designated personal representative, the Plan will provide your PHI to the extent that person is legally authorized to act on your behalf. Explanations of Benefits (EOBs) and other claim denials will continue to be sent to the subscriber (employee or former employee who enrolls in a Plan).How do I authorize a release of my PHI from a Plan?

You will need to complete and sign a written authorization form. Once you give us the authorization to release your information, we cannot guarantee that the person who receives the information will not further disclose it. You may take back or "revoke" your authorization, in

writing, at any time, and the revocation will be followed to the extent action on the authorization has not yet been taken. To find out where to deliver your authorization and how to revoke an authorization, contact the Information Contact Identified in Item 10.

7. Are there other laws that further restrict how my PHI may be used or disclosed by the Plans?

HIPAA prohibits the use or disclosure of PHI related to reproductive health care for the purpose of investigating or imposing liability on any person for the act of seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which it was provided, or to identify any person for these purposes.

Under certain circumstances, Pennsylvania and federal laws place stricter privacy restrictions on the use and disclosure of certain types of sensitive health information, including but not limited to: (1) HIV/AIDS status; and (2) information relating to the diagnosis and treatment for mental health, intellectual disability, substance abuse, and communicable diseases. Generally, these laws permit the use and disclosure of these types of sensitive health information for such purposes as treatment and payment of health care claims, but otherwise require health care providers, and sometimes others, to keep that information confidential unless you consent to disclosure.

As explained more fully below, you may be able to request a Plan to restrict its uses and disclosures made for purposes of payment or health care operations where you have paid for the health care item or service entirely out of your own pocket. If you have any questions about a Plan's use and disclosure of sensitive health information, please contact the person identified as the Information Contact in Item 10 or, where applicable, the customer service telephone number appearing on the back of your health benefits card.

8. What are my individual rights with respect to my PHI?

You have the right to:

See and get a copy of your health and claims records and other health information about you held by a Plan in a designated record set. You will generally receive a response to your request within 30 days. In certain situations, your request to see and copy your PHI may be denied. For example, you may not get access to information compiled in reasonable anticipation of a trial or administrative proceeding.

Request that a Plan correct certain of your records if you believe the information is incorrect or incomplete. We may say no to your request, but we will tell you why in writing within 60 days.

Receive a list (accounting) of times a Plan has shared your health information, who it shared it with, and why. We will include all disclosures except those about treatment, payment, or health care operations, and certain other disclosures (such as any you asked the Plan to make). A Plan does not need to account for disclosures that occurred either before the Plan became a self-insured Plan of the City or more than six years before your request, whichever occurred later.

Get a paper copy of this Notice at any time, even if you previously received it electronically or elected to receive it electronically.

Be notified of an unauthorized acquisition, access, use, or disclosure of your PHI that compromises the security or privacy of the PHI.

Ask a Plan to restrict its uses and disclosures of your PHI. You will be required to provide specific information as to the disclosures that you wish to restrict and the reasons for your request. The Plan is not generally required to agree to a requested restriction. However, the Plan must follow your request to restrict disclosures made for purposes of payment or health care operations where you have paid for a health care item or service entirely out of your own pocket.

Ask a Plan to contact you in a specific way (for example, on your home or office phone) or to send mail to a different address. A Plan will consider all reasonable requests and must say "yes" if you say you would be in danger if it does not. You will need to renew this request upon a change in your Plan options or administrators.

Certain administrative rules may apply to these individual rights. For example, you may be required to submit a request in writing or on a prescribed form, and you may be charged the cost of copying and postage. Your right to make a request does not necessarily mean that your request will be approved. Where a response to your request is appropriate, it will ordinarily be provided to you in writing.

9. How do I make a complaint if I think my rights have been violated?

You can complain if you feel any Plan has violated your rights by contacting us at the address listed below. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, as described at www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

10. Who Is the Plan's Information Contact?

If you would like more information about the Plans' privacy practices or would like to exercise any of your rights (such as your right to request a copy of your health information), you may contact:

City of Philadelphia
Office of Human Resources – Health and Welfare Benefits
Attn: GHP HIPAA Privacy Officer
Two Penn Center Plaza
1500 J. F. Kennedy Blvd., 16th Floor
Philadelphia, PA 19102
Telephone: 215-686-0612

If you wish to complain about how a Plan is handling your protected health information, you may contact:

City of Philadelphia
HIPAA Privacy Officer
1515 Arch Street, 15th floor
Philadelphia, PA 19102
HIPAAprivacy@phila.gov

11. What is the effective date of this Notice?

This Updated Notice is effective on September 25, 2024.

12. Can this Notice be changed?

We can change the terms of this Notice at any time, and the changes will apply to all PHI we maintain. Any time the Notice is materially changed, we will provide you with a copy.

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Home

CAP WELLNESS POLICY MANUAL

CAP Employee Benefits
CITY OF PHILADELPHIA

How FMLA and Leaves of Absences Impact Wellness Participation Requirements

Exceptions due to a Leave of Absence (LOA) or Family Medical Leave (FMLA)

There are instances when a CAP employee will be granted the wellness rate and will not have to meet the requirements. This occurs if one of the following is true:

1. The employee has been granted and takes a documented block of an LOA or blocks of an LOA totaling 4 or more months during an annual wellness period between Jan 1st and Oct 31st
2. The employee has been granted and takes a documented block of FMLA or blocks of a FMLA totaling 4 or more months during an annual wellness period between Jan 1st and Oct 31st

Example Scenarios	Cause for an exception?	Explanation
An employee had surgery on her foot and was on an LOA from Jul 1st to Sept 15th. When she returned she had tons of work to catch up on. She asks her HR Rep on Oct 30th if an extension could be made given that she was out due to a medical injury.	No	The employee's documented LOA does not meet the required 4-month duration. Wellness extensions are not given under any circumstance. The program requirements must otherwise be met on or before Oct 31st
An employee's wife had twins. He is granted FMLA to help take care of them from Jan 15th to May 28th.	Yes	The employee's documented FMLA does meet the 4-month duration requirement. In part, because it occurred within the wellness period (Jan 1st – Oct 31st)
An employee's elderly mom has a serious illness. The employee is granted FMLA to care for her from Nov 1st through Mar 15th of the following year.	No	Even though the employee was out for more than a cumulative 4-month duration, the 4-month duration did not fully occur between a Jan 1st and Oct 31st wellness period. The LOA taken occurred in only 3 months of a wellness period, therefore, the employee would still be responsible for meeting the requirements needed to earn the wellness rate.

Note: When an employee meets the requirements of the CAP wellness program a $500 credit is earned and applied toward the following year's premium costs for benefits. It is also known as the wellness rate. Wellness requirements include: During the annual wellness period the employee must complete 4 healthy actions that include 2 required actions—a same-year health assessment + same-year biometrics. Spouses covered under the CAP plan must complete 2 required actions—a same-year health assessment + same-year biometrics. The annual wellness period begins Jan 1st and has a deadline completion date of Oct 31st.

Regarding Life Events

New Hires, Promotions/Demotions, Spouses, Waived Benefits & When both the Spouse & Employee work for the City of Philadelphia

New Hires

When CAP benefits become effective Jan 1st-Jun 30th :

1. The employee automatically receives the wellness rate during the initial year of hire.
2. To maintain the wellness rate for future years, the employee and covered spouse must meet the wellness requirements during the initial year of hire and every year thereafter.

When CAP benefits become effective Jul 1st-Dec 31st :

1. The employee automatically receives the wellness rate during the initial and following year of hire.
2. To maintain the wellness rate for future years, the employee and covered spouse must meet the wellness requirements during the subsequent year of hire and every year thereafter.

Examples			
Hire Date month/day	**CAP benefits become effective**	**Automatic wellness rate during the 1st year of hire?**	**Automatic wellness rate the year *after* the 1st year of hire?**
Feb 1	Feb 1	**Yes.** The employee will enjoy the automatic wellness rate through the end of their calendar year of hire (until Dec 31st only).	**Yes – if employee/covered spouse met wellness requirements during 1st year of hire.** **No – if employee/covered spouse did not meet wellness requirements during the 1st year of hire.** Determining factor: **CAP benefits became effective *before* Jul 1st during the 1st year of hire.**
Jun 15	Jul 1	**Yes.** The employee will enjoy the automatic wellness rate through the end of their calendar year of hire.	**Yes – It's automatic.** **Note:** The employee must complete wellness requirements during the calendar year *after* hire and every year thereafter to maintain the wellness rate. Determining factor: **CAP benefits became effective July 1st or *after* in the 1st year of hire.**

Previously Waived Employee that Elects CAP Benefits during Open Enrollment (OE)

When CAP benefits become effective on Jan 1st for a previously waived employee (who was not previously covered in the CAP as a dependent):

1. The previously waived employee automatically receives the wellness rate the year following OE.
2. To maintain the wellness rate for future years, the employee and covered spouse must meet the wellness requirements during the year subsequent to waiving and every year thereafter

Promoted/Demoted (Status Change)

When CAP benefits become effective on Jan 1st-Jun 30th for a promoted/demoted employee (who was not previously enrolled in the CAP as a covered spouse):

1. The employee receives the wellness rate during the initial year of being promoted/demoted.
2. To maintain the wellness rate for future years, the employee and covered spouse must meet the wellness requirements during the initial year of a promotion/demotion and every year thereafter.
3. If a status change occurs and an employee is maintaining CAP benefits then wellness requirements needed to earn the wellness rate for the year, still apply.

When CAP benefits become effective on Jul 1st-Dec 31st for a promoted/demoted employee (who was not previously enrolled in the CAP as a covered spouse):

1. The employee receives the wellness rate during the initial year and the year following the promotion/demotion.
2. To maintain the wellness rate for future years, the employee and covered spouse must meet the wellness requirements during the subsequent year of a promotion/demotion and every year thereafter.
3. If a status change occurs and an employee is maintaining CAP benefits then wellness requirements needed to earn the wellness rate for the year, still apply.

Adding a Spouse

When a spouse is added to an employee's CAP coverage due to marriage, or another life event, and the covered spouse's benefits become effective Jan 1st-Jun 30th:

1. Both the employee and the spouse must meet the current year's wellness requirements for the employee to earn the wellness rate for the following year.
2. To maintain the wellness rate for subsequent years, the employee and covered spouse must meet the wellness requirements during the initial year and every year thereafter.

When a spouse is added to an employee's CAP coverage due to marriage, or another life event, and the covered spouse's benefits become effective Jul 1st-Dec 31st:

1. The employee must meet the current year's wellness requirements to earn or maintain the wellness rate.
2. The spouse does not have to meet the wellness requirement, during the year of being added as a dependent.
3. To maintain the wellness rate for subsequent years both the employee and spouse must meet wellness requirements, during the year after the spouse was added and every year thereafter.

When Employee and Spouse are City Employees and eligible for CAP coverage

When a married couple are both employed by the City and are both eligible to enroll in the CAP one employee may hold the benefit coverage while the other employee will become the dependent spouse (waiving coverage):

1. If a couple covered under the CAP switch coverage statuses during Open Enrollment or as a result of a life event they will not be treated as new members.
2. To earn or maintain the wellness rate the City employee holding the benefit coverage must complete the employee requirements of wellness.
3. To assist with earning or maintaining the wellness rate the City employee who is holding coverage as a dependent spouse must complete the spouse requirements of wellness.

FAQ's | Wellness Program Active Employees ▪ Spouses/Life Partners

Note: City Administered Plan = CAP ▪ MyActiveHealth = MAH ▪ $500 credit = The wellness rate

1. **Is the CAP Wellness program offered to all City employees?**
   No. The CAP Wellness Program is only available to City employees who are enrolled in CAP Benefits.

2. **Are employees enrolled in CAP Benefits required to participate in its wellness initiatives?**
   No. Participation in the CAP Wellness Program or initiatives is completely voluntary. There is, however, a $500 credit that is earned when annual wellness requirements are met.

3. **Must all CAP Wellness requirements be entered into an employee's MAH wellness portal?**
   Yes. All data entry to track program participation MUST be captured in the MAH portal. To login or register go to **MyActiveHealth.com/city**. The CAP Wellness Program is "paper-free". Wellness points will populate automatically for some actions. Others you will be required to input information in order to obtain wellness points. See the wellness tab under in your CAP Benefit guide for details.

4. **I cannot remember my username or password? Trouble logging into MAH?**
   Contact the MAH customer service at 1.866.795.2970 | Mon – Fri 8:30AM - 11PM ▪ Sat 9AM – 7PM ▪ **Closed Sundays**

5. **When does the CAP Wellness Program start? When is the completion deadline?**
   The CAP Wellness program begins annually on Jan 1st and ends annually on Oct 31st.
   Please Note: 3 wellness activities have deadlines before Oct 31st.
   - A routine vision exam**#1** and dental exam/cleaning**#2** have an annual deadline of Sept 30th to meet wellness points eligibility.
   - Tobacco Cessation coaching**#3**, when completed to remove the $500 tobacco surcharge, has an annual deadline of May 1st. Otherwise employees can complete this activity on or before Oct 31st to meet wellness points eligibility.

6. **How many points are needed to complete the CAP Wellness Program and earn the $500 wellness credit?**
   Every year, CAP employees must each earn 100 points. Covered spouses must each earn 50 points.

7. **How many healthy actions must be completed to earn the $500 wellness credit?**
   Every year, CAP employees must complete (4): 2 required healthy actions and 2 optional healthy actions. Every year, spouses must complete 2 required healthy actions. See the wellness tab in your benefit guide for details.

8. **What are the 2 required healthy actions?**
   - An annual, same year health assessment must be completed on the MAH portal before Oct 31st.
   - Annual, same year biometrics (sometimes called blood-work) must be entered into the MAH portal. Same year biometrics must include: Total cholesterol | HDL | LDL | Blood Pressure | Glucose

9. **Will any healthy actions completed in a prior year carry over to a current or future program year?**
   No. Each year, eligible healthy actions must occur between Jan 1st and Oct 31st of the same program year.

10. **How will the City know if I am falsifying any information?**
    The Benefits Unit reserves the right to verify employee participation through our vendors or contacting the fitness facility to confirm your visits.

11. **Who will be viewing my information?**
    Active Health Management, Inc. is the ONLY party that is viewing personal information related to CAP Wellness. The Benefits Unit will only receive information on program participation. The Benefits Unit does not have access to personal health information for any employee related to the (CAP) Wellness Program.

12. **Status Change | When Employee & Dependent Spouse are both City Employees**
    See *New Hires, Promotions/Demotions, Spouses, Waived & When both the Spouse & Employee work for the City* on page 4 of the policy manual.

13. **If I waive CAP coverage may I participate in the wellness program?**
    No. Only employees and covered spouses enrolled in CAP benefits are eligible to participate.

14. **New members of CAP | How does my CAP benefits start date impact wellness requirements?**
    See *New Hires, Promotions/Demotions, Spouses, Waived & When both the Spouse & Employee work for the City* on page 4 of the policy manual.

15. **Does a Leave of Absence (LOA) or Family Leave of Absence (FMLA) impact wellness requirements?**
    See ***How FMLA and Leaves of Absences Impact Wellness Participation Requirements*** on page 2 of the policy manual.

16. **Do spouses or life partners have to complete Wellness Activities for an employee to earn the $500 wellness credit?**
    Yes. If a spouse or life partner is a covered dependent in the CAP plan then they must complete and enter a current year: Health Assessment[#1] and Biometrics[#2] during the annual wellness period. An employee cannot earn the credit if the covered spouse does not meet annual spousal requirements. **See the wellness tab of the benefit guide for details.**

17. **How do I obtain FREE tools (nicotine patches, gum, or lozenges) to help me quit using tobacco?**
    After enrolling in MAH's Tobacco Cessation Program and after completing the first 2 of 6 telephonic consultations, the employee and/or spouse will receive up to 8 weeks of tobacco cessation tools. To begin **call MAH at 1-866-795-2970**.

18. **If I do not meet the annual Tobacco Cessation program requirements by the May 1st deadline (in time to remove the $500 surcharge) or complete a plan that is designed and monitored by my physician can I still complete the tobacco cessation program to receive 25 points?**
    Yes. The annual deadline to earn 25 points is Oct 31st. For details see the wellness tab of your benefit guide.

19. **When an employee and spouse use tobacco products is there an opportunity to remove the $25 per-pay surcharge?**
    Yes. Employees have a 4-month window that begins annually on Jan 1st. To remove the surcharge one of the following must occur on or before the annual May 1st deadline.

    - If only the employee uses tobacco products, the added $25 per-pay surcharge will be eliminated retroactively if the employee completes the Tobacco Cessation program via MyActiveHealth or completes a physician-designed and monitored program that addresses the employee's tobacco use (See FAQ #20).
    - If only the covered spouse or life partner uses tobacco products, the added $25 per-pay surcharge will be eliminated retroactively if the spouse/life partner completes the Tobacco Cessation program via MyActiveHealth or completes a physician-designed and monitored program that addresses the spouse/life partner's tobacco use (see FAQ #20)..
    - If both the employee and the covered spouse/life partner use tobacco products, the added $25 per-pay surcharge will be eliminated retroactively when both the employee and covered spouse/life partner completes 1). the annual Tobacco Cessation program via MyActiveHealth[#1] or a physician-designed and monitored program that addresses tobacco use[#2] (see FAQ #20).

20. **A completed Tobacco Cessation Verification (TCV) Form** must be received by the Wellness Administrator **no later than May 15th of the same year**, in which a CAP employee and/or spouse completes a physician designed and monitored tobacco cessation program **by May 1st of the same year**.