



Ursinus College

Benefits Guide 2024



**Ursinus
College**





Ursinus College

Ursinus College is dedicated to providing excellent employee benefit programs that are intended to meet you and your family's needs.

In 2022, Ursinus College decided to join the PAISBOA Health Benefit Trust. The PAISBOA Health Benefit Trust is a consortium of Independent colleges and schools throughout the state of Pennsylvania, who aggregate their collective size of 10,000 employees for more stable pricing and stronger benefits for the Independent school market.

For 2024, we are continuing to remain a member of the PAISBOA Health Benefit Trust and Independence Blue Cross will continue to be the medical provider, allowing access to all the facilities and providers that you are currently utilizing. We will continue to offer the same 2 medical plans that we offered in 2023 (high deductible plan and buy-up plan). The changes for the 2024 plan include Invitro thru the plan.

For 2024, Ursinus College will continue to offer Flexible Spending Accounts (health care and dependent care accounts through the Harrison Group (administrator for these plans). The Harrison group provided excellent customer service and administration support for our HSA/HRA accounts, so we believe this to be a positive move for our employees. The new plan year begins November 1, 2023 for medical coverage, as well as our Flexible Spending Accounts.

The 2024 benefit guide is intended to provide you plan highlights of your benefit choices for 2024, as well as providing information on ancillary programs and support systems. This guide will provide you summaries of all plans offered, including medical and vision, dental, life insurance long-term disability, retirement and the Emeriti program.

IMPORTANT: The medical plans offered through the PAISBOA Health Benefit Trust will begin a new plan year on November 1, 2023 and run for 12 months, which ends on October 31, 2024. To make things less complicated, we are also adjusting the employee contributions for dental and free standing vision to occur at this time.

Please review the materials in this guide to familiarize yourself with your benefits for the coming plan year.

Sincerely,

Cale Nelson

ENROLLMENT GUIDELINES

Who is Eligible?

Full time employees working 30 hours/week or more are eligible to participate in the Ursinus College's Benefits Pro-gram. Employees whom begin their employment on the 1st of the month, immediately qualify for benefits on that day. Employees who begin after the 1st, will qualify for benefits on the 1st of the following month.

Eligible Dependents

As a benefit eligible employee, eligible family members qualify for coverage. Eligible family members include:

- ◇ Spouse or Domestic Partner
- ◇ Child(ren)

Coverage Levels

Employees may choose from the following coverage levels for medical, dental and vision:

- ◇ Employee Only
 - ◇ Employee + Child(ren)
 - ◇ Employee plus Spouse
 - ◇ Family
-

Changes Throughout the Year

After the enrollment deadline has passed, you may not make changes to your benefit enrollments unless you experience a qualifying life event (QLE), such as:

- ◇ Marriage
- ◇ Divorce
- ◇ Childbirth
- ◇ Adoption or placement for adoption
- ◇ Your spouse obtaining new coverage or losing coverage
- ◇ Loss of coverage on another plan

If you experience a qualifying life event, you have 31 days from the life event date to make changes to your coverage. For more information on qualifying life events, contact Human Resources.

SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll in medical coverage for yourself and your dependents because of access to or coverage under other health insurance coverage, you may be able to enroll yourself or your dependents in this program after your coverage ends, as long as you request enrollment within 31 days. You will need to provide proof that your other coverage has ended.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents as long as you request enrollment within 31 days after marriage, birth, adoption or placement for adoption. Documentation of the life event is required.

In addition, if either (1) you or your dependent loses eligibility for Medicaid or CHIP coverage, or (2) you or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP, you or your dependent may be able to enroll in this Plan. You must request enrollment within 60 days after the Medicaid or CHIP coverage terminates or after eligibility for the subsidy is determined.

HEALTH INSURANCE

The College is offering 2 plans under the PAISBOA Health Benefit Trust



Plan 1: High Deductible Health Plan w/Drug (IBC) + Vision

Deductible	Monthly Employee Cost Single:	\$44.95
Single: \$2500	Monthly Employee + Child(ren):	\$320.15
Family: \$5000	Monthly Employee + Spouse:	\$335.79
	Monthly Family:	\$512.74

Plan 2: Buy-Up Health Plan w/Drug (IBC) + Vision

Deductible	Monthly Employee Cost Single:	\$194.44
Single: \$2,000	Monthly Employee + Child(ren):	\$412.25
Family: \$4,000	Monthly Employee + Spouse:	\$594.20
	Monthly Family:	\$1098.59

* Both plans use IBC for administering the drug benefits. Employees may use any pharmacy they choice.

* Both plans offer vision coverage through VBAPLans at no extra cost.

The next pages provide detailed summaries of the 2 plans being offered through PAISBOA.

Base: IBC HDHP/HSA

More virtual care solutions.

Our virtual care portfolio now includes tele behavioral health and teledermatology virtual care services from Doctor on Demand.

Download the app today.

Make sure to enter 'PAISBOA' as your employer.



	Base Plan
BENEFIT	IN-NETWORK
IBC Annual Deductible HRA funds the second half of IBC deductible	\$2,500 Individual/\$5,000 Family \$1,250 Individual/\$2,500 Family
Coinsurance	100%
Medical Out-of-Pocket Maximum	\$6,350 Individual/\$12,700 Family
Preventive Care	No charge
Preventive Colonoscopy	No charge at Preventive Plus providers OR at hospital
Outpatient Care PCP copay office visits Specialist copay office visits Outpatient Surgery	No charge after deductible No charge after deductible No charge after deductible at ambulatory surgical center or Dr's Office OR No charge after deductible at hospital based facility
Diagnostic Tests & Radiology Diagnostic test (x-ray, blood work)	No charge after deductible at freestanding diagnostic center OR after deductible at hospital center
Imaging (CT scans, MRIs)	No charge after deductible at freestanding diagnostic center after deductible at hospital center
Hospital Care	No charge after deductible
Emergency Care Hospital Emergency Room (waived if admitted) Urgent Care	No charge after deductible No charge after deductible
Misc. Durable Medical Equipment Chiropractic	No charge after deductible No charge after deductible
Rx Deductible	Included with medical
Retail Drug Program (30 day supply) Generic Brand Non-Preferred	\$5 copay after deductible \$20 copay after deductible \$45 copay after deductible
Mail Order (90 day supply)	2 X Retail
BENEFIT	OUT-OF-NETWORK
Annual Deductible*	\$5,000 Individual/\$10,000 Family
Coinsurance	50%
Medical Out-of-Pocket Maximum	\$10,000 Individual/\$20,000 Family

Buy Up: IBC PPO

More virtual care solutions.

Our virtual care portfolio now includes tele behavioral health and tele dermatology virtual care services from Doctor on Demand.

Download the app today.

Make sure to enter 'PAISBOA' as your employer.

	Buy Up Plan
BENEFIT	IN-NETWORK
Annual Deductible	\$2,000/\$4,000
Coinsurance	100%
Medical Out-of-Pocket Maximum	\$6,350 Individual/\$12,700 Family
Preventive Care	No charge
Preventive Colonoscopy	No charge at Preventive Plus providers
Outpatient Care PCP copay office visits Specialist copay office visits Outpatient Surgery	\$20 copay \$40 copay \$75 copay, after deductible
Diagnostic Tests & Radiology Diagnostic test (x-ray, blood work)	No charge at freestanding diagnostic center at hospital center
Imaging (CT scans, MRIs)	\$80 copay at freestanding center OR \$400 copay at hospital center
Hospital Care	\$150 copay per day, 5 day max copay per stay after deductible
Emergency Care Hospital Emergency Room (waived if admitted) Urgent Care	\$150 copay \$50 copay
Misc. Durable Medical Equipment Chiropractic	50%, after deductible \$40 copay
Rx Deductible	None
Retail Drug Program (30 day supply) Generic Brand Non-Preferred	\$20 copay \$40 copay \$60 copay
Mail Order (90 day supply)	2 X Retail
BENEFIT	OUT-OF-NETWORK
Annual Deductible*	\$1,500 Individual/\$4,500 Family
Coinsurance	50%
Medical Out-of-Pocket Maximum	\$10,000 Individual/\$30,000 Family



Drug Benefit Highlights

PAISBOA HBT HDHP Integrated Rx

Covered Services

Your Costs (You pay)

Benefits per Contract Year	In-Network	Out-of-Network
Deductible	Medical deductible applies.	Medical deductible applies.
Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Formulary ¹	Premium	
Retail Pharmacy		
Tier 1 Generic Drugs	\$5 after deductible	50% Reimbursement after deductible
Tier 2 Preferred Brand	\$20 after deductible	50% Reimbursement after deductible
Tier 3 Non-Preferred Drugs	\$45 after deductible	50% Reimbursement after deductible
Dispensing Limits	30 day supply max	30 day supply max
Mail Order Pharmacy Available for maintenance drugs		
Tier 1 Generic Drugs	\$10 after deductible	Not covered
Tier 2 Preferred Brand Drugs	\$40 after deductible	Not covered
Tier 3 Non-Preferred Drugs	\$90 after deductible	Not covered
Dispensing Limits ²	90 day supply max	Not covered
Drug Coverage		
ACA Preventive Drugs ³	Covered	Covered
Compound Medications	Covered	Covered
Contraceptives	Covered	Covered
Diabetic Supplies (i.e., test strips)	Covered	Covered
Glucometers (no copayment/coinsurance required at participating pharmacies after deductible)	Covered	Covered
Insulin	Covered	Covered
Insulin Needles and Syringes	Covered	Covered
Lancets (no copayment/coinsurance required at participating pharmacies after deductible)	Covered	Covered
Prescribed Tobacco Cessation Drugs (RX and OTC)	Covered	Covered
Weight Control Drugs	Covered	Covered
Allergy Serum	Not covered	Not covered
Blood, Blood Plasma	Not covered	Not covered
Drugs used for Cosmetic Purposes	Not covered	Not covered
Injectable Fertility Drugs	Not covered	Not covered
Investigational/Experimental Drugs	Not covered	Not covered
Non-Federal Legend Drugs	Not covered	Not covered
Over-The-Counter Drugs (Non-Prescription)	Not covered	Not covered

¹ Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto www.ibx.com.

² Up to a 90-day supply of drugs to treat chronic conditions available at any participating retail pharmacy or mail for same cost share.

³ Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventative services.

Drug Benefit Highlights

PAISBOA HBT Rx \$20/\$40/\$60

Covered Services

Benefits per Contract Year
Deductible
Out-of-Pocket Maximum
Formulary ¹
Retail Pharmacy
Tier 1 Generic Drugs
Tier 2 Preferred Brand
Tier 3 Non-Preferred Drugs
Dispensing Limits
Mail Order Pharmacy Available for maintenance drugs
Tier 1 Generic Drugs
Tier 2 Preferred Brand Drugs
Tier 3 Non-Preferred Drugs
Dispensing Limits ²
Drug Coverage
ACA Preventive Drugs ³
Compound Medications
Contraceptives
Diabetic Supplies (i.e., test strips)
Glucometers (no copayment/coinsurance required at participating pharmacies)
Insulin
Insulin Needles and Syringes
Lancets (no copayment/coinsurance required at participating pharmacies)
Prescribed Tobacco Cessation Drugs (RX and OTC)
Weight Control Drugs
Allergy Serum
Blood, Blood Plasma
Drugs used for Cosmetic Purposes
Injectable Fertility Drugs
Investigational/Experimental Drugs
Non-Federal Legend Drugs
Over-The-Counter Drugs (Non-Prescription)

Your Costs (You pay)

In-Network	Out-of-Network
\$0/\$0	\$0/\$0
Combined with Medical Premium	Combined with Medical
In-Network	Out-of-Network
\$20	30% Reimbursement
\$40	30% Reimbursement
\$60	30% Reimbursement
30 day supply max	30 day supply max
In-Network	Out-of-Network
\$40	Not covered
\$80	Not covered
\$120	Not covered
90 day supply max	Not covered
In-Network	Out-of-Network
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Covered	Covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered

¹ Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto www.ibx.com.

² Up to a 90-day supply of drugs to treat chronic conditions available at any participating retail pharmacy or mail for same cost share.

³ Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventative services.

Ursinus College offers a vision program through VBA at no cost to employees.



Expert Solutions. Exceptional Service.

Visit www.vbaplans.com

VBA #4675

Effective 11.1.2021

\$25 Exam / \$0 Materials Copay

DEPENDENT AGE: 26 (EOBY)

FREQUENCY OF SERVICE: Last Date of Service

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Less Copayment)*	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$45
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives	Partially Covered ^A	\$80
Lenticular	100%	\$120
Polycarbonate	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Photochromics	100%	N/A
Solid and/or Gradient Tints	100%	
Frame	\$40 Wholesale Allowance (approx. \$100 to \$120 retail)	\$70
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$100 ^B	\$100
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts	100% ^C	\$450
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$650	\$650
-AND-		
Lasik Surgery (once every 8 years)	N/A	\$250

A Participation may vary by location. Check with your Provider for details.
 B The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
 C Requires prior approval. May only be selected in lieu of all other material benefits listed herein.
 * A \$25 copayment is applied to the vision exam through a VBA Member Doctor only.

HEALTH SAVINGS ACCOUNT



Provided by The Harrison Group

A savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. HSAs are attached to a High Deductible Health Plan, such as the HDHP/HSA Base Plan.

The Benefits of an HSA

Save on Taxes

- The money you contribute into your HSA is “pre-tax,” which lowers the amount of your income tax.
- When you spend the money on qualified expenses, you don’t pay any sales taxes.
- Your HSA grows over time by earning interest that is not taxed either.

The money in your HSA is always yours

- It does not expire. Unused money will roll over from year to year.
- You can take it with you to your next job or into retirement.

Lower your overall healthcare costs

- High Deductible Health Plans (HDHP) such as the HDHP/HSA Base Plan, usually have very affordable premiums. Since you need to have a HDHP attached to your HSA, this helps you save money every paycheck.
- Your HSA can help you with out-of-pocket expenses that your insurance does not cover, such as copays and expenses before you meet your deductible amount.

How Ursinus College helps

Ursinus College can help you build your HSA account. For the new plan year, employees electing the HDHP/HSA Base Plan will receive \$350 to your HSA account at the end of January. For new entrants into the plan, this amount is equivalent to \$29.17 per month and will be pro-rated based on the date of eligibility.

Additional Guidelines

You cannot have an HSA if you have a HealthCare FSA or any other Medical plan that is not a qualified High Deductible Health Plan such as Medicare, TRICARE, etc.

The IRS decides what expenses are eligible for HSA spending. We recommend that you keep receipts and other documents in case of an IRS audit.

HSA Annual Limits

- Individual Annual Limit: Projected rate is \$4,150*
- Family Annual Limit: Projected rate is \$8,300*
- Catch Up Contribution (available for enrollees age 55 and up): Extra \$1,000

* These limits include the \$350 college contribution in January and the \$300 wellness contribution. Should an employee choose to contribute the max, please include the \$650 college contribution to ensure that your deductions do not exceed the annual limit.

How To Enroll

Decide how much you want to put into your account for the entire year. This is your **annual election**. The HSA is funded through voluntary salary deferrals. Your annual election is divided equally into 12 paychecks for salaried employees and 24 for hourly employees, and those **deductions** will be pre-tax. You will need to enroll in the HDHP/HSA Base Plan to qualify for an HSA.

Examples of Qualified Expenses (for more details please refer visit www.theharrisingrouponline.com)

- Medical Plan Deductibles/Coinsurance
- Dental Plan Deductibles/Coinsurance
- Dr. Office Visit Copays
- Prescription Drugs
- Medical Provider & Hospital Copays
- Eyeglasses, lenses, frames & Contact lenses

Health Reimbursement Account

Ursinus College will continue to use The Harrison Group as our “Health Reimbursement Arrangement” (HRA) administrator.

What is a Health Reimbursement Arrangement (HRA)?

An HRA is an employer funded plan that pays for eligible expenses in coordination with our medical health plan, such as Independence Blue Cross (IBC).

Your HRA will reimburse expenses applied towards your In-Network deductible under Independence Blue Cross HDHP.

The deductible under Independence Blue Cross is \$2,500 for single and \$5,000 for employee with dependent coverage. You will be responsible for the FIRST \$1,250 for single coverage or \$2,500 for employees with dependent coverage. Your HRA will reimburse the SECOND \$1,250 for single coverage and \$2,500 for employees with dependent coverage.

Health Reimbursement Account (HRA)		
	Single	Family
Paid with HSA or out of Pocket	\$1,250	\$2,500
Paid with HRA	\$1,250	\$2,500
Total Deductible	\$2,500	\$5,000

To activate the HRA you must send the Activation form and a copy of your IBC Explanation of Benefits (EOB) showing that you have reached the first portion of your deductible.

The HRA plan runs on a calendar year (11/1/2023 – 10/31/2024).

You will receive a smart card that works for both the HRA and HSA

Visit The Harrison Group Employee Center Website for 24 hour access to:

- Eligibility
- Schedule of Benefits
- Claims

www.theharrisingrouponline.com

HRA Claim Submission:

Email: service@theharrisingrouponline.com

Phone: 610-853-9075

Fax: 610-853-9079

Mail: The Harrison Group- 3 Raymond Drive, Suite 201

Havertown, PA 19083



THE HARRISON GROUP, INC.

Flexible Spending Account (The Harrison Group)

What is a Flexible Spending Account (FSA)?

Flexible Spending Accounts (FSA) allow you to pay for certain medical and/or dependent care expenses with pre-tax dollars. Pre-tax deductions are generally withheld before Federal, State, Local and FICA or Medicare taxes are assessed on this income. You can save about \$30.00 for every \$100.00 you elect to defer.

MEDICAL FLEXIBLE SPENDING ACCOUNT

Helps you pay for health care expenses not covered or only partially covered by your health, dental or vision insurance. This account can be used to pay expenses for you or any of your qualified dependents. Funds in the account are available on the first day of the plan year or your effective date. *You are eligible for the FSA if enrolled in PPO Buy Up or if you have opted out of medical*

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Helps you pay for certain dependent care expenses allowing you and your spouse (if applicable) to work. Childcare expenses are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS
Healthcare FSA	<ul style="list-style-type: none"> • Medical Plan Deductibles/Coinsurance • Dr. Office Visit Copays • Medical Provider & Hospital Copays • Durable Medical Equipment • Insulin & Diabetic Supplies • Over the Counter Drugs • Dental Plan Deductibles/Coinsurance • Prescription Drugs • Eyeglasses, lenses, frames & Contact lenses • Denture adhesives • Ear supplies (e.g. ear plugs) • First aid supplies (e.g. band-aids) • Health monitors 	<p>2023/24 Maximum contribution is \$3050 per year (this is due to a short plan year for 2024. The 2024 plan year is from November 1st thru October 31, 2024)</p>	<p>Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made.</p>
Dependent Care FSA	<ul style="list-style-type: none"> • Before-and after-school programs • Nursery school or pre-school tuition • Summer day camp • Care in a home by a licensed provider 	<p>Maximum contribution is \$5,000 per yr (\$2083.34 - if married and filing separately)</p>	<p>Funds are only available once they are deducted from the employee's payroll and deposited into their account.</p>

Dental Insurance

The College is offering 2 plans through Delta Dental

Plan 1: Dental Base Plan (page 16 is the summary page)

Deductible:

Single: \$25

Family: \$50

Monthly Employee Cost:

Employee: \$6.44

Employee + 1: \$41.76

Family: \$41.76

Plan 2: Dental Buy-Up Plan (page 17 is the summary page)

Out of Network Deductible:

Single: \$25

Family: \$50

Monthly Employee Cost:

Employee: \$22.56

Employee + 1: \$84.39

Family: \$84.39



The next page provide detailed summaries of the 2 plans being offered through Delta Dental.

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.

Delta Dental is a registered trademark of Delta Dental Plans Association.

Plan Benefit Highlights for: Philadelphia Area Independent School Business Officers Association
(PAISBOA)

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the year dependent turns age 26			
Deductibles	None			
Maximums	\$1,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services N/A	Prosthodontics N/A	Orthodontics N/A

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings, posterior composites, simple extractions, stainless steel crowns and denture repair	100%	100%
Endodontics (root canals)	100%	100%
Periodontics (gum treatment)	0%	0%
Oral Surgery	0%	0%
Major Services Crowns, inlays, onlays and cast restorations	0%	0%
Prosthodontics Bridges and dentures	0%	0%
Orthodontic Benefits	0%	0%

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Philadelphia Area Independent School Business Officers Association
(PAISBOA)

Group No: 18399

Effective Date: 11/01/2023

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).			
Deductibles	None			
Maximums	\$2,000 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings, and simple extractions	100%	100%
Endodontics (root canals) Covered Under Basic Services	100%	100%
Periodontics (gum treatment) Covered Under Major Services	50%	50%
Oral Surgery Covered Under Basic Services	100%	100%
Major Services Crowns, onlays and cast restorations	50%	50%
Prosthodontics Bridges, dentures and implants	50%	50%
Orthodontic Benefits Adults and dependent children	50%	50%
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime

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

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-6999
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Vision Insurance

The College is offering a Vision plans through VBAPLans (Group #4675)

Monthly Cost

Exam: \$25

Monthly Premium:

Employee: \$2.01

Employee + 1: \$3.82

Employ + Child(ren): \$3.92

Family: \$5.23



The next page provide detailed summaries of the plan being offered through VBAPLans.

VISION PLAN STAND ALONE



Expert Solutions. Exceptional Service.

Visit www.vbaplans.com

VBA #4675

Effective 11.1.2021

\$25 Exam / \$0 Materials Copay

DEPENDENT AGE: 26 (EOBY)

FREQUENCY OF SERVICE: Last Date of Service

	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Less Copayment)*	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$45
Clear Standard Lenses (Pair):		
Single Vision	100%	\$40
Bifocal	100%	\$60
Blended Bifocal	100%	\$60
Trifocal	100%	\$80
Progressives	Partially Covered ^A	\$80
Lenticular	100%	\$120
Polycarbonate	100%	N/A
Scratch Coat-1 Yr	100%	N/A
Photochromics	100%	N/A
Solid and/or Gradient Tints	100%	
Frame	\$40 Wholesale Allowance (approx. \$100 to \$120 retail)	\$70

-OR-

Elective Contacts (in lieu of eyeglass benefits)

Material Allowance	\$100 ^B	\$100
Fitting Fee	15% off UCR ^A	N/A

-OR-

Medically Necessary Contacts

Low Vision Aids (Per 24 Months. No Lifetime Max)	100% ^C	\$450
	\$650	\$650

-AND-

Lasik Surgery (once every 8 years)	N/A	\$250
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A Participation may vary by location. Check with your Provider for details.

B The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

C Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

* A \$25 copayment is applied to the vision exam through a VBA Member Doctor only.

LIFE AND DISABILITY INSURANCE

For the 2024 plan year UNUM will be administering Ursinus College's Group Life, AD&D, Voluntary Life, Voluntary AD&D and Disability Plans.

Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) -- Paid in full by College

- Life insurance coverage provides important supplemental financial protection for your family in the event of your death.
- AD&D insurance coverage provides important financial protection in the event of death or injury caused by an accident.
- The benefit is equal to 1x your base salary up to \$250,000.

Voluntary Basic Life Insurance and Accidental Death & Dismemberment Insurance (AD&D) -- Supplemental coverage paid in full by employee

- Additional Life Insurance and Accidental Death & Dismemberment Insurance for both yourself and your dependents and is available for purchase paid fully by YOU the employee via payroll deductions
- All enrollments require *Evidence of Insurability*. Benefits are available in the below increments:
 - Yourself: \$10k increments up to a maximum of \$500k or 5x salary.
 - Your Spouse: \$5k increments up to a maximum of \$150k, not to exceed 50% of YOUR amount.
 - Your Child(ren): available in flat amounts of \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000.

Short Term Disability

- Short term disability provides continuation of your salary if you cannot work due to an injury or illness.
- This policy provides full pay during the first 8 weeks of the approved leave, then 1 week of full pay for each year of full time service, and followed by 60% of full pay for the remaining weeks.
- This leave is to assist employees through the 90-day waiting period required under the Long-Term Disability plan.

Long Term Disability

- Long term disability coverage will replace a portion of your income if you are injured or ill and cannot work due to a disability longer than 90 days.
- The plan allows for 60% of your monthly earnings to a maximum of \$10,000.

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446 (multi-lingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

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

A Licensed Professional Counselor can help you with:

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

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of

your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

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Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home



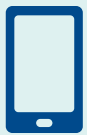
Whether traveling for business or pleasure, one phone call connects you to:



- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (U.S. only)
- Download a membership card
- View a list of services
- Search for the nearest U.S. embassy
- Read Assist Alerts



Download and activate the app today from the Apple App Store or Google Play.

Reference Number:
01-AA-UN-762490

If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it's always close at hand! Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

24/7 services anywhere in the world

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

Ursinus College 403b Retirement Plan



DEFINED CONTRIBUTION PLAN

This program is mandatory for all full-time employees, age 18 or older, upon hire. Full-time employees are those employed on a regular basis who are hired to work a full daily schedule each week (35 hours or more). The eligible employee contributes a minimum of 4% of his/her base salary. The College contributes 7% of the same salary base.

TAX-DEFERRED ANNUITY PLAN

All employees of the college (full-time and part-time) may participate in a tax deferral arrangement authorized in Section 403(b).

Available through our tax-deferred annuity plan, Voluntary Retirement Contracts provide the opportunity for all employees to make contributions to a retirement plan on a pre-tax basis through TIAA-CREF. There is neither a minimum age requirement nor any waiting period to join. The College makes no contribution to this plan. Contributions made to the Retirement Contract Plus Plans are not a substitute for participation in the regular defined contribution retirement plan when one qualifies for that Plan.

Contributions for the 2024 calendar year:

The voluntary individual maximum permitted by law is \$23,000. Catch-Up Contributions: For employees who have attained age 50 or over anytime during the calendar year of this agreement, may elect to contribute up to an additional \$7,500.

Contact TIAA Support

Call [800-842-2252](tel:800-842-2252) to talk about retirement

Available Every Weekday From 8 A.M. To 10 P.M. (Et)

Emeriti Program



Record Keeper -- TIAA CREF

How Does the Plan Work?

Ursinus College offers a comprehensive retirement health benefit, known as Emeriti. Emeriti assists with paying for any qualifying out of pocket medical expenses, tax-free, upon retirement. This is a separate contribution from TIAA.

This is a mandatory program where employees, aged 40 and over, will automatically be enrolled. A \$50 dollar/month deduction will appear in their paycheck as a contribution towards their VEBA account. In addition, the college will match the employees contribution 100%, making a total contribution of \$100 per month in the employee's VEBA account

Ursinus will cease deductions under the following circumstances

- The Date the institution has made 25 years of contributions to your account
- The date you cease employment.
- The date of passing during employment.

<p>Contact TIAA Support Call 800-842-2252 to talk about retirement Available Every Weekday from 8 am to 10 pm (ET)</p>
--



New U Ursinus Wellness Program

Ursinus continues to enhance our wellness initiatives, with the guidance of NEWU. We encourage our employees to commit to become wellness participants. By electing to be a wellness participant, each employee will receive an additional \$300. If enrolled in the HDHP, the \$300 will be deposited in your HSA or if you are enrolled in the PPO Buy Up plan, as a payroll contribution.

If you satisfy the wellness requirements by June 3rd, you will receive your \$300 contribution at the end of June 2024.

If you do not satisfy your requirements by December 2nd, 2024 you will not receive the additional \$300.

Wellness participants will have the responsibility to report completion of four wellness requirements:

-
1. Complete a Health Risk Assessment with IBC via www.ibxpress.com by March 31st, 2024.
 2. Receive one preventative service; examples include: routine exam, routine blood work, mammogram, colonoscopy.
 3. Receive a dental screening/cleaning or annual vision screening.
 4. Participate in wellness activities throughout the year sponsored by NEW U or individual activities.

You must earn a total of five (5) wellness points in at least two categories: nutrition, stress management, fitness, & wellness education.



Ursinus College Employee Support Options

Employee Support

Today at Ursinus there are many tools that are at your fingertips to support you and your family as you manage your personal healthcare. These resources include:

PAISBOA Customer Support

Wellness Rewards

Health Coaches

Diabetes Management

Telemedicine

The following pages explain these incidental benefits that may help you down the road.

Hear better at any age with TruHearing®

Better hearing improves your overall health



Hearing well is essential to your overall health and well-being. If you think you may be experiencing hearing loss, you don't have to wait to get quality care.

As an Independence Blue Cross (Independence) member, you have access to TruHearing for an easy and affordable way to help you hear better. With TruHearing, you and your family members are covered for exams and discounts on hearing aids and hardware.

TruHearing features



Excellent service

TruHearing consultants will help you schedule an exam, fitting, and follow-up care with a licensed provider near you.



Improved quality of life¹

You have access to smartphone apps to adjust your hearing aids and stream your favorite music and shows with Bluetooth®.



State-of-the-art technology²

Experience clarity in a crowded room with the newest technology that lifts voices from background noise and redefines your ability to have conversations. Rechargeable batteries that last all day are also available.



Call TruHearing today

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

Call **1-888-933-7861 (TTY: 711)**,
Monday – Friday, 8 a.m. – 8 p.m.

Get complete hearing care

- Access to a large provider network
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty

Treating hearing loss can help improve your balance,⁴ mental health, and quality of life.

2023 hearing coverage with TruHearing

The TruHearing program includes coverage for a hearing exam and discounts on a range of hearing aids. No matter your lifestyle, budget, or level of hearing loss, you have a variety of options.

Service	Your cost	Average retail cost	How often?
Hearing exam	\$0	\$59–\$95	1 exam, per year
Hearing aid – Basic ³	\$495	\$1,850	1 aid per ear, every 3 years
Hearing aid – Standard ³	\$895	\$2,000	
Hearing aid – Advanced ³	\$1,295	\$2,450	
Hearing aid – Premium ³	\$1,695	\$3,100	



Would you like to take a quick hearing test?

Grab your headphones, find a quiet spot, and click the button below to get started.

Take the test

Visit TruHearing.com/IndependenceCommercial-HS

1 Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory. In-app interfacing requires provider activation.

2 Features may vary by model. Activation required.

3 Price based per hearing aid.

4 Attitudes and Actions Towards Hearing Health Summary Report of U.S. Adults Ages 18+, ASHA, 2021.

This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice. The TruHearing program is provided by TruHearing, Inc., an independent company. TruHearing, Inc. does not provide Blue Cross products or services.

TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, — independent licensees of the Blue Cross and Blue Shield Association.





Independence Blue Cross Customer Service

for PAISBOA HBT members

We believe getting answers to your health plan questions should be as simple as calling a trusted friend. That's why we're pleased to offer you access to a team of dedicated Customer Service Representatives who are there to help you, whether it's a question about your PAISBOA HBT benefits, support with a claim, or guidance using an online tool.

Your dedicated Customer Service Team includes experienced representatives trained in PAISBOA HBT benefits who provide:

- Personalized support for your PAISBOA HBT health plan, such as help finding in-network doctors and the most cost-effective site of care
- Support with an inquiry or issue related to benefits, eligibility, and claims
- Follow-up and outreach on unresolved issues to ensure resolution

To speak with your Independence dedicated Customer Service Representative, call **1-833-444-BLUE**.

Your representative is available **Monday - Friday, 8 a.m. – 9 p.m.**

- Coordination with your dedicated Independence Registered Nurse Health Coaches, who can provide one-on-one personalized support to help you:
 - Better understand your diagnosis.
 - Learn about your condition.
 - Actively manage your health.
 - Adhere to your medications.
 - Address everyday health concerns.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Check out the PAISBOA Health Benefit Trust microsite!



Find information about your medical plan, including plan features and access to the member portal



Learn about the innovative tools and services you can access



Discover helpful flyers on a variety of topics



ibx.com/paisboa

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association



20323 1868930 (05-22)

Get rewarded for your healthy choices



As a PAISBOA Health Benefit Trust member, you can earn \$200 in gift cards just by completing five healthy actions!

With Achieve Well-being, you can bring healthy habits within reach. This online program offers a personalized set of well-being tools and resources to help you achieve your health goals in a way that's simple, easy, and fun. And as a PAISBOA Health Benefit Trust member, you'll get rewarded!

Enrolled spouses/partners of PAISBOA Health Benefit Trust members are eligible to participate in the program.

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

- Visit your primary care physician for an annual check-up.
- Complete an eligible preventive health screening.*
- Complete your Well-being Profile (takes about 15 minutes).
- Sign up for and visit the *Wellbeing Hub* at <https://hub.onthegoga.com/paisboa/sign-up> OR complete an Achieve Well-being web-based program. For instructions on completing a program, use the Achieve Well-being Rewards Step-by-Step Guide, which you can find on the microsite under *Member Flyers*.
- Opt in for IBX Wire® to get important plan notifications, health screening reminders, and information about your rewards progress by text. To sign up, text **IBX Wire** to **77576**.

After completing all five activities, you'll earn \$200 in gift cards. You may redeem your reward once per plan year (now through October 31, 2024).†

Log in today at ibx.com to start earning your rewards!

Get \$150 back!

Complete 120 workouts at an approved fitness center or with a virtual fitness subscription

Looking for motivation to exercise?

The Healthy LifestylesSM Fitness Program will reimburse you \$150 for working out regularly.

Four easy steps

- 1. Join an approved fitness center.** Choose a full-service fitness center that includes amenities for continuous cardiovascular, flexibility, and resistance training. You may also submit a reimbursement request for virtual fitness subscriptions or apps and membership costs for workouts.
- 2. Exercise regularly.** Complete 120 workouts within a 12-month period, either at a fitness center or through a virtual fitness program. You may combine workouts from a fitness center with virtual programs to meet the 120 workout requirement.
- 3. Record your workouts.** After you complete 120 workouts, you can request reimbursement. Your logged workouts must be at least eight hours apart.
- 4. Submit your documentation and request reimbursement.** Log in at ibx.com, go to *Health & Well-being* and click on *Discounts & Reimbursements*. Choose *Fitness Program*, sign in on the Reimbursement site, and upload copies of the following documentation:

- Proof of payment
- Record of your workouts

Once your documentation is submitted, you can request your reimbursement to be paid by direct deposit or a Visa rewards card.*

*Please note that Visa charges a \$4 fee plus three percent of reimbursement amount.

Start your well-being journey today!

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

Program guidelines

Eligible members

Participants must be 18 or older.

Selecting an approved fitness center

To be eligible for the fitness center reimbursement, you must choose a full-service fitness center that offers a variety of cardiovascular, flexibility, and resistance training in a supervised setting.

Eligible fitness centers

Eligible full-service fitness centers generally feature most of the following amenities:

- Group exercise classes (e.g., aerobics, spinning, body sculpting, kickboxing)
- Resistance training equipment (e.g., weight machines)
- Free weights
- Cardiovascular training equipment (e.g., treadmills, stationary bicycles, elliptical trainers)
- Pool for swimming laps
- Track for running/walking

Get \$150 back!

Enroll in a weight management program



Support from others can make weight loss feel more manageable. Enroll in WW[®], WW[®] Online, Noom, or an approved weight management program at an in-network hospital, and the Healthy LifestylesSM Weight Management Program will reimburse you up to \$150.

How it works

1. Sign up for an approved weight management program.
2. Attend the approved program.
3. Submit documentation and request your reimbursement.

Once all of your documentation is submitted, you can request your reimbursement to be paid by direct deposit or a Visa rewards card.* Log in at ibx.com, go to *Health & Well-being* and click on *Discounts & Reimbursements*. Choose *Weight Loss Program*, sign in on the Reimbursement site, and submit the following documentation:

- If attending WW in person, you will need to submit receipts and copies of your booklets.
- If participating in WW Online, you should submit screen prints to show proof of payment and progress in the program.

Start your well-being journey today!

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

- If participating in Noom, you should submit screenshots to show proof of payment and participation in the program.
- If attending a hospital-based or youth program, proof of payment and participation is required.

* Please note that Visa charges a fee of \$4.00 plus three percent of the reimbursement amount.

Nutrition counseling without leaving home



It's easier than ever to take advantage of your nutrition counseling visits by seeing a registered dietitian through secure video via your smartphone or other device.

As an Independence Blue Cross (Independence) member, you're covered for up to six nutrition counseling visits a year at no cost when you use an in-network registered dietitian.*

You can work with an in-network dietitian and get the same benefits of in-person counseling through secure video on your digital device.

Nutrition counseling can help you:

- Look and feel better
- Learn how to eat right
- Have more energy
- Lower cholesterol levels
- Reduce blood pressure
- Decrease risk of heart disease and stroke

Get started today!

- 1.** Log in at **ibx.com** and use the Find a Doctor tool to find a registered dietitian.
- 2.** Schedule an appointment with a participating registered dietitian, your primary care provider, or another network provider.

Questions?

Call the PAISBOA Health Benefit Trust Customer Service Champion Team at 1-833-444-BLUE.

*Check your benefits to see if you have coverage for nutrition counseling visits.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.

Acupuncture:

What does my health insurance cover?



Find out when and how acupuncture is covered by your health plan

What is acupuncture?

Acupuncture is a health practice that involves using needles placed under the skin to stimulate points in the body and ease symptoms. Studies suggest that acupuncture may help ease chronic pain and certain other conditions and is a reasonable option for people with chronic pain to consider.¹

How does Independence cover acupuncture?

Subject to your benefits, Independence Blue Cross (Independence) members are covered for 18 acupuncture visits for pain management and certain other conditions:²

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

Acupuncture for these conditions is available without precertification, and coverage is based on plan type:

- PPO members will pay specialist cost-sharing.
- HMO, POS, and DPOS members will need a referral from their PCP and will pay their specialist cost-sharing.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.



To learn more about your acupuncture benefits,

call the PAISBOA Health Benefit Trust Customer Service Champion Team at 1-833-444-BLUE.

Is acupuncture right for me?

To determine whether you could benefit from acupuncture:

- **Talk with your doctor.** Acupuncture should only be used to complement your doctor's care, not replace it. Your doctor can help you decide if acupuncture is right for your symptoms.
- **Check covered conditions.** Review Medical Policy #12.00.01 at ibx.com/medpolicy to determine the conditions for which acupuncture is considered medically necessary.
- **Find the right practitioner.** Ask your doctor for a recommendation, or visit ibx.com/findadoctor. Use as much care as you would in choosing a traditional health care professional.

1 National Center for Complementary and Integrative Health. Acupuncture: In Depth, nccih.nih.gov. Accessed on October 15, 2018.

2 For PPO members, the 18 acupuncture visits are combined in- and out-of-network.

Acupuncture is covered for limited conditions. For details on covered conditions, please reference medical policy #12.00.01, which you can find at ibx.com/medpolicy.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English: 1-877-764-6605 (TTY: 1-800-770-5531)

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电1-800-275-2583。

Get \$150 back!

Complete a tobacco cessation program



You probably know many of the reasons why you should quit smoking — it can help you breathe easier, live longer, and protect the health of those around you. Quitting isn't easy, and many people try more than once before they succeed, but it's worth it.

To help you quit for good, our Healthy LifestylesSM Tobacco Cessation Program will reimburse you up to \$150 for completing an approved tobacco cessation program.*

How it works

1. Sign up for an approved tobacco cessation program.
2. Complete the approved program.
3. Submit documentation and request your reimbursement.

Log in at ibx.com, go to *Health & Well-being* and click on *Discounts & Reimbursements*. Choose *Tobacco Cessation Program*, sign in on the Reimbursement site, and submit the following documentation:

- Proof of your participation in an approved tobacco cessation program or a certificate of completion
- All program receipts and receipts for nicotine replacement products or medications prescribed to you to help you quit

Once your documentation is submitted, you can request your reimbursement to be paid by direct deposit or a Visa rewards card.†

Approved tobacco cessation programs include those that focus on behavior modification and provide frequent and regular support.

Start your well-being journey today!

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

Program guidelines

Selecting a tobacco cessation program

No matter who you are, you can find a program that will give you the type of support and encouragement you need to kick the habit.

Eligible programs include those that focus on behavior modification and provide frequent and regular support, such as weekly meetings or telephone-based sessions.

Work with your health care provider to determine which method is best for you. You can opt for an individual approach or choose a program that offers group support. Some programs can even help you manage stress, avoid weight gain, and overcome barriers to quitting. You can also choose a program offered by an in-network hospital in your area.

Search for an in-network hospital in your area at ibx.com or call the number on the back of your member ID card for more information.

Achieve
Well-being

Make the call. Take the call.

Talk to your dedicated Registered Nurse Health Coach to help you navigate your health journey.



What is a Health Coach?

Independence Blue Cross Health Coaches are registered nurses who can answer your questions and help you make informed decisions about your health.

There are several ways your dedicated Health Coaches can help you, including:

- Managing a chronic condition or serious illness
- Addressing everyday health concerns
- Making lifestyle choices that can reduce your health risks
- Preparing for doctor visits, planned procedures, and hospital admissions

They may contact you, or you can call them anytime.

Stay on top of personal health information, screening reminders, health tips, and more!

Visit ibx.com/getconnected or text **IBX** to **73529** to sign up.†



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

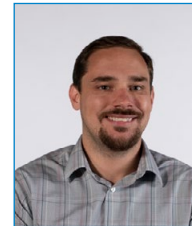
Independence

Talk to an available Health Coach 24/7
at **1-844-IBX-CARE**
(1-844-429-2273) (TTY: 711)*

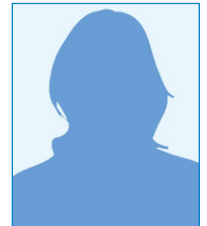
Your dedicated Health Coaches



George Barrett,
BSN, RN
215-241-3079*



John Kirn,
BSN, RN
215-241-0155*



Barbara Schlager,
BSN, RN
215-241-7803*

*This is a free and confidential service.

†Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and Conditions available at myhelpsite.net/ibx. Notification messages within IBX Wire™ are sent via automated SMS. Enrollment in IBX Wire™ is not a requirement to purchase goods and services from IBX.

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。请致电 1-800-275-2583。

Modern Diabetes Management, At No Cost to You



Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



GET STARTED



Text **"GO HBT"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/HBT/register or call **1-800-945-4355 (TTY/TTD: 711)** available 24 hours a day, seven days a week and use registration code: **HBT**

You have access to this program at no cost through your Independence Blue Cross (Independence) health plan.

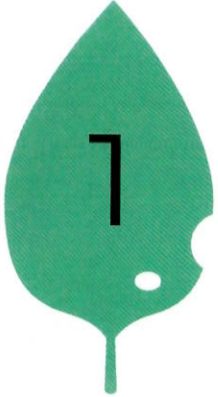
Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 (TTY/TDD: 711) disponible las 24 horas del día, los 7 días de la semana o visite bienvenido.livongo.com/HBT.

Once you enroll in Livongo Diabetes, you are entitled to automatically participate for a minimum of four (4) months. During your participation in the program, you will receive an Explanation of Benefits (EOB) even if you do not access services.



An impactful new benefit for Ursinus College faculty and staff.

Get started today in 3 easy steps:



Send us a message via our website or give us a call to schedule your session and get matched to your therapist.

- Be seen quickly - usually within just a week or two.
- In person (Audubon, Douglassville) or tele-session available
- Sessions available weekdays from 9a-9p and 10a-3p Saturdays



Show your Ursinus ID.

- This program is only available to faculty, staff, and their immediate family members.
- Your confidentiality is protected - we will not share anything about you with Ursinus. Not even that you are a client.
- See your Benefits Administrator for additional information.



Pay just \$60 per session - Ursinus takes care of the rest!

- Sanctuary offers this special pricing just for the Ursinus community.
- No additional paperwork to file – easier than insurance!

Sanctuary Counseling, LLC

2784 Egypt Road • Audubon, PA 19403 • 610.850.8009

1125 Ben Franklin Highway West • Douglassville, PA 19518 • 610.385.3155

• www.sanctuarycounseling.com •





Support and Resources

PAISBOA HEALTH BENEFIT TRUST

PAISBOA Health Benefit Trust Helpline – **888-984-1186**

INDEPENDENCE BLUE CROSS

PAISBOA Health Benefit Trust Dedicated Customer Service Team – **833-444-BLUE**

PAISBOA Health Benefit Trust microsite – **www.ibx.com/paisboa**

IBX member portal – **www.ibxpress.com**

DOCTOR ON DEMAND

Customer Support – **800-997-6196**

Member portal – **www.doctorondemand.com**

VBA

Customer Support – **800-432-4966**

VBA member portal – **www.vbaplans.com**

Notices

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

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

SPECIAL ENROLLMENT RIGHTS

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

MEDICAID & 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 NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov 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 1-866-444-EBSA (3272).

PENNSYLVANIA

<https://www.chipcoverspakids.com>
Phone: 1-800-692-7462

NEW JERSEY

CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

MICHELLE'S LAW

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

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

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

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

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

NEWBORNS' ACT

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