



2024 – 2025

# BENEFITS

# GUIDE

FOR NEW HIRES

WELCOME

ELIGIBILITY

ENROLLING IN BENEFITS

BENEFITS

ENROLLMENT



## Welcome to CHOP!

Learn about the comprehensive benefits we offer to support your physical, mental, and financial health so you can be prepared for anything the future holds.

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## Welcome

At CHOP, we view ourselves as a partner in your well-being. Review this guide to learn about all of the benefits available to help you be the healthiest you. You can find additional information, including plan documents, on the CHOP Benefits Center site at [www.chop.edu/ibenefitcenter](http://www.chop.edu/ibenefitcenter).



### THE CHOP BENEFITS CENTER

Visit [www.chop.edu/ibenefitcenter](http://www.chop.edu/ibenefitcenter) or call **1-800-752-7042** (Monday through Friday, from 8:30 a.m. to 5:30 p.m. ET).



### BENEFITS@CHOP SHAREPOINT SITE

Visit the [Benefits@CHOP](#) SharePoint site for detailed information about your benefits.

Watch the [2024 - 2025 Benefits Overview](#) for an introduction to the benefits available to you as a CHOP employee!

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## Eligibility

### For You

All regular full-time and part-time employees scheduled to work 20 or more hours per week are eligible to enroll in benefits. Your benefits are effective one month from your date of hire. Benefits for physicians, residents, and fellows become effective on their date of hire.

#### PLEASE NOTE THE FOLLOWING ELIGIBILITY DEFINITIONS:

- **Regular Full Time:** Scheduled to work 36 or more hours per week on a regular basis
- **Regular Part Time:** Scheduled to work between 20 and 35.9 hours per week on a regular basis

### For Your Dependents

In general, you are allowed to enroll the following dependents in CHOP benefits:

1. **Your legal spouse.**
2. **Your dependent children up to age 26** (but excluding coverage for the child's spouse or children). Dependent children include your naturally born children, adopted children, legal stepchildren, and dependent children for whom you are a court-appointed legal guardian (subject to state requirements).
3. **Your children, at any age, if they are incapable of self-sustaining employment and are dependent on you** (approval by the Plan Administrator required).

#### DEPENDENT ELIGIBILITY DOCUMENTATION

When you enroll dependent(s) for the first time, whether at Open Enrollment, as a new hire, or during the year as a result of a [Qualifying Life Event](#), you must provide documentation to support certification that a person is a qualified dependent. Supporting documentation that will be accepted includes an official marriage certificate, birth certificate, adoption paperwork, legal guardianship court order, or custody agreement. You must upload this supporting proof on the [CHOP Benefits Center](#) within 30 days of your life event.

Persons who do not meet the definition of a qualified dependent will not be covered under the CHOP benefits program. Anyone who certifies a person as a qualified dependent when that person is not a qualified dependent may be required to reimburse CHOP for any premiums and benefits paid on behalf of that person and may be subject to discipline pursuant to CHOP's Rules of Conduct.

#### Spousal Medical Certification

If you enroll your spouse for CHOP medical coverage and they are eligible for other group\* medical coverage through their employer, you will pay a \$60 per-pay-period spousal medical insurance surcharge. To avoid this surcharge, you must complete a certification on the CHOP Benefits Center enrollment site. If you have previously completed the certification, no action is required. Falsification of information related to spousal coverage may result in disciplinary action up to and including separation of employment and loss of coverage.

\*The spousal surcharge does not apply if your spouse is covered only by Medicare or if they are self-employed. It applies if your spouse has group coverage through their employer, and it applies to those who choose to be covered by more than one health plan.



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## Enrolling in Benefits

### Enrollment

As a new hire, you have 31 days to elect your benefits. If you do not enroll within 31 days, you will be assigned employee-only default benefits as shown in the table below. Additionally, if you do not actively enroll, you will not receive a reduction of your medical premiums for completing the well-being incentive steps.

Benefit coverage stays in place for the entire plan year, which runs from July 1 through June 30, unless you experience a [Qualifying Life Event](#). Your next opportunity to make any changes to your benefits will be during Open Enrollment each spring for coverage effective July 1.

Coverage Levels	Who Is Covered
Employee Only	Only you, as the employee
Employee + Child(ren)	You, as the employee, and one or more dependent children
Employee + Spouse	You, as the employee, and your legal spouse
Employee + Family	You, as the employee, your legal spouse, and one or more dependent child(ren)

### WHAT HAPPENS IF I DON'T TAKE ACTION?

If you don't take action as a new hire, you will receive the following employee-only default benefits:

Full Time	Part Time
<ul style="list-style-type: none"> <li>• Consumer Directed Health Plan</li> <li>• Aetna Dental DMO</li> <li>• No vision coverage</li> <li>• Life/AD&amp;D insurance: 1x annual base salary (min. \$50,000/max. \$750,000)</li> <li>• No spouse life insurance</li> <li>• No child life insurance</li> <li>• Core Short-Term Disability</li> <li>• Core Long-Term Disability</li> <li>• No FSA enrollment</li> <li>• No voluntary benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer Directed Health Plan</li> <li>• No dental coverage</li> <li>• No vision coverage</li> <li>• \$15,000 life/AD&amp;D insurance</li> <li>• No spouse life insurance</li> <li>• No child life insurance</li> <li>• Core Short-Term Disability</li> <li>• Core Long-Term Disability</li> <li>• No FSA enrollment</li> <li>• No voluntary benefits</li> </ul>

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## Enrollment Checklist

- ☐ Carefully review this Benefits Enrollment Guide to see which benefits meet your needs and the needs of your family.
- ☐ Consider which plans you would like to enroll in or any changes you would like to make to your current elections by your enrollment deadline. New hires have 31 days to make elections.
- ☐ Consider enrolling in the Healthcare and Dependent Care Flexible Spending Accounts (FSAs). Please note: T32 Fellows are not eligible for the Dependent Care FSA.
- ☐ Complete your **well-being incentive steps** to receive a \$45 per-pay-period reduction of your medical insurance premiums.
- ☐ Validate your spouse's access to medical benefits outside of CHOP if you are enrolling your spouse for CHOP medical coverage.
- ☐ Ensure your covered dependents meet the benefits program definition of a qualified dependent. When a dependent is initially enrolled, you must provide documentation that the person is a qualified dependent.
- ☐ Provide your beneficiary information for life insurance.
- ☐ Ensure your personal information, such as your address and telephone number, is accurate in Workday.

### How to enroll online:

Visit [www.chop.edu/ibenefitcenter](http://www.chop.edu/ibenefitcenter). You will be directed to use the Microsoft Authenticator through CHOP to access your account. If you do not know your login credentials, call the CHOP Help Desk at **1-215-590-4357**.

### How to enroll by phone:

Call **1-800-752-7042** Monday through Friday, from 8:30 a.m. to 5:30 p.m. ET.

### Health Advocate

Need help understanding your health plan benefits or finding a provider in the network? Call **Health Advocate** at **1-866-695-8622**. [Learn more >](#)

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## Making Changes During the Year

You may make certain benefit changes during the year only if you experience a Qualifying Life Event. The benefit change must be made within 31 days after the life event occurs and must be on account of, and consistent with, the life event (birth/death, divorce/marriage, spouse's loss/gain of employment, or dependent children losing eligibility due to age). Initiate a life event change at [www.chop.edu/ibenefitcenter](http://www.chop.edu/ibenefitcenter).

### Turning 26?

Under the Affordable Care Act, dependents can stay on their parents' medical coverage until they turn 26 years old. If you are turning 26 during the plan year and are currently covered by your parents' health coverage, you have 31 days from your 26<sup>th</sup> birthday to enroll in CHOP medical coverage. If you do not take action, you will not have coverage. Please go to [www.chop.edu/ibenefitcenter](http://www.chop.edu/ibenefitcenter) to initiate a life event change. Note that no action is needed if you were already enrolled in CHOP medical coverage prior to your 26<sup>th</sup> birthday.

If you have a child turning 26 during the plan year, they will automatically lose CHOP coverage at the end of their birthday month and continuation of coverage will be offered through COBRA.



## WHEN COVERAGE ENDS

If you have an employment change and lose CHOP coverage, your and your dependents' medical, dental, and vision coverage will terminate at the end of the month in which your employment changes. Your disability, life insurance, and FSA coverage will end immediately.

## COBRA

When you terminate from CHOP, you may apply for continued group health benefit coverage under COBRA. A packet will be mailed to your home approximately three weeks after your termination date is processed. You have 60 days from the date of notification to elect COBRA and 45 days to remit your first payment.

COBRA allows you, if you are eligible under the law, to continue the health benefit coverage you had as an active CHOP employee, typically for a period of 18 months, as long as you pay the full cost of the health benefit coverage.

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## HEALTH



### Flexible Benefits for You

We offer healthcare benefit options to help keep you and your family healthy all year long, and tax-advantaged accounts to help you save for eligible expenses.



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## Medical and Prescription Drug

CHOP offers three medical plans, administered by Independence Blue Cross (IBC), to fit your needs and those of your family: the CHOP Preferred Care Plan; the Consumer Directed Health Plan (CDHP), which comes with a CHOP-funded Health Reimbursement Account (HRA); and the Keystone/AmeriHealth HMO Plan. As shown in the chart below, the main differences across the plans are the per-paycheck costs, costs when you receive care, available provider networks, and access to a CHOP-funded HRA. If you enroll in CHOP medical coverage, you receive prescription drug coverage through CVS/Caremark. Regardless of which plan you choose, you also have access to [Virtual Visits through Teladoc™](#), [Pharmacy Advisor Counseling](#), opportunities to save on specialty medications and more through [PrudentRx](#), [the Livongo Diabetes Management program](#), [Progyny](#) to support you on your journey to parenthood, [Propeller Health](#) to help you manage asthma or COPD, and [Ovia](#) for resources and coaching on having and raising children. CHOP medical plan participants can also enjoy additional benefits such as [IBX Wire](#) for personalized health reminders and a 20% discount on Indego bikes.

	CHOP Preferred Care Plan	Consumer Directed Health Plan	Keystone/AmeriHealth HMO
Cost per Paycheck	Ⓢ Ⓢ	Ⓢ	Ⓢ Ⓢ Ⓢ
Cost When Receiving Care	Ⓢ Ⓢ	Ⓢ Ⓢ Ⓢ	Ⓢ
Access to an HRA?	No	Yes	No
Where Care Is Covered	You can receive care in- and out-of-network, but you save when you stay in-network. There is also a third network tier where your dependent children can receive care at a CHOP facility or through a CHOP provider at a lower cost for covered services.		Care at a CHOP facility or through a CHOP provider is covered as in-network care.



### Check Your Mail

If you enroll in a medical plan, you will receive a medical ID card from Independence Blue Cross (IBC) and a prescription drug ID card from CVS/Caremark.

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### Better Health Champion

With your Independence Blue Cross coverage, you have a Champion ready to help you live your healthiest life and make the best decisions based on your health plan. With one call, you can get everything you need, including:

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

Call **1-888-IBX-CHOP** to reach your Champion.

### Progyny Fertility Support

CHOP has partnered with Progyny to help support your journey to parenthood. Progyny provides treatment using the latest reproductive technologies, a premier network of fertility specialists, and personalized support from dedicated Patient Care Advocates. With Progyny, you have access to two Smart Cycles, which bundle all your individual services, tests, and treatments so you won't run out of coverage in the middle of treatment.

### Surrogacy and Adoption Support

In addition to the fertility benefits, Progyny will administer surrogacy and adoption benefits to eligible CHOP employees. You may qualify for up to \$10,000 in financial assistance per child (\$30,000 combined lifetime maximum) to cover eligible surrogacy- and adoption-related expenses. Please refer to CHOP's Adoption and Surrogacy Policy for more details.



### Gender Affirmation Coverage

At CHOP, we take pride in offering comprehensive care for LGBTQ+ individuals under all of our medical plans, including gender affirmation surgery coverage and many other services. Please refer to the Summary Plan Descriptions on the [Benefits@CHOP](#) SharePoint site for additional details.

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### CHOP Preferred Care Plan

The CHOP Preferred Care Plan, administered by IBC, gives you the option of using in-network providers to maximize your benefits or using out-of-network providers at higher out-of-pocket costs. Although recommended, selection of a primary care physician (PCP) is not required. To find an in-network IBC provider, visit [www.ibx.com/chop](http://www.ibx.com/chop) and select **Find a Doctor**.

Cost per Paycheck	(\$)
Cost When Receiving Care	(\$)
Access to an HRA?	No
Where Care Is Covered	You can receive care in- and out-of-network, but you save when you stay in-network. There is also a third network tier where your dependent children can receive care at a CHOP facility or through a CHOP provider at a lower cost for covered services.



[Go to the next page](#) for an overview of CHOP Preferred Care Plan benefits.

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### CHOP Preferred Care Plan (continued)

Below is an overview of plan benefits. For a detailed coverage comparison of all three plans, [click here](#).

	CHOP Preferred Care Plan		
	CHOP Pediatrics	In-Network	Out-of-Network
Annual Deductible (individual/family)	\$100/\$200	\$300/\$600	\$600/\$1,200
Maximum Out-of-Pocket (individual/family)	\$1,400/\$2,800	\$2,800/\$5,600	\$3,800/\$7,600
Coinsurance	100%	85%	60%
Physician Office Visit	\$10 co-pay	\$20 co-pay	60% after deductible
Specialist Office Visit	\$20 co-pay	\$35 co-pay	60% after deductible
Virtual Visits (provided by Teladoc)	Not available	\$15 co-pay	Not available
Fertility Treatment	2 Progyny Smart Cycles		

**Note:** Certain providers, including St. Christopher's Hospital for Children and Nemours/A.I. duPont, will be considered out-of-network under the plan. Certain facility charges may apply when you see CHOP physicians at a non-CHOP location such as Virtua and Abington hospitals.

	CVS/Caremark Prescription Drug Coverage		
	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies* (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)
Generic Drugs	\$10 co-pay	\$25 co-pay	Not available
Preferred Brand-Name Drugs	20% (\$30 minimum/\$60 maximum)	20% (\$75 minimum/\$150 maximum)	Not available
Non-Preferred Brand-Name Drugs	30% (\$50 minimum/\$125 maximum)	30% (\$125 minimum/\$312.50 maximum)	Not available
Specialty Drugs	Not available	Not available	30% (\$0 co-pay when covered under <a href="#">PrudentRx</a> )
Refill Limit	One initial fill plus one refill	No limit	No limit
Maximum Out-of-Pocket	\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)		
Fertility Treatment	Progyny Rx integrated fertility medication coverage		

\*Specialty drugs administered by a healthcare provider in your home, a physician's office, infusion center, or hospital outpatient facility are eligible for coverage under your medical plan.

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## Consumer Directed Health Plan

The Consumer Directed Health Plan (CDHP), administered by IBC, has a higher deductible than the CHOP Preferred Care Plan, but CHOP helps offset the deductible with a Health Reimbursement Account (HRA).

An HRA is an account that CHOP contributes money to each plan year you are enrolled in the CDHP. Your HRA account is administered by IBC. Your balance will automatically be used to pay eligible health-related expenses. If you don't use all the funds in your account, you can roll them over from year to year (up to a three-year maximum of \$1,500 for an individual or \$3,000 for a family). To view your HRA account balance, log in to your member portal account at [www.ibx.com/chop](http://www.ibx.com/chop).

You can also use your HRA and contribute to a **Healthcare Flexible Spending Account** (FSA) at the same time. If an expense is eligible for reimbursement by both the HRA and the FSA, amounts under the HRA will be used first (this includes any HRA rollover amounts).

You have the option of using network providers to maximize your benefits or using out-of-network providers at higher out-of-pocket costs. Although recommended, selection of a primary care physician (PCP) is not required. To find an in-network IBC provider, visit [www.ibx.com/chop](http://www.ibx.com/chop) and select **Find a Doctor**.

**Go to the next page** for an overview of CDHP benefits.



Cost per Paycheck	💰
Cost When Receiving Care	💰 💰 💰
Access to an HRA?	Yes
Where Care Is Covered	You can receive care in- and out-of-network, but you save when you stay in-network. There is also a third network tier where your dependent children can receive care at a CHOP facility or through a CHOP provider.

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## Consumer Directed Health Plan (continued)

Below is an overview of plan benefits. For a detailed coverage comparison of all three plans, [click here](#).

	CDHP		
	CHOP Pediatrics	In-Network	Out-of-Network
Annual Deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$3,125/\$6,250
Maximum Out-of-Pocket (individual/family)	\$3,750/\$7,500	\$4,500/\$9,000	\$9,375/\$18,750
Coinsurance	100%	80%	60%
Physician Office Visit	100% after deductible	80% after deductible	60% after deductible
Specialist Office Visit	100% after deductible	80% after deductible	60% after deductible
Virtual Visits (provided by Teladoc)	Not available	\$15 co-pay	Not available
Fertility Treatment	2 Progyny Smart Cycles		

**Note:** Certain providers, including St. Christopher's Hospital for Children and Nemours/A.I. duPont, will be considered out-of-network under the plan. Certain facility charges may apply when you see CHOP physicians at a non-CHOP location such as Virtua and Abington hospitals.

	CVS/Caremark Prescription Drug Coverage		
	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies* (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)
Generic Drugs	\$10 co-pay	\$25 co-pay	Not available
Preferred Brand-Name Drugs	20% (\$30 minimum/\$60 maximum)	20% (\$75 minimum/\$150 maximum)	Not available
Non-Preferred Brand-Name Drugs	35% (\$50 minimum/\$125 maximum)	35% (\$125 minimum/\$312.50 maximum)	Not available
Specialty Drugs	Not available	Not available	30% (\$0 co-pay when covered under <a href="#">PrudentRx</a> )
Refill Limit	One initial fill plus one refill	No limit	No limit
Maximum Out-of-Pocket	\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)		
Fertility Treatment	Progyny Rx integrated fertility medication coverage		

\*Specialty drugs administered by a healthcare provider in your home, a physician's office, infusion center, or hospital outpatient facility are eligible for coverage under your medical plan.



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Keystone/AmeriHealth HMO Plan

*For Pennsylvania and New Jersey Residents*

With the Keystone/AmeriHealth HMO, administered by IBC, you are only covered in-network. If you receive care from an out-of-network provider, you will be responsible for the full cost. You must select a primary care physician (PCP) who will act as your guide and coordinate your care through the medical community. You must also obtain referrals from your PCP if you need to see a specialist. Hospitalization requires prior authorization.

To determine whether your provider is in the Keystone or AmeriHealth HMO network, visit [www.ibx.com/chop](http://www.ibx.com/chop) and select **Find a Doctor**.

**Note:** The HMO is provided by Keystone Health Plan East for Pennsylvania residents and AmeriHealth for New Jersey residents.

**Go to the next page** for an overview of Keystone/AmeriHealth HMO benefits.



Cost per Paycheck	\$\$\$
Cost When Receiving Care	\$
Access to an HRA?	No
Where Care Is Covered	Care at a CHOP facility or through a CHOP provider is covered as in-network care.

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For Pennsylvania and New Jersey Residents

Below is an overview of plan benefits. For a detailed coverage comparison of all three plans, [click here](#).

	Keystone/AmeriHealth HMO
Annual Deductible (individual/family)	\$300/\$600
Maximum Out-of-Pocket (individual/family)	\$1,300/\$2,600
Coinsurance	100%
Physician Office Visit	\$20 co-pay
Specialist Office Visit	\$40 co-pay
Virtual Visits (provided by Teladoc)	\$15 co-pay
Fertility Treatment	2 Progyny Smart Cycles

**Note:** The HMO is provided by Keystone Health Plan East for Pennsylvania residents and AmeriHealth for New Jersey residents.

	CVS/Caremark Prescription Drug Coverage		
	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies* (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)
Generic Drugs	\$10 co-pay	\$25 co-pay	Not available
Preferred Brand-Name Drugs	\$35 co-pay	\$88 co-pay	Not available
Non-Preferred Brand-Name Drugs	\$60 co-pay	\$150 co-pay	Not available
Specialty Drugs	Not available	Not available	30% (\$0 co-pay when covered under <b>PrudentRx</b> )
Refill Limit	One initial fill plus one refill	No limit	No limit
Maximum Out-of-Pocket	\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)		
Fertility Treatment	Progyny Rx integrated fertility medication coverage		

\*Specialty drugs administered by a healthcare provider in your home, a physician's office, infusion center, or hospital outpatient facility are eligible for coverage under your medical plan.

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## Medical Plan Comparison

	CHOP Preferred Care Plan			CDHP			Keystone/ AmeriHealth HMO
Plan Feature	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network Only
Health Reimbursement Account (HRA) (CHOP-funded account)	Not available	Not available	Not available	\$500 Individual/\$1,000 Family			Not available
Annual Deductible <sup>3</sup>	\$100 Individual/ \$200 Family	\$300 Individual/ \$600 Family	\$600 Individual/ \$1,200 Family	\$1,500 Individual/ \$3,000 Family	\$2,000 Individual/ \$4,000 Family	\$3,125 Individual/ \$6,250 Family	\$300 Individual/ \$600 Family
Coinsurance (plan pays)	100%	85%	60%	100%	80%	60%	100% <sup>4</sup>
Out-of-Pocket Maximum (includes coinsurance, deductibles, and co-pays)	\$1,400 Individual/ \$2,800 Family	\$2,800 Individual/ \$5,600 Family	\$3,800 Individual/ \$7,600 Family	\$3,750 Individual/ \$7,500 Family	\$4,500 Individual/ \$9,000 Family	\$9,375 Individual/ \$18,750 Family	\$1,300 Individual/ \$2,600 Family
Physician Office Visit	\$10 co-pay	\$20 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$20 co-pay/ PCP visit
Specialist Office Visit	\$20 co-pay	\$35 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$40 co-pay/ PCP referral
Virtual Visits (provided by Teladoc)	Not available	\$15 co-pay	Not available	Not available	\$15 co-pay	Not available	\$15 co-pay

- 1 Certain dental procedures performed at a CHOP facility may be considered dental in nature and therefore may not be covered by CHOP medical plans. It is important that you check with your dental oral surgeon to confirm that your procedure is eligible under the medical plan and determine your out-of-pocket costs.
- 2 Includes St. Christopher's and Nemours/A.I. duPont. Certain facility charges may apply when you see CHOP physicians at a non-CHOP hospital location such as Virtua and Abington hospitals.
- 3 In-network deductible will apply to all services EXCEPT office visit co-pays, where applicable, and preventive services. Out-of-network services are subject to carriers' reasonable and customary amounts. Precertification of inpatient care is required. If precertification is not obtained, a precertification penalty will apply.
- 4 Exceptions to 100% coinsurance: Durable medical equipment and prosthetics are covered at 70% after deductible. Outpatient private-duty nursing is covered at 90% after deductible (Keystone: subject to 360 hours per contract period/AmeriHealth: no hours limit).

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Plan Feature	CHOP Preferred Care Plan			CDHP			Keystone/ AmeriHealth HMO
	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network Only
Retail Walk-in Clinic	Not available	\$20 co-pay	60% after deductible	Not available	80% after deductible	60% after deductible	\$20 co-pay
Urgent Care Center	\$20 co-pay (CHOP Urgent Care locations only)	\$35 co-pay	60% after deductible	100% after deductible (CHOP Urgent Care locations only)	80% after deductible	60% after deductible	\$40 co-pay <sup>5</sup>
Preventive Care: Pediatric and Adult <sup>3</sup>	100%	100%	60% after deductible	100%	100%	60% after deductible	100%
Nutritional Counseling <sup>4</sup>	\$20 co-pay	\$35 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	100%
Hospital Emergency Room <sup>6</sup>	\$100 co-pay (waived if admitted)	\$150 co-pay (waived if admitted)	\$150 co-pay (waived if admitted)	100% after deductible	80% after deductible	80% after deductible	\$150 co-pay (waived if admitted)
Diagnostic Testing <ul style="list-style-type: none"> <li>• Laboratory</li> <li>• Routine X-ray and Radiology</li> <li>• MRI/MRA/CT and PET Scans</li> </ul>	100%	<ul style="list-style-type: none"> <li>• 85% after deductible</li> <li>• 85% after deductible</li> <li>• 85% after deductible, after \$50 co-pay</li> </ul>	60% after deductible	100% after deductible	80% after deductible	60% after deductible	<ul style="list-style-type: none"> <li>• 100%</li> <li>• 100% after \$40 co-pay</li> <li>• \$50 co-pay</li> </ul>

- 1 Certain dental procedures performed at a CHOP facility may be considered dental in nature and therefore may not be covered by CHOP medical plans. It is important that you check with your dental oral surgeon to confirm that your procedure is eligible under the medical plan and determine your out-of-pocket costs.
- 2 Includes St. Christopher's and Nemours/A.I. duPont. Certain facility charges may apply when you see CHOP physicians at a non-CHOP hospital location such as Virtua and Abington hospitals.
- 3 Includes routine well-child exams and immunizations. Also includes adult routine physical exam, gynecological exam and Pap smear, mammogram, digital rectal exam, colonoscopy, and prostate-specific antigen blood test.
- 4 Additional obesity preventive counseling services are available (see your Summary Plan Description for additional details).
- 5 Your cost for urgent care is based on care received at a designated urgent care center or facility, not your physician's office. Costs may vary depending on where you receive care. Members using urgent care outside the service area must call member services to request authorization.
- 6 Non-emergency use of the hospital emergency room may be subject to deductible and coinsurance/co-pays.

*Continued on the next page >*

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(continued)

Plan Feature	CHOP Preferred Care Plan			CDHP			Keystone/ AmeriHealth HMO
	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	CHOP Pediatrics Only <sup>1</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network Only
Inpatient Hospital/Surgical	100% after deductible	85% after deductible, after \$200 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	<ul style="list-style-type: none"> <li>• 100% with PCP referral (subject to deductible)</li> <li>• Inpatient requires prior authorization; some services may require prior authorization</li> </ul>
Outpatient Hospital/Surgical	100% after deductible	85% after deductible, after \$75 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	
Therapy Services (physical, speech, occupational)	100% after \$20 co-pay	\$35 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$40 co-pay <sup>5</sup>
Acupuncture <sup>3</sup>	\$20 co-pay	\$35 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$40 co-pay
Spinal Manipulations	100% after \$20 co-pay	\$35 co-pay	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$40 co-pay <sup>6</sup>
Behavioral Health/ Substance Abuse: Inpatient	Not available	85% after deductible, after \$200 co-pay	60% after deductible	Not available	80% after deductible	60% after deductible	100% (subject to deductible)
Behavioral Health/ Substance Abuse: • Office Visit • Outpatient/All Other (includes habilitative services)	\$0 co-pay	<ul style="list-style-type: none"> <li>• \$20 co-pay</li> <li>• \$0 co-pay</li> </ul>	60% after deductible	100% after deductible	80% after deductible	60% after deductible	\$20 co-pay
Fertility Treatment (lifetime maximum) <sup>4</sup>	Not available	2 Progyny Smart Cycles	Not available	Not available	2 Progyny Smart Cycles	Not available	2 Progyny Smart Cycles

1 Certain dental procedures, such as oral surgery, performed at a CHOP facility are considered dental in nature and therefore are not covered at 100%. It is important that you check with your dental oral surgeon to determine your out-of-pocket costs.

2 Includes St. Christopher's and Nemours/A.I. duPont. Certain facility charges may apply when you see CHOP physicians at a non-CHOP hospital location such as Virtua and Abington hospitals.

3 Acupuncture is covered only when medically necessary for certain medical conditions, up to a maximum of 18 visits for the IBC plans. Primary care physician (PCP) referral required for HMO members. See your Summary Plan Description for additional details.

4 Smart Cycles encompass fertility-related services, tests, and treatments.

5 30 visits per contract year for PT/OT; 20 visits per contract year for speech.

6 20 visits per contract year for chiropractic care.

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(continued)

	CHOP Preferred Care Plan			CDHP			Keystone/AmeriHealth HMO		
Prescription Drugs									
Plan Feature	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies¹ (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies¹ (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)	Retail Pharmacy (30-day supply)	Maintenance Choice Program (90-day supply available by mail order or at CVS locations only)	Specialty Pharmacies¹ (CVS Specialty Pharmacy for adults; CHOP Specialty Pharmacy for children)
Generic Drugs	\$10 co-pay	\$25 co-pay	Not available	\$10 co-pay	\$25 co-pay	Not available	\$10 co-pay	\$25 co-pay	Not available
Preferred Brand-Name Drugs	20% (\$30 minimum/ \$60 maximum)	20% (\$75 minimum/ \$150 maximum)	Not available	20% (\$30 minimum/ \$60 maximum)	20% (\$75 minimum/ \$150 maximum)	Not available	\$35 co-pay	\$88 co-pay	Not available
Non-Preferred Brand-Name Drugs	30% (\$50 minimum/ \$125 maximum)	30% (\$125 minimum/ \$312.50 maximum)	Not available	35% (\$50 minimum/ \$125 maximum)	35% (\$125 minimum/ \$312.50 maximum)	Not available	\$60 co-pay	\$150 co-pay	Not available
Specialty Drugs	Not available	Not available	30% (\$0 co-pay when covered under PrudentRx)	Not available	Not available	30% (\$0 co-pay when covered under PrudentRx)	Not available	Not available	30% (\$0 co-pay when covered under PrudentRx)
Refill Limit	One initial fill plus one refill	No limit	No limit	One initial fill plus one refill	No limit	No limit	One initial fill plus one refill	No limit	No limit
Maximum Out-of-Pocket	\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)			\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)			\$2,600 for individual coverage/\$5,200 for all other coverage levels (co-pays are included in the out-of-pocket maximum)		

<sup>1</sup> Specialty drugs administered by a healthcare provider in your home, a physician's office, an infusion center, or a hospital outpatient facility are eligible for coverage under your medical plan.



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## Prescription Drug Benefits

When you enroll in CHOP medical coverage, you receive prescription drug benefits through CVS/Caremark. What you pay for a prescription depends on which medical plan you are enrolled in, if you are filling a 30-day or 90-day supply, and under which tier your prescription falls. Certain rules apply for filling **specialty medications**, and programs are available to help you **save time and money** on your prescriptions. For a detailed coverage comparison of all three plans, [click here](#).

There are three coverage tiers:

### TIER 1: GENERIC

Drugs comparable to brand-name drugs in dosage, form, strength, route of administration, quality and performance characteristics, and intended use



### TIER 2: PREFERRED BRAND-NAME

Brand-name drugs included on the [Preferred Drug List](#)



### TIER 3: NON-PREFERRED BRAND-NAME

Brand-name drugs not on the [Preferred Drug List](#). These are typically drugs with generic equivalents or a less expensive preferred medication

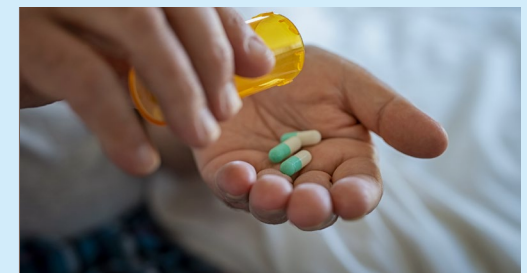


**Note:** The plan may require you to try a generic medication before you can use a higher-cost brand-name medication. For a complete list of medications requiring a generic first, contact CVS/Caremark at **1-844-345-1257**.

### Do you take a maintenance medication?

The Mandatory Maintenance Choice® Program requires you to fill your long-term medication (90-day supply) through the mail-order program or at a CVS Pharmacy after you receive an initial 30-day fill plus one refill at a retail pharmacy. Your physician must write your prescription to specify a 90-day supply, with up to three refills.

Filling your prescriptions in 90-day supplies is typically more affordable than filling them in 30-day supplies. You will receive information about how to use the Mandatory Maintenance Choice® Program when you receive your prescription package, which will include your ID card.



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## Prescription Drug Benefits (continued)

### Does your child take a specialty medication?

CHOP Specialty Pharmacy is the exclusive pharmacy for your child's specialty drug prescriptions. The pharmacy team is uniquely positioned to work with your child's care team and provide focused, individualized, and quality care as a rigorously accredited program from The Joint Commission and URAC.

To learn more about the benefits of this program or to transfer your child's prescription, please contact CHOP Specialty Pharmacy at **1-800-866-1242**, select option 2 twice, and then select option 0 to reach a pharmacy team member. Alternatively, you can fill out a secure REDCap survey by using the QR code below, and a pharmacy team member will contact you. Additionally, CHOP Specialty Pharmacy will contact you when your child requires a prescription refill or renewal to ease the transition of care.

Note: Specialty drugs administered by a healthcare provider in your home, a physician's office, an infusion center, or a hospital outpatient facility are eligible for coverage under your medical plan. All other specialty drugs must be filled through CVS Specialty Pharmacy or the CHOP Specialty Pharmacy.



### Same-day Delivery!

For a small delivery fee, members can have their 30- or 90-day prescriptions delivered within four hours to an address (e.g., their home, office, or other location of choice) within 10 miles of any of the 9,700+ CVS Pharmacy locations. To learn more, go to [www.cvs.com/content/delivery](http://www.cvs.com/content/delivery).



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## Prescription Drug Benefits (continued)

### SAVE MONEY ON PRESCRIPTION DRUGS

You have the opportunity to save on out-of-pocket expenses throughout the year by taking advantage of the following prescription drug benefits:



#### Discounts on Diabetic Medicines and Supplies\*

If you are enrolled in a CHOP medical plan and use diabetic medications and supplies, you can pay half the co-pay amount when you fill generic or brand-name drugs. There is no discount for filling non-preferred brand-name drugs. Diabetic medications and supplies include oral and injectable medicines, insulin, alcohol wipes, lancets, strips, and insulin syringes. Accu-Chek® blood glucose meters are available at no cost from the manufacturer if you are currently using a meter other than Accu-Chek®. For information on how to obtain a blood glucose meter, call **1-844-345-1257**.



#### Discounts on Specialty Medications

CVS/Caremark has contracted with PrudentRx to help members save on certain specialty medications. This program assists members by helping you enroll in the manufacturer's co-pay assistance program. Members enrolled in the PrudentRx Copay Program will have a \$0 out-of-pocket cost for prescriptions covered under the program. If you are prescribed an eligible medication, PrudentRx will reach out with information on how to enroll.



#### Discounts on Statins

Statins are medications used to help prevent serious heart and blood vessel problems (cardiovascular disease) in adults who are at risk. In accordance with healthcare reform, employees and dependents between the ages of 40 and 75 covered under a CHOP prescription drug plan will have a \$0 co-pay for select generic statins.



#### Discounts on Blood Pressure and Cholesterol Medications

If you are enrolled in a CHOP medical plan and take medications to treat high blood pressure or high cholesterol, you can pay half the co-pay amount when you fill generic or brand-name drugs. There is no discount for filling non-preferred brand-name drugs.

#### Pharmacy Advisor Counseling

CHOP offers Pharmacy Advisor Counseling to help you manage your medications. Visit [page 31](#) to learn more.

\*Please note: Insulin pumps and infusion kits are considered durable medical equipment and will be covered under the medical plan.

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### WITH WELL-BEING INCENTIVE

[Learn more about earning the well-being incentive \(a per-pay-period reduction on your medical plan premiums\).](#) >

	CHOP Preferred Care Plan		CDHP		Keystone/AmeriHealth HMO	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Employee Only	\$82.14	\$115.02	\$37.63	\$47.10	\$113.52	\$138.79
Employee + Child(ren)	\$131.01	\$171.58	\$63.41	\$84.48	\$170.49	\$212.48
Employee + Spouse	\$181.88	\$248.12	\$80.11	\$110.58	\$247.24	\$308.76
Employee + Family	\$230.08	\$310.40	\$83.36	\$132.43	\$309.33	\$383.93

### WITHOUT WELL-BEING INCENTIVE

	CHOP Preferred Care Plan		CDHP		Keystone/AmeriHealth HMO	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Employee Only	\$127.14	\$160.02	\$82.63	\$92.10	\$158.52	\$183.79
Employee + Child(ren)	\$176.01	\$216.58	\$108.41	\$129.48	\$215.49	\$257.48
Employee + Spouse	\$226.88	\$293.12	\$125.11	\$155.58	\$292.24	\$353.76
Employee + Family	\$275.08	\$355.40	\$128.36	\$177.43	\$354.33	\$428.93

Note: Rates shown here do not include the \$60 per-pay-period spousal surcharge. Employees represented by District 1199C will pay the HMO medical plan rates consistent with the collective bargaining agreement between CHOP and the union.

Residents, Fellows, and T32 Fellows can review their rates on the separate rate sheets.

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## Dental

CHOP offers two dental plan options through Aetna. Both plans provide a 100% benefit for covered preventive dental services. To determine whether your provider is in the dental plan network, visit Aetna's DocFind® site at [www.aetna.com](http://www.aetna.com).

Plan Feature	Aetna DMO	Aetna PPO
Selection of Primary Care Dentist <sup>1</sup>	Must select an Aetna DMO dentist	No primary dentist selection required
Deductible (does not apply to preventive care)	None	\$25 Individual/\$75 Family
Predetermination of Benefits	Recommended for certain services	When cost of treatment is more than \$300
Preventive Care <sup>2</sup>	100%	100% <sup>3</sup> (no deductible)
Basic Services <sup>4</sup> Root canal (anterior/bicuspid), amalgam fillings (silver), composite fillings (anterior only), posterior fillings (PPO plan only), stainless steel crowns, uncomplicated extractions, surgical removal of erupted or impacted (soft tissue) tooth	100%	80% <sup>3</sup>
Major Services <sup>4</sup> Root canal therapy (molar teeth), osseous surgery, surgical removal of impacted teeth (partial bony/fully bony), general anesthesia/intravenous sedation, inlays, onlays, crowns, full and partial dentures, denture repairs, implants	50% <sup>5</sup>	50% <sup>3</sup>
Orthodontics	50% <sup>5</sup> (no lifetime maximum, one complete course of treatment per lifetime per individual)	50% <sup>3</sup> (up to \$2,000 per lifetime for each covered individual)
Annual Plan Maximum	None	\$2,000 per person each year (excluding orthodontia)

<sup>1</sup> DMO plan: Pediatric dentists may not be selected as a child's primary care dentist (PCD). Up to age 7, a referral from a PCP (for medical necessity only) is needed to access a pediatric dentist.

<sup>2</sup> Services include oral exams, cleanings, fluoride, and X-rays. Two exams are covered per plan year (routine or emergency).

<sup>3</sup> If a PPO provider is used, they will be paid based on the agreed-upon fee schedule. If a non-PPO provider is used, you may be balance-billed for any charges above the reasonable and customary rate.

<sup>4</sup> Some of the major services referenced under this heading may be considered basic services under the Aetna PPO dental plan; for example, molar root canals, all extractions, anesthesia, and osseous surgery. Implants are subject to a deductible and a 50% cost share with the following limitations: For prosthetics and crowns previously installed, there is a five-year frequency limit; endosteal implant, surgical placement of mini implant, and prefabricated implant have a two-year frequency limit under the DMO plan and a five-year frequency limit under the PPO.

<sup>5</sup> These payments are payable only when a DMO-network dentist provides the service.

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### 2024 – 2025 Biweekly Dental Rates

	Aetna DMO		Aetna PPO	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$3.10	\$10.28	\$10.32	\$20.65
Employee + Child(ren)	\$6.98	\$23.23	\$23.04	\$46.09
Employee + Spouse	\$7.46	\$24.85	\$24.68	\$49.32
Employee + Family	\$8.75	\$29.16	\$28.90	\$57.80





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## Vision

CHOP offers a vision plan through UnitedHealthcare Vision. This plan allows you to see any provider you choose, but you will maximize your savings when you go to an in-network provider. With UnitedHealthcare's national eyecare network, Spectera, you can take advantage of personalized care at a private practice or convenient retail chains. To determine whether your provider is in the Spectera eyecare network, visit [myuhcvision.com](https://myuhcvision.com) or call **1-800-638-3120**.

UnitedHealthcare Vision Plan		
Plan Feature	In-Network	Out-of-Network
Co-pays	<ul style="list-style-type: none"> <li>• \$10 eye examination</li> <li>• \$10 materials (lenses/frames)</li> </ul>	No co-pay
Eye Examination	Covered at 100% (once every 12 months)*	Up to \$60 reimbursement (once every 12 months)*
Pair of Eyeglass Lenses	Covered at 100% once every 12 months* (clear standard, single-vision, bifocal, trifocal, lenticular, standard scratch-resistant coating, and basic polycarbonate lenses); lens coatings and options available on a discount schedule at participating providers	<ul style="list-style-type: none"> <li>• Up to \$200 total reimbursement for lenses, frames, and contact lenses once every 12 months*</li> <li>• Polycarbonate lenses and standard scratch-resistant coatings are not covered</li> </ul>
Frames	\$180 retail allowance (once every 12 months)*	
Contact Lenses	In lieu of eyeglass lenses/frames, 100% up to \$200 (retail) allowed for fitting and evaluation fees, contacts, up to eight boxes of disposable contacts, and up to two follow-up visits (once every 12 months)*	

\*From date of last service/purchase. Eligible vision plan participants who are age 13 or younger or are pregnant may receive a second covered eye exam and an additional pair of glasses per plan year if their vision prescription changes 0.5 diopter or greater.

### 2024 – 2025 Biweekly Vision Rates (Full Time and Part Time)

Employee Only	\$2.96
Employee + Child(ren)	\$5.92
Employee + Spouse	\$5.16
Employee + Family	\$7.13

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## Flexible Spending Accounts

Using a Flexible Spending Account (FSA) is like getting a discount on everyday health and/or dependent care expenses because you're paying with tax-free money. There are separate FSAs for healthcare and dependent care expenses, but both are administered by Inspira Financial. A portion of your total election amount is taken from each paycheck throughout the year. Learn more about the Healthcare FSA and Dependent Care FSA [on the next page](#).

### USE IT OR LOSE IT

FSAs have a use-it-or-lose-it rule. This means you forfeit any unused funds after September 15 of the following plan year. If you terminate from CHOP, you can submit claims for reimbursement only for the time period in which you were actively employed during the plan year. Inspira Financial cards will no longer work following your separation from service unless you elect to continue this benefit under COBRA.



### Use Your Healthcare FSA at [FSASStore.com](https://fsastore.com)

Do you have Healthcare FSA dollars that you need to use before you lose them? Visit [fsastore.com](https://fsastore.com). It's your one-stop online shop with the largest inventory of Healthcare FSA-eligible products and services.

Pay for your purchases using your Inspira Financial debit card and keep your receipts for when you submit claims for reimbursement, if applicable.

### Additional Eligible Expenses for the Healthcare FSA

The Healthcare FSA can be used for more than visits to your doctor or prescriptions! You can also use your Healthcare FSA for:

- Over-the-counter medicines
- Orthodontia
- Bandages and other first aid supplies
- Tampons, pads, and other menstrual care products
- Eyeglasses and contacts
- And more!

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## Flexible Spending Accounts (continued)

	Healthcare FSA	Dependent Care FSA **
Use It For...	Eligible medical, prescription drug, dental, and vision expenses; co-pays; deductibles; and coinsurance for you and your eligible dependents	Dependent care expenses for children under age 13 or an elderly dependent, incurred so that you (and your spouse, if married) can work, look for work, or go to school full time
Annual Contribution Limit	\$100 minimum/\$3,200 maximum	\$500 minimum/\$4,800 maximum* (additional \$200 is funded by CHOP when you contribute \$500)
Election Period	Choose your contribution amount as a new hire or during the annual Open Enrollment period. You can't change the amount throughout the year unless you experience a <a href="#">Qualifying Life Event</a> . Remember, you must actively enroll in FSAs each year!	
Using Your Funds	<p>Pay for eligible healthcare expenses using your FSA debit card (mailed to you when you enroll), or log in to <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a> or the Inspira Financial mobile app to request reimbursement for payments you've made. Be sure to keep your receipts!</p> <p>You can also complete an FSA reimbursement form (be sure to attach copies of receipts that indicate your provider's tax ID or Social Security number and address) and fax it to Inspira Financial at <b>1-402-231-4310</b>.</p>	<p>You will not receive an Inspira Financial debit card when you enroll in the Dependent Care FSA.</p> <p>Reimburse yourself for eligible dependent care expenses by logging in to <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>.</p> <p>You can also complete an FSA reimbursement form (be sure to attach copies of receipts that indicate your provider's tax ID or Social Security number and address) and fax it to Inspira Financial at <b>1-402-231-4310</b>.</p>
Do Funds Roll Over?	<p>No, funds do not roll over, but CHOP provides both a grace and a run-out period:</p> <ul style="list-style-type: none"> <li>• <b>September 15, 2025:</b> Deadline for using any remaining 2024 – 2025 plan year funds</li> <li>• <b>September 30, 2025:</b> Deadline for filing claims for payments not made using the Inspira Financial debit card</li> </ul>	
When Funds Are Available	Full contribution amount is available at the start of the plan year and loaded onto the Inspira Financial debit card.	Funds are only available as contributed through paycheck deductions.

\*If your spouse also has a Dependent Care FSA, your combined pre-tax contribution limit is \$5,000 per calendar year (including CHOP's contribution to your account).

\*\*Please note: T32 Fellows are not eligible for the Dependent Care FSA.

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- [Health Advocate](#)
- [Telemedicine](#)
- [Pharmacy Advisor Counseling](#)
- [Livongo Diabetes Management Program](#)
- [Propeller Health Asthma Support](#)
- [Ovia for Reproductive Health](#)

## Tools and Resources






### Health Advocate

Health Advocate gives you and your spouse, dependents, parents, and parents-in-law one-on-one access to experts who will help you navigate the healthcare system (including Medicare). They can help you find the right doctors and make appointments, answer questions about diagnoses, research treatment options, manage eldercare issues, untangle insurance claims, and maximize your healthcare benefits. Health Advocate is available at no cost to you. Normal business hours are Monday through Friday from 8 a.m. to 10 p.m. ET.

To reach a Personal Health Advocate, download the free Health Advocate mobile app, call **1-866-695-8622**, or go online to [HealthAdvocate.com/CHOP](https://HealthAdvocate.com/CHOP).

### Telemedicine

If you are enrolled in a CHOP medical plan, you can get the care you need at any time via live, on-demand appointments with a provider by using your phone, tablet, or computer through Teladoc.

 Eligibility	All employees and dependents enrolled in a CHOP medical plan. Employees and dependents over the age of 18 must sign in under their own account.
 Conditions	Providers can assess minor health issues such as skin problems, coughs, colds, flu, congestion, allergies, stomachaches, minor injuries, and eye irritations (e.g., pink eye) — and they can even prescribe medication if needed. The platform also provides access to dermatology visits and behavioral health appointments with a licensed counselor, therapist, or psychiatrist who can help with anxiety, depression, addiction, loss, relationship problems, and more.
 Cost	\$15 co-pay
 Hours of Operation	24/7
 Registration	Call <b>1-800-835-2362</b> , visit <a href="https://teladochealth.com">teladochealth.com</a> , or download the mobile app.

## MEDICAL AND PRESCRIPTION DRUG

## DENTAL

## VISION

## FLEXIBLE SPENDING ACCOUNTS

## TOOLS AND RESOURCES

- Health Advocate
- Telemedicine
- Pharmacy Advisor Counseling
- Livongo Diabetes Management Program
- Propeller Health Asthma Support
- Ovia for Reproductive Health

### Pharmacy Advisor Counseling

Pharmacy Advisor Counseling is available for CHOP medical plan participants over the age of 18 who take long-term medication to manage certain chronic conditions.

This is a valuable resource that provides:

- Quick, confidential advice at your convenience
- Information about medications and how they work in your body
- Tips to manage or avoid side effects from your medication
- Guidance to help you stay on track with your prescriptions

A Pharmacy Advisor may speak with you face-to-face (if you fill prescriptions at a CVS Pharmacy) or by phone if you choose the mail-order pharmacy.



### Prescription Drug Benefits for You

Be sure to take advantage of all that your prescription drug benefits can offer you. Visit [page 21](#) to learn more.

### Livongo Diabetes Management Program

CHOP employees and dependents diagnosed with diabetes have access to the Livongo Diabetes Management program, which provides a connected glucometer, unlimited test strips, one-on-one coaching, and personalized tips at no cost to you. If you are eligible for this program, you will receive additional communications to enroll in the program.

## MEDICAL AND PRESCRIPTION DRUG

## DENTAL

## VISION

## FLEXIBLE SPENDING ACCOUNTS

## TOOLS AND RESOURCES

- Health Advocate
- Telemedicine
- Pharmacy Advisor Counseling
- Livongo Diabetes Management Program
- **Propeller Health Asthma Support**
- **Ovia for Reproductive Health**

### Propeller Health Asthma Support

Propeller Health is a digital health tool to help you reduce your symptoms of asthma or COPD. With a sensor attached to your inhaler, Propeller Health can learn about what triggers your symptoms, remind you when it's time to take your medication, predict the severity of your symptoms that day, and track whether your condition is improving or worsening over time so you can live more days symptom free.

Propeller Health is included in your Independence Blue Cross medical coverage as part of the Better Health Champion Model. If you have asthma or COPD, you will receive an email, postcard, or text inviting you to participate.

### Ovia for Reproductive Health

Whether you're trying to conceive, you become pregnant, or you're already a parent, Ovia can support you at every stage of your reproductive journey. Ovia provides you with on-demand access to health coaching resources for issues like breastfeeding or your baby's sleep. You can also get one-on-one support from Ovia's in-house coaching team of licensed family health professionals and parenting experts seven days a week, with unlimited sessions.

Ovia is included in your Independence Blue Cross medical coverage as part of the Better Health Champion Model. To sign up, download the **Ovia**, **Ovia Pregnancy**, or **Ovia Parenting app** from the Apple Store or Google Play and choose "I have Ovia Health as a benefit" when signing up.





WELL-BEING PROGRAM  
WITH VIRGIN PULSE

OTHER WELL-BEING  
PROGRAMS

## WELL-BEING



 **Children's Hospital  
of Philadelphia®**  
Office of Employee Well-being

### CHOPWell

Supporting and empowering you with CHOP resources to keep you motivated and guide your progress.

**WELL-BEING PROGRAM  
WITH VIRGIN PULSE**

- Well-being Incentive
- Pulse Cash

**OTHER WELL-BEING  
PROGRAMS**

## Well-being Program with Virgin Pulse

**CHOPWell**, our Well-being Program through Virgin Pulse, helps you make breakthroughs in your physical and mental well-being goals with a fun and engaging digital experience that delivers powerful resources right to your fingertips. Participate in well-being challenges, get guidance from dedicated health coaches, learn to build healthier habits and become more resilient, and more.

Visit the [@CHOPWell](#) Community to learn more about all the other programs, services, and tools available to you.

**Note:** All benefits-eligible employees may participate in the Well-being Program to earn Pulse Cash. Employees enrolled in a CHOP medical plan may also earn the Well-being Incentive.

**HIPAA Wellness Program Reasonable Alternative Standards Notice:** Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the CHOP HR Service Center and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

### Get Started with Virgin Pulse

You must register on the Virgin Pulse website to begin participating in your well-being goals. Visit [join.virginpulse.com/chop](https://join.virginpulse.com/chop) and accept the terms and conditions to begin. You can also download the Virgin Pulse mobile app by searching “Virgin Pulse” in the App Store or Google Play. Enter “Children’s Hospital of Philadelphia” as the sponsor code.

Supported browsers include Google Chrome (latest version), Microsoft Edge (latest Chromium version), and Mozilla Firefox (latest version).

**Note:** If you are a new hire, access to Virgin Pulse is available 10 – 14 business days after you have enrolled/waived your CHOP benefits.

### Health Coaching

Health coaches can support you in improving your health and well-being in a way that can be maintained for life. They can help with healthy eating, increasing physical activity, stress management, work-life balance, anxiety and depression, and other areas that may be impacting your life. For more information, log in to [Virgin Pulse](#), click on **Health**, then **Coaching**.

## WELL-BEING PROGRAM WITH VIRGIN PULSE

- Well-being Incentive
- Pulse Cash

## OTHER WELL-BEING PROGRAMS

## Well-being Incentives

Employees have the opportunity to save \$45 per pay period on medical plan premiums by completing two well-being incentive steps. That's \$1,170 in annual savings! The well-being incentive is for CHOP employees. Spouses and dependents are not eligible.



### ANNUAL WELL-BEING INCENTIVE STEPS

(available to all benefits-eligible/medical plan-enrolled employees)

#### Step 1: Complete the Confidential Health Assessment

The **confidential** health assessment can help you understand your current health status, consider risks for the future, and get tips on your well-being every day. Your information will never be shared with others. Complete your **confidential** health assessment in 15 minutes:

- Log in to [Virgin Pulse](#).
- Go to the **Home** tab and click **Rewards**.
- Click **Next Benefit Year (7/1/2024 - 6/30/2025)** and scroll down to **Step 1**.
- Click **Complete the Confidential Health Assessment**.
- Select **Take Me There**.

#### Step 2: Achieve Level 1 (2,000 Points) in the Virgin Pulse Platform

After completing your **confidential** health assessment, you may choose from these high earning opportunities to achieve Level 1:

- **Option 1: Complete a Journey.\*\*** Take self-guided digital courses that allow you to practice new skills and experience real results.
- **Option 2: Complete Your Health Screening (through PCP, LabCorp, CVS).\*\*** Good health is linked to key health factors, which are measured through an annual biometric screening.
- **Option 3: Complete a Next Steps Consult Call.** Review your health assessment or biometric screening results and get personal support mapping your next steps.

Follow the steps below to complete a healthy activity:

- Log in to [Virgin Pulse](#).
- Go to the **Home** tab and click on **Rewards**.
- Click **Next Benefit Year (7/1/2024 - 6/30/2025)** and scroll down to **Step 2**.
- Click on the action of your choice.
- Select **Take Me There**.

*\*While only one healthy activity is required to earn the medical plan premium incentive, you have the option to complete additional healthy activities at any time.*

*\*\*These activities are eligible for points toward Pulse Cash.*

WELL-BEING PROGRAM  
WITH VIRGIN PULSE

- Well-being Incentive
- Pulse Cash

OTHER WELL-BEING  
PROGRAMS

Pulse Cash

Pulse Cash is available to all benefits-eligible employees.



THERE ARE LOTS OF WAYS TO EARN REWARDS!

- Participate in the Nutrition Guide
- Track your Healthy Habits
- Log your healthcare activities in My Care Checklist
- Participate in the Sleep Guide
- Participate in personal or company Challenges
- And more!

For a list of ways to earn Pulse Cash, visit **Home > Rewards** and scroll down to see the list of available activities on the Virgin Pulse website, or visit **Home > Rewards > Learn How to Earn More Points** on the mobile app.

When you participate in CHOP’s Well-being Program and complete healthy activities in Virgin Pulse, you can earn points toward \$200 in Pulse Cash (rewards dollars) annually. When you earn points, you level up, and when you level up, you earn Pulse Cash. Your Pulse Cash rewards dollars can be used on Virgin Pulse to purchase items or gift cards, or to donate to charity. Points reset at the beginning of each benefit year.

**Note:** Your \$200 Pulse Cash rewards dollars are considered taxable income to you when you redeem your rewards.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	TOTAL
Points	2,000	12,000	25,000	40,000	40,000
Pulse Cash	\$5	\$30	\$65	\$100	\$200

**Maximum Annual Incentive You Can Earn (Premium reduction and Pulse Cash): \$1,370**



**WELL-BEING PROGRAM  
WITH VIRGIN PULSE****OTHER WELL-BEING  
PROGRAMS**

## Other Well-being Programs

You may be eligible for additional well-being programs that help you put health first every day.

### EMPLOYEE ASSISTANCE PROGRAM

**SupportLine** (group code: CHOP) offers confidential, in-the-moment support as well as access to five free counseling sessions with a counselor or therapist of your choice. SupportLine also has many resources on emotional well-being and work-life balance, including articles and tip sheets, and digital or text coaching and support services.

### FITNESS CENTER DISCOUNTS

Discounts are available for local gym memberships. See the Fitness Center Discounts page in the **HR Service Center** for more details.

### REIMBURSEMENT FOR FITNESS AND WEIGHT MANAGEMENT PROGRAMS

As a reward for taking small steps that can add up to big changes in your health, get up to \$150 back on approved fitness and weight management programs, including Weight Watchers Online and Noom, programs to help you quit tobacco, and fitness center fees.

IBC's gym reimbursement program includes virtual subscriptions for at-home workouts. You can use virtually tracked workouts to cover the required 120 completed workouts. Contact IBC through the telephone number on the back of your ID card, or log in to [www.ibx.com/chop](http://www.ibx.com/chop) for additional information and instructions on how to submit requests for reimbursements.

### MINDFUL AWARENESS

Participants will be guided through mindful breathing, being aware of the present moment, and taking time to just "be." Join 15-minute sessions from your own quiet space or gather a group in a conference room to share the experience. See [Mindfulness@CHOP](mailto:Mindfulness@CHOP) for details.

### WELL-BEING AND RESILIENCE

Resources and Learning Sessions are available for you to help combat stress, anxiety, and depression, as well as to foster healthy social connections, resilience, and general well-being. See the **Resilience Speaker Series** for more details.

### HEALTH PLAN MATERNITY PROGRAMS

CHOP medical plan participants can get support at each stage of pregnancy and during the first year of their baby's life through the Baby Blueprints program. Expectant mothers can enroll by calling **1-866-918-5267**. Virgin Pulse also offers Healthy Pregnancy and Maternity Journeys and Health Coaching to provide additional support during your pregnancy.

### FAMILY SUPPORT

**Bright Horizons** offers solutions for family care, education, and enrichment. This benefit includes enhanced family supports (Sitter City and daycare discounts), support for your child when your child faces challenges, college coaching for your child's education, and EdAssist Solutions for education assistance and student loan support.

CHOP's Office of Employee Well-being empowers and supports individuals, leaders, and teams to manage stress and reduce burnout. We can help by doing well-being needs assessments; assist with goal setting, coaching, well-being event planning, well-being education; and connecting individuals to well-being resources. Our office can help you cultivate resilience so you can be your best self. View the **What Zone Are You In?** toolkit to check-in on your well-being and find strategies to support you. You can request more information in the **HR Service Center**.

LIFE/AD&D

DISABILITY

VOLUNTARY SUPPLEMENTAL  
HEALTH INSURANCE

IDENTITY THEFT PROTECTION  
AND DEVICE SECURITY

RETIREMENT

## WEALTH/RETIREMENT



### Save and Spend Well

Make the most of your money with benefits to help you save for the future and protect your income from life's unexpected challenges.



**LIFE/AD&D**

- Basic Life Coverage
- Basic AD&D Coverage
- Supplemental Coverage
- Spouse/Dependent Coverage

**DISABILITY****VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE****IDENTITY THEFT PROTECTION AND DEVICE SECURITY****RETIREMENT**

## Life/Accidental Death & Dismemberment (AD&D)

### Basic Life Coverage

Full-time employees receive one times their annual base salary, but not less than \$50,000, to a maximum of \$750,000. Part-time employees receive \$15,000. No election is required, and CHOP pays the full cost of this coverage. According to federal law, only the first \$50,000 of employer-paid coverage is not taxable. Coverage levels over \$50,000 will be taxable to you through payroll deductions. This taxable value is called “imputed income.” Basic Life Insurance is not subject to benefit reductions.

### Basic AD&D Coverage

Full-time employees receive one times their annual base salary, but not less than \$50,000, to a maximum of \$750,000. Part-time employees receive \$15,000. No election is required for this benefit, and CHOP pays the full cost of this coverage. Basic AD&D Insurance is not subject to benefit reductions.

### Supplemental Coverage

#### EMPLOYEE COVERAGE

You may choose to purchase additional Supplemental Life and AD&D Insurance up to five times your base salary, to a maximum of \$600,000, with after-tax dollars. Evidence of Insurability (EOI) is required unless you are a new hire or experience a Qualifying Life Event.

Supplemental Life and AD&D Insurance rates are based on age bands and tobacco status. Individual rates will be provided when enrolling in this benefit. Supplemental Life and AD&D Insurance rates are subject to benefit reductions:

- At ages 65 to 69, your benefit reduces to 60%.
- At age 70 and over, your benefit will further reduce to 50% of the original life insurance amount just prior to your first reduction.

#### SPOUSE/DEPENDENT COVERAGE

You may elect Spouse Life insurance with coverage options of \$10,000, \$25,000, \$50,000, \$100,000, \$150,000, or \$200,000. For Spouse Life insurance options above \$25,000, EOI is required unless the election is made during Open Enrollment, and then EOI is required on any election amount. Spouse Life insurance rates are subject to benefit reductions:

- At ages 65 to 69, your benefit reduces to 60%.
- At age 70 and over, your benefit will reduce further to 50% of the original life insurance amount just prior to your first reduction.

Further, you may elect Child Life insurance for your dependent children, from birth to age 26, with coverage options of \$5,000, \$10,000, or \$25,000.

Election is required for supplemental coverage, and the cost is paid by the employee. Options are paid with after-tax dollars. Roles at the director level and above are required to elect Supplemental Life insurance in order to enroll in Spouse/Dependent Life insurance, because they are provided a Basic Life Insurance benefit through MetLife.



#### For More Information

For additional information on these plans, visit the [Benefits@CHOP](mailto:Benefits@CHOP) SharePoint site.

## LIFE/AD&D

## DISABILITY

- Short-Term Disability
- Long-Term Disability

## VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE

## IDENTITY THEFT PROTECTION AND DEVICE SECURITY

## RETIREMENT

## Disability

### Short-Term Disability

CHOP provides Short-Term Disability coverage to you automatically. It pays a percentage of your income if you are unable to work due to a non-work-related illness or injury.

### Long-Term Disability

CHOP provides Long-Term Disability coverage, which ensures a continued flow of income if you are unable to work for an extended period of time due to an illness or injury. You may choose to purchase buy-up coverage with before-tax dollars.

	Short-Term Disability		Long-Term Disability	
	Full Time	Part Time	Full Time	Part Time
Core Plan (CHOP-provided benefit)*	70% (weeks 2 – 8) 60% (weeks 9 – 26)	60% (weeks 2 – 8) 50% (weeks 9 – 26)	60% of base salary up to \$15,000 per month	50% of base salary up to \$10,000 per month
Buy-up Plan	Not available		66 2/3% of base salary up to \$15,000 per month	60% or 66 2/3% of base salary up to \$15,000 per month
Benefit Duration	Begins after 7 consecutive days of illness and may continue up to a maximum of 26 weeks		If disabled: <ul style="list-style-type: none"> <li>• At age 59 or younger, benefits will be payable to age 65, but not less than 5 years</li> <li>• At age 60 or older, benefits will be payable on a graded schedule based on your age at disability</li> </ul>	
Waiting Period	7 days		180 days	

\*Employees with a New Jersey work location will automatically be enrolled at 85% of base salary up to a weekly benefit of \$3,334. Physicians, residents, and fellows will receive a Short-Term Disability benefit of 100% salary continuation for a non-work-related illness or injury. Employees working in other states with statutory disability coverage will be automatically in the state plan, except New Hampshire, which is voluntary.

LIFE/AD&amp;D

DISABILITY

**VOLUNTARY SUPPLEMENTAL  
HEALTH INSURANCE**

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

**IDENTITY THEFT PROTECTION  
AND DEVICE SECURITY****RETIREMENT**

## Voluntary Supplemental Health Insurance

While you can't always predict an accident, illness, or hospitalization, you can make sure you're financially prepared. That's why CHOP offers voluntary supplemental health coverage through The Hartford. The supplemental health plans provide a lump-sum payment directly to you in the event you have a covered event or diagnosis. You can use these payments any way you choose. You pay the full cost of coverage through after-tax payroll deductions.

There are three supplemental insurance plans:

- **Accident Insurance** provides benefit payments directly to you in the event of a covered injury.
- **Critical Illness Insurance** provides benefit payments directly to you if you are diagnosed with a covered condition such as cancer, heart attack, stroke, and more.
- **Hospital Indemnity Insurance** provides benefit payments directly to you if you are hospitalized due to a covered accident or illness.

You can enroll in one, two, or all three plans during Open Enrollment each year, as a new hire, or if you experience a Qualifying Life Event. You do not need to be enrolled in a CHOP medical plan to elect coverage. Your coverage under any of these three plans will be in effect for the entire plan year and cannot be updated until the following Open Enrollment unless you have a Qualifying Life Event.

Supplemental health coverage is not designed to replace your medical plan, but to provide you financial support following a covered event or diagnosis.

## LIFE/AD&D

## DISABILITY

## VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

## IDENTITY THEFT PROTECTION AND DEVICE SECURITY

## RETIREMENT

## Accident Insurance

Accident Insurance pays lump-sum benefits directly to you when you or a covered family member receives services for injuries resulting from a covered off-the-job accident. Covered accidental injuries include fractures, dislocations, concussions, lacerations, and more. The actual benefit amounts depend on the type of injuries you have and the medical services you need.

Here are highlights of the benefits paid:

Event or Service	Coverage Amount
<b>Hospital Emergency Room Care</b>	\$250
<b>Ambulance</b> (ground)	\$200
<b>X-rays</b>	\$250
<b>Daily Hospital Confinement</b> (up to 365 days per lifetime)	\$200
<b>Physical Therapy</b> (up to 10 visits per accident)	\$75 per visit
<b>Broken Leg</b> (surgery required)	\$5,000

## 2024 – 2025 BIWEEKLY ACCIDENT INSURANCE RATES

Employee Only	\$3.28
Employee + Child(ren)	\$5.48
Employee + Spouse	\$5.21
Employee + Family	\$8.65

## Critical Illness Insurance

When a serious illness strikes, Critical Illness Insurance can provide financial support to help you manage your finances. You receive a lump-sum benefit paid directly to you to cover out-of-pocket expenses for your treatment, to pay for your coinsurance, or to take care of your daily living expenses, including transportation and child care.

You have a choice of two coverage options:

- Option 1: \$15,000 coverage
- Option 2: \$30,000 coverage

In addition to covering yourself, you may also enroll your spouse for 100% of your coverage level and/or your children for 50% of your coverage level for an additional cost.

The benefit is paid as a percentage of your coverage level based on the illness, as shown in these highlights.

Illness	Coverage Amount
<b>Parkinson's Disease</b> (advanced diagnosis)	100%
<b>Coronary Artery Disease</b> (major)	100%
<b>Invasive Cancer</b>	100%
<b>Heart Attack (STEMI)</b>	100%
<b>Severe Infectious Disease</b>	25%
<b>Major Organ Failure</b>	100%
<b>Moderate Stroke</b>	50%

**Note:** Critical Illness Insurance rates are based on age band and tobacco status. Individual rates will be provided when enrolling in this benefit. Tobacco rates apply for any use of tobacco or nicotine replacement within the past 12 months.

## LIFE/AD&D

## DISABILITY

## VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

## IDENTITY THEFT PROTECTION AND DEVICE SECURITY

## RETIREMENT

## Hospital Indemnity Insurance

A trip to the hospital can be costly; even with traditional medical coverage, you may still be responsible for co-pays, deductibles, and other out-of-pocket costs. Hospital Indemnity Insurance can help offset your costs by paying a benefit directly to you when you or a covered family member is hospitalized due to covered sickness, accident, or injury.

Here are highlights of the benefits paid under Hospital Indemnity Insurance:

Event or Service	Coverage Amount
<b>Hospital Admission</b> (2 times/plan year)	\$1,100
<b>Hospital Stay</b> (up to 30 days/plan year)	\$100
<b>ICU Admission</b> (up to 2 times/plan year)	\$2,200
<b>ICU Stay</b> (up to 30 days/plan year)	\$200



## 2024 – 2025 BIWEEKLY HOSPITAL INDEMNITY INSURANCE RATES

Employee Only	\$7.23
Employee + Child(ren)	\$12.97
Employee + Spouse	\$12.37
Employee + Family	\$19.05

## LIFE/AD&D

## DISABILITY

## VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

## IDENTITY THEFT PROTECTION AND DEVICE SECURITY

## RETIREMENT

### Identity Theft Protection and Device Security

Protecting your online personal and sensitive information has become more important as identity theft and other digital security threats become more common. Norton LifeLock Identity Theft Protection and Device Security can help protect your online identity and help restore your identity in the event of theft. The services offered by Norton LifeLock include:

- **Identity theft protection:** Monitors fraudulent or suspicious activity surrounding any of your personal information, including credit card usage and data breaches and sends alerts when a potential threat is detected.
- **Device security:** Protects your mobile devices, tablets, and computers from hackers, viruses, malware, ransomware, spyware, and other online threats and helps protect your online personal and financial information.
- **Online privacy:** Protects devices through bank-grade encryption to keep your information private.
- **\$3 Million Dollar Protection™ Package** pays up to \$1 million to reimburse stolen funds, \$1 million for expenses such as document replacement that are the result of identity theft, and \$1 million to retain lawyers and experts on your behalf to help solve your identity theft.

For more details on the protection features offered, visit [Norton.com/BenefitPremier](https://Norton.com/BenefitPremier).



### 2024 – 2025 BIWEEKLY IDENTITY THEFT PROTECTION AND DEVICE SECURITY RATES

Employee Only	\$3.69
Employee + Family	\$6.91



LIFE/AD&D

DISABILITY

VOLUNTARY SUPPLEMENTAL  
HEALTH INSURANCE

IDENTITY THEFT PROTECTION  
AND DEVICE SECURITY

RETIREMENT

- CHOP-Funded Retirement Savings Plan
- 403(b) Plan

## Retirement

CHOP offers all regular employees two types of plans that work together as part of the retirement savings program. These plans are administered with our partner, TIAA.

- ✓ **CHOP-Funded Retirement Savings Plan:** Provided you meet eligibility requirements, CHOP will contribute 4% of eligible pay on an annual basis
- ✓ **CHOP 403(b) Matched Savings Plan:** CHOP matches \$0.50 for each \$1 you contribute, up to 6% of eligible pay, after you complete one year of service. The match is immediately vested.

\*Subject to a vesting schedule.

### CHOP-Funded Retirement Savings Plan

You are eligible for the CHOP-Funded Retirement Savings Plan after one year of service. A year of service is any year in which an employee works 750 hours if salaried and 1,000 hours if hourly. A 401(a) investment account is automatically set up for you with our record-keeper partner, TIAA. If you do not elect an investment option for your account, you will automatically be defaulted into an age-appropriate Life Cycle Fund.

Your account is credited with CHOP's 4% contribution for each year of service you complete. Your account may gain or lose value based on the market performance of your investments. Contributions are made annually, during the spring following the close of the previous plan year. For example, 2024 contributions will be made in the spring of 2025, provided you work the required number of hours.

You become fully vested in your account after three years of service, provided you work the required number of hours each year.

## LIFE/AD&D

## DISABILITY

## VOLUNTARY SUPPLEMENTAL HEALTH INSURANCE

## IDENTITY THEFT PROTECTION AND DEVICE SECURITY

## RETIREMENT

- CHOP-Funded Retirement Savings Plan
- 403(b) Plan

### 403(b) Retirement Savings Plan

You can begin participating in the 403(b) plan on your date of hire. New employees will be automatically enrolled at 6% of their eligible pay in the payroll period following 30 days of employment. Contact TIAA at **1-800-842-2252** or register online at [www.tiaa.org/chop](http://www.tiaa.org/chop) as soon as possible if you want to change or stop your deferral.

You contribute to the account through pre-tax (federal) payroll deductions, and you do not pay federal taxes on your account balance (including any earnings) until you withdraw money from the plan. You may save from 1% to 75% of your eligible earnings, up to the IRS maximum. CHOP will contribute the matching contribution to your account following one year of service, and you are immediately 100% vested in both employee and employer matching contributions.

If you do not make an investment selection, your funds will automatically default into the age-appropriate Life Cycle Fund.

If You Save...	CHOP Matches With...
0%	0%
1%	0.5%
2%	1%
3%	1.5%
4%	2%
5%	2.5%
6%	3%
7%+	3%

#### Get Retirement Plan Advice from a TIAA Financial Consultant

If you are eligible for the CHOP retirement plans, you have access to free advice sessions to help you get to and through retirement. One-on-one advice sessions can help you answer key questions:

- Am I saving enough?
- How should I invest?
- Will my retirement income still provide when the unexpected happens?

Sign up for an investment advice session by calling **1-800-732-8353** or visit [www.tiaa.org/chop](http://www.tiaa.org/chop) to request an appointment. TIAA can help you customize your contribution amount, contribution type, and investment allocations, and you can receive assistance with rolling over previous retirement plan assets.

TIME OFF

WORK-LIFE PROGRAMS

EDUCATION ASSISTANCE  
PROGRAM

COMMUTER BENEFITS

## WORK-LIFE



### Live a Balanced Life

We value making time for life outside of your job, which is why we support you with paid time off and resources to help you live a balanced life.

**TIME OFF**

- Paid Personal Leave
- Milestone Anniversary Awards
- Paid Parental Leave Program
- Family Medical Leave Act (FMLA)

**WORK-LIFE PROGRAMS****EDUCATION ASSISTANCE PROGRAM****COMMUTER BENEFITS**

## Time Off

### Paid Personal Leave

CHOP recognizes the need for flexibility in scheduling time off to balance your work life and your personal life. The Paid Personal Leave (PPL) program offers that kind of flexibility.

- ✓ Approved, accrued time off can be used for elective absences such as vacation, minor illness, personal business, preventive healthcare, and other personal reasons. PPL must be used for intermittent leaves of absence in accordance with CHOP's Family Medical Leave Act (FMLA) policy. For more information on the FMLA, visit the FMLA/Leave of Absence section on the [Benefits@CHOP](#) SharePoint site.
- ✓ The number of hours you accrue each year is determined by your years of service and regularly scheduled hours.
- ✓ During Open Enrollment, you may sell your unused PPL for cash. You may carry over 1.5x your annual allowance of PPL hours each year. **Make sure to cash out any hours above 1.5x your annual allowance during the annual Open Enrollment period. You may not decrease your balance below 40 hours. A maximum cash-out of 200 hours applies.**
- ✓ In the case of an extended absence due to your own medical condition, you must use the equivalent of one scheduled work week in PPL before you can access Short-Term Disability.
- ✓ PPL may not be used in the first 90 days of employment.
- ✓ You can find out your PPL balance at any time through Kronos or Workday.
- ✓ Milestone anniversary award allowances are administered separately from PPL.

### PPL PROGRAM EXCEPTIONS

The following groups are not covered by the PPL program:

- Children's Hospital of Philadelphia Practice Association (CHOPPA)
- Newborn and pediatric care physicians
- Residents and fellows
- Temporary and per diem employees

**Note:** CHOP Care Network and psychiatry physicians within DCAPBS are eligible for the PPL program and the cash-out.

Employees represented by District 1199C should refer to their collective bargaining agreement for Paid Time Off Program details.

*Continued on the next page >*

## TIME OFF

- Paid Personal Leave
- Milestone Anniversary Awards
- Paid Parental Leave Program
- Family Medical Leave Act (FMLA)

## WORK-LIFE PROGRAMS

## EDUCATION ASSISTANCE PROGRAM

## COMMUTER BENEFITS

## Paid Personal Leave (continued)

Years of Service	Scheduled Hours per Week	Biweekly Accrual (hours)	Annual Accrual (hours)	Maximum Accrual (hours)
Employees hired on or before July 1, 2021, under the prior paid time off program < 3	40	7.69	200	300
	36 – 39.9	6.76	176	264
	32 – 35.9	5.54	144	216
	20 – 31.9	4	104	156
< 3	40	6.15	160	240
	36 – 39.9	5.41	141	211
	32 – 35.9	4.43	115	173
	20 – 31.9	3.19	83	125
3 – 4	40	7.69	200	300
	36 – 39.9	6.76	176	264
	32 – 35.9	5.54	144	216
	20 – 31.9	4.00	104	156
5+	40	9.23	240	360
	36 – 39.9	8.00	208	312
	32 – 35.9	6.46	168	252
	20 – 31.9	4.92	128	192

Employees represented by District 1199C should refer to their collective bargaining agreement for Paid Time Off Program details.

## TIME OFF

- Paid Personal Leave
- Milestone Anniversary Awards
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- Family Medical Leave Act (FMLA)

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## Milestone Anniversary Awards

To thank our longer-tenured employees, CHOP provides a milestone anniversary award program, which provides additional days off when a designated work anniversary is met. When you reach a milestone anniversary, additional day(s) off will be awarded to a new accrual bank. Milestone anniversary days are separate from PPL days; therefore, they are not eligible for cashing out during Open Enrollment or upon termination. Employees may carry over their unused milestone anniversary day(s) each year up to five years from the date of award.

Eligible employees will receive additional day(s) off in the year in which they complete certain anniversary milestones, in accordance with the chart below.

At 10 years of service	One additional paid day
At 15 years of service	Two additional paid days
At 20 years of service	Three additional paid days
At 25 years of service	Four additional paid days
At 30 years of service and at every five-year anniversary after 30 years	Five additional paid days

Employees represented by District 1199C should refer to their collective bargaining agreement for Paid Time Off Program details.

## Paid Parental Leave Program

CHOP is proud to offer a paid parental leave program to give employees time off for the birth, adoption, surrogacy, or foster care placement of a child under age 18. You will receive four weeks of pay at 100% when you take a leave to bond with your new child. Generally, parental leave will run concurrently with FMLA and must be taken within one year of the qualifying event.

### ELIGIBILITY

To be eligible for this program, you must be employed at CHOP for at least 12 months, in a benefits-eligible status, and have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the parental leave. For more information, please visit the [Paid Time Off@CHOP](#) page or the HR Service Portal.





## TIME OFF

- Paid Personal Leave
- Milestone Anniversary Awards
- Paid Parental Leave Program
- Family Medical Leave Act (FMLA)

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## Family Medical Leave Act (FMLA)

You may qualify for up to 12 weeks of leave during a rolling calendar year for a serious health condition affecting you or your spouse, child(ren), or parent(s). Maternity leave, adoption, and the birth of a child are also included under the Family Medical Leave Act (FMLA). Refer to CHOP's FMLA policy for the rules and regulations as well as notice requirements.

- To be eligible for FMLA, you must be employed for 12 months and have completed 1,250 hours of service within the rolling 12-month period.
- To initiate a Disability or FMLA/Leave of Absence Claim, contact Sedgwick, our disability administrator, online at [sedgwick.chop.edu](https://sedgwick.chop.edu) or at **1-855-643-0160**.
- Leave may be taken on an intermittent or reduced-schedule basis if the leave is due to a serious health condition of the employee or the employee's spouse, child, or parent.
- FMLA leave runs concurrently with any paid or unpaid leaves.

For more information, visit the FMLA/Leave of Absence section on the [Benefits@CHOP](mailto:Benefits@CHOP) SharePoint site.



## TIME OFF

## WORK-LIFE PROGRAMS







## EDUCATION ASSISTANCE PROGRAM

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## Work-Life Programs

CHOP offers a number of programs to assist you with commuting and tuition costs, your journey to parenthood, personal and legal issues, health insurance paperwork, and other things that can make life complicated — so you have more time for yourself and your family.

To learn more about CHOP's work-life balance programs, visit the Work-Life Program section on the [@CHOPWell](#) SharePoint site.

<b>BRIGHT HORIZONS COLLEGE COACH</b> 	Bright Horizons Education and College Advising is an educational counseling program for CHOP employees and their family members who want tips on applying to and paying for college.
<b>BRIGHT HORIZONS SPECIAL NEEDS PROGRAM</b> 	The Bright Horizons Special Needs Program provides support to help you identify learning, emotional, behavioral, or other developmental issues early on, and equips you to better advocate for your child from birth through young adulthood.
<b>BRIGHT HORIZONS ENHANCED FAMILY SUPPORTS</b> 	Get free premium access to Sittercity, discounts on nanny placement services for full-time child care and online instruction assistance, access to elder caregiving resources, access to learning pods, discounts on academic support, and preferred enrollment at Bright Horizons Centers.
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> 	The EAP, SupportLinc, can provide you with information and support for personal and professional life challenges. Receive confidential, in-the-moment support, and access to five free counseling sessions and resources for emotional well-being and work-life balance.
<b>EMPLOYEE BREASTFEEDING SUPPORT</b> 	CHOP offers instructor-led breastfeeding classes and lactation rooms for nursing mothers.
<b>EXPECTANT PARENT PROGRAM</b> 	Expectant parents can attend a webinar to learn about the appropriate procedures for taking leave and other CHOP benefits available, including maternity programs and work-life balance programs. The webinar is available on the <a href="#">Benefits@CHOP</a> SharePoint site via the Maternity section of the Leave of Absence/Disability page.

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## TIME OFF

## WORK-LIFE PROGRAMS

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## Work-Life Programs (continued)

<b>METLIFE LEGAL PLAN</b>		The MetLife Legal Plan gives you easy access to experienced participating attorneys and helps you save money on legal services. You may enroll for this voluntary benefit during Open Enrollment, as a new hire, or if you experience a Qualifying Life Event.
<b>PERKS AT WORK</b>		This site offers access to private shopping events and exclusive offers on hundreds of brand-name products and services, including travel.
<b>EDASSIST</b>		CHOP's Education Assistance Program, EdAssist, helps eligible employees pay for continuing education and/or pay off existing student loans.
<b>STUDENT LOAN PROGRAMS</b>		CHOP offers two voluntary benefits to help reduce the cost of student loan debt: SoFi, a student loan refinancing program, and PeopleJoy, a federal loan forgiveness program. To learn more, search "Student Loan Programs" on the <a href="#">Benefits@CHOP</a> SharePoint site.
<b>AMERICAN HERITAGE CREDIT UNION</b>		CHOP's partnership with American Heritage Credit Union offers you membership into one of the best- in-state-ranked credit unions in Pennsylvania. Through American Heritage Credit Union, you have access to 35 local branches, 5,300 shared branches, and 30,000 free ATMs, plus a variety of checking and savings account options, full-service real estate and equity loans, and free credit counseling through <a href="#">Financial Solutions from MMI (moneymanagement.org)</a> .

## Employee Giving Campaign

As a CHOP staff member, you see firsthand how donor support makes a difference for our community. You have the opportunity to make an even greater impact on the patients and their families we serve by participating in our Employee Giving Campaign. Our Employee Giving Campaign allows you to donate to the Children's Fund or any area of the hospital you feel most passionate about. You can donate via biweekly payroll deductions, or by making a one-time donation. Please visit <https://www.chop.edu/giving/for-employees> to opt in today, or contact Lena O'Malley, Sr. Associate Director of Affinity Giving, to learn more.

## TIME OFF

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## Education Assistance Program

At CHOP, we believe that continuing education is an essential piece of our mission to make breakthroughs every day. CHOP's top-tier vendor partners like Bright Horizons EdAssist Solutions®, SoFi, and PeopleJoy can help you take financial control of your tuition, student loans, loan forgiveness, and more. Best of all, these programs are offered at little to no cost.

### Bright Horizons EdAssist Solutions®

#### TUITION REIMBURSEMENT

If you are a non-union full-time employee, you can receive up to \$5,250 annually toward your tuition; if you are a non-union part-time employee, you can receive up to \$2,625 annually toward your tuition.

#### STUDENT LOAN REPAYMENT

You can choose to apply a portion of your Education Assistance benefit to repaying existing student loans. If you are a non-union full-time employee, you can receive up to \$200 per month (\$2,400 annually); if you are a non-union part-time employee, you can receive up to \$100 per month (\$1,200 annually). Payments are administered by Bright Horizons EdAssist Solutions® and will be made directly to your loan servicer.

#### ANNUAL BENEFIT LIMIT

Non-union employees are eligible to participate in both the Tuition Assistance and Student Loan Repayment Programs, but may not receive more than \$5,250 for full time or \$2,625 for part time in total benefits, referred to as the “Annual Limit” (i.e., combining benefits received from both programs), in a program year.

**Please note:** Residents, Fellows, and T32 Fellows are eligible only for student loan repayment support.

#### ADVISING SERVICES

Bright Horizons EdAssist Solutions® provides free, user-friendly coaching through every stage of your continuing education journey. Visit [chop.edassist.com](https://chop.edassist.com) for more information.

### SoFi Student Loan Refinancing and More

SoFi offers exclusive perks for student loan refinancing and new private student loans for parents or employees going back to school. You can also access SoFi's debt navigator tool to understand which student loan repayment options make the most sense for you. Visit [sofi.com/chop](https://sofi.com/chop) for more information.

### PeopleJoy Loan Forgiveness and More

PeopleJoy's interactive AI helps you navigate the process of applying for loan forgiveness, debt cancellation, and more. Visit [chop.peoplejoy.com](https://chop.peoplejoy.com) for more information.

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## COMMUTER BENEFITS

## Commuter Benefits

Employees can potentially save hundreds of dollars every year when they use pre-tax money to pay for qualified public transportation expenses, including bus, train, and subway fees. Unlike other tax-advantaged benefits, you can activate and make changes to commuter benefits at any time during the plan year.

Take advantage of pre-tax savings for your commuting costs through Health Equity (formerly WageWorks). All active, benefits-eligible, non-temporary employees who work at least 20 hours per pay period are eligible to participate. Interns and per diem employees are not eligible for this benefit.

Under the program, **CHOP will cover 75% of your commuting costs, up to a maximum of \$150 per month.**

Based on the IRS pre-tax limit, you may deduct up to \$315 per month on a pre-tax basis for commuting costs, including the 75% that CHOP covers. For example, if your total costs are \$150 per month, \$37.50 will be deducted on a pre-tax basis from your paychecks and CHOP will contribute \$112.50.

Monthly Transit Cost	Employee Pays	CHOP Contribution	Per-Pay-Period Deduction
\$50	\$12.50	\$37.50	\$6.25
\$100	\$25	\$75	\$12.50
\$200	\$50	\$150	\$25

**To Enroll for Commuter Benefits:**

- Log in to [healthequity.com/wageworks](https://healthequity.com/wageworks).
- Click on the “Login/Register” button and select **employee registration** to create your account.
- You can also call HealthEquity at **1-877-924-3967** to enroll; representatives are available 24 hours a day, seven days a week.

For detailed instructions, please visit the [HR Service Center](#).



## TIME OFF

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## COMMUTER BENEFITS

### Bicycle Commuter Reimbursement

If you bike to work, you can submit for up to \$240 per calendar year for reimbursement of out-of-pocket expenses related to your commute, such as:

- Purchasing a new or used bicycle
- Purchasing bicycle parts
- Maintenance fees
- Bike parking fees at a commercial property
- The cost of storing a bike at a commercial storage unit
- Helmets, lights, bells, and reflective items

You can use this benefit as a one-time reimbursement of \$240 or as reimbursement for monthly expenses up to \$240 annually. Be sure to save your receipts or other proofs of purchase, as you will need to upload supporting documentation when submitting for reimbursement.

#### To Submit for Reimbursement:

- Go to [healthequity.com](https://healthequity.com) or download the **EZ Receipts Mobile app**.
- Under “Lifestyle Spending Account,” select “Submit Claims Online.”
- Follow the prompts to upload your receipts and submit your claim.

You have until January 31, 2025, to submit for reimbursement for expenses incurred in 2024. For additional support, you can contact HealthEquity at **1-877-924-3967**.

### Discount on Indego Bike Products

Employees enrolled in a CHOP medical plan can now enjoy a 20% discount on Indego Bike products! Log in to your IBX account at [www.ibx.com/chop](https://www.ibx.com/chop) and click **Discounts and Reimbursements > Indego Bike Share > Go to Indego**, and then enter discount code “**IndeFIT**” when purchasing a pass to take advantage of this deal.



IMPORTANT CONTACT  
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## RESOURCES



### Questions About Your Benefits?

Know where to go and whom to call.

## IMPORTANT CONTACT INFORMATION

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## Important Contact Information

Benefit Plan	Contact Information
CHOP Benefits Center	<b>1-800-752-7042</b> • Fax: <b>1-800-250-8416</b> • <a href="http://www.chop.edu/ibenefitcenter">www.chop.edu/ibenefitcenter</a>
CHOP HR Service Center	<b>1-215-590-4357</b> , select option 8 • <a href="http://chop.service-now.com">chop.service-now.com</a>
Consumer Directed Health Plan and CHOP Preferred Care Plan	Independence Blue Cross • <b>1-888-IBX-CHOP (1-888-429-2467)</b> • <a href="http://www.ibx.com/chop">www.ibx.com/chop</a>
AmeriHealth HMO Plan	AmeriHealth HMO Inc. (New Jersey residents) • <b>1-888-IBX-CHOP (1-888-429-2467)</b> • <a href="http://www.ibx.com/chop">www.ibx.com/chop</a>
Keystone HMO Plan	Keystone Health Plan East (non-New Jersey residents) • <b>1-888-IBX-CHOP (1-888-429-2467)</b> • <a href="http://www.ibx.com/chop">www.ibx.com/chop</a>
Prescription Drug Plan	CVS/Caremark • <b>1-844-345-1257</b> • <a href="http://caremark.com">caremark.com</a> Mail prescriptions to: CVS/Caremark • P.O. Box 94467 • Palatine, IL 60094-4467 • Specialty Pharmacy • <b>1-800-237-2767</b>
Aetna Dental DMO Plan and Aetna Dental PPO Plan	Aetna Dental • <b>1-877-238-6200</b> • <a href="http://aetna.com">aetna.com</a> Claims can be mailed to: Aetna • P.O. Box 14094 • Lexington, KY 40512
UnitedHealthcare Vision Plan	UnitedHealthcare Vision • <b>1-800-638-3120</b> • <a href="http://myuhcvision.com">myuhcvision.com</a> Claims can be mailed to: UnitedHealthcare Vision Claims Department • P.O. Box 30978 • Salt Lake City, UT 84130 • Fax: <b>1-248-733-6060</b>
Virtual Visits Provided by Teladoc	Teladoc • <b>1-800-835-2362</b> • <a href="http://teladochealth.com">teladochealth.com</a>
Health Advocate	Health Advocate • <b>1-866-695-8622</b> • <a href="http://healthadvocate.com/chop">healthadvocate.com/chop</a> • <a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a>
Fertility, Adoption, and Surrogacy Support	Progyny • <b>1-866-946-0604</b>
Voluntary Supplemental Health Plans	CHOP Benefits Center • <b>1-800-752-7042</b> • <a href="http://thehartford.com/mybenefits">thehartford.com/mybenefits</a>
Identity Theft Protection and Device Security	Norton LifeLock • <b>1-800-607-9174</b> • <a href="http://Norton.com/BenefitPremier">Norton.com/BenefitPremier</a>

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## IMPORTANT CONTACT INFORMATION

## IMPORTANT NOTICES

## Important Contact Information (continued)

Benefit Plan	Contact Information
Employee Basic Life and AD&D, Employee Supplemental Life and AD&D, Spouse Life/Child Life, and Long-Term Disability	The Hartford • 1-877-778-1383 • <a href="https://thehartford.com/mybenefits">thehartford.com/mybenefits</a>
Short-Term Disability and FMLA	Sedgwick • 1-855-643-0160 • Fax: 1-855-259-2246 • <a href="https://sedgwick.chop.edu">sedgwick.chop.edu</a>
Flexible Spending Accounts (FSAs)	Inspira Financial • 1-855-288-0360 • <a href="https://www.inspirafinancial.com">www.inspirafinancial.com</a> Claims incurred between July 1, 2024, and Sept. 15, 2025, must be received by Sept. 30, 2025. Claims can be faxed to 1-402-231-4310.
Retirement Savings Plans (403(b) and 401(a) Plans)	TIAA • 1-800-842-2252 • <a href="https://tiaa.org/chop">tiaa.org/chop</a>
Employee Assistance Program	SupportLinc • 1-800-749-6327 • <a href="https://chop.supportlinc.com">chop.supportlinc.com</a>
COBRA	HealthEquity • 1-877-630-7215 • <a href="https://healthequity.com">healthequity.com</a>
Well-being	CHOP Well-being • @CHOPWell Virgin Pulse • 1-877-845-6283 • <a href="https://www.chop.edu/wellness">www.chop.edu/wellness</a>
Recognition and Anniversary Program	Bravo • <a href="https://www.chop.edu/bravo">www.chop.edu/bravo</a>
Education Assistance Program	EdAssist • 1-866-922-7644 • <a href="https://www.chop.edassist.com">www.chop.edassist.com</a>
Student Loans	SoFi • 1-833-277-7634 • <a href="https://SoFi.com/CHOP">SoFi.com/CHOP</a> PeopleJoy • 1-800-653-1812, ext. 1 • <a href="https://chop.peoplejoy.com">chop.peoplejoy.com</a>
Banking Services	American Heritage Credit Union • 1-215-435-7910 • <a href="https://www.americanheritagecu.org/chop/">www.americanheritagecu.org/chop/</a>
Commuter Benefits	HealthEquity (formerly WageWorks) • <a href="https://healthequity.com/wageworks">healthequity.com/wageworks</a>

## IMPORTANT CONTACT INFORMATION

### IMPORTANT NOTICES

- [Access to Provider Rights](#)
- [Women's Health and Cancer Rights Act](#)
- [Special Enrollment Rights](#)
- [Notice of Nondiscrimination](#)
- [Compliance Alert](#)

## Important Notices

### Access to Provider Rights

The IBC medical plan option allows for primary care provider (PCP) designations. You have the right to designate any PCP who participates in the plan's network and who is available to accept you or your family members. For information on how to select a PCP, and for a list of the participating PCPs, contact IBC at the number shown under Important Contact Information. For children, you may designate a pediatrician as the PCP.

You do not need a referral from IBC or any other person (including a PCP) to obtain access to obstetrical or gynecological care from a healthcare professional in the IBC network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact IBC at the number shown under [Important Contact Information](#).

### Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomies to also cover subsequent reconstructive surgery and prostheses.

It also mandates that a plan participant who gets benefits for a medically necessary mastectomy who elects breast reconstruction afterwards will also receive coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast so it looks symmetrical.
- Prostheses.
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

Coverage will be provided in consultation with the attending physician and the patient. It will also be subject to the same annual deductibles, co-pays, and coinsurance provisions that apply for the mastectomy.

## IMPORTANT CONTACT INFORMATION

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- Access to Provider Rights
- Women's Health and Cancer Rights Act
- **Special Enrollment Rights**
- Notice of Nondiscrimination
- Compliance Alert

## Special Enrollment Rights

Federal law allows for special enrollment rights that permit you to elect health coverage or add dependents in the case of certain events:

### AFTER DECLINING HEALTH COVERAGE

If you decline enrollment for yourself or your dependents because of other health coverage and eligibility for that coverage is lost due to certain reasons (divorce, legal separation, death, termination of employment, reduction in hours), employer contributions for the other coverage stops or you exhaust COBRA coverage under another plan, you may be able to enroll yourself and/or your dependents in CHOP-sponsored health coverage in the future, provided you request enrollment within 31 days after your other coverage ends.

### GAINING NEW DEPENDENTS

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your dependents in a CHOP plan, provided you request enrollment within 31 days after the event.

### LOSS OF COVERAGE FOR MEDICAID OR A STATE CHILDREN'S HEALTH INSURANCE PROGRAM

If you decline enrollment for yourself or for an eligible dependent while Medicaid coverage or coverage under a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in a CHOP health plan if you or your dependents lose eligibility for that other coverage, provided you request enrollment within 60 days after your coverage or your dependents' coverage under Medicaid or a state Children's Health Insurance Program ends.

### ELIGIBILITY FOR MEDICAID OR A STATE CHILDREN'S HEALTH INSURANCE PROGRAM

If you or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state Children's Health Insurance Program with respect to CHOP-sponsored health coverage, you may be able to enroll yourself and your dependents in a CHOP health plan, provided you request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## IMPORTANT CONTACT INFORMATION

### IMPORTANT NOTICES

- Access to Provider Rights
- Women's Health and Cancer Rights Act
- Special Enrollment Rights
- Notice of Nondiscrimination
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## Notice of Nondiscrimination

Children's Hospital of Philadelphia complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Children's Hospital of Philadelphia does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### CHILDREN'S HOSPITAL OF PHILADELPHIA:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **1-800-752-7042**.

If you believe that Children's Hospital of Philadelphia has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

#### The Benefits Department

3401 Civic Center Blvd., Philadelphia, PA 19104

Phone: **1-800-752-7042**

Email: [benefitsinfo@chop.edu](mailto:benefitsinfo@chop.edu)

Complaint forms: [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)

You can file a grievance in person or by mail or email. If you need help filing a grievance, Family Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

#### U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building, Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

## IMPORTANT CONTACT INFORMATION

### IMPORTANT NOTICES

- Access to Provider Rights
- Women's Health and Cancer Rights Act
- Special Enrollment Rights
- Notice of Non-Discrimination
- Compliance Alert

## Compliance Alert

### STANDARDIZED INFORMATION ABOUT YOUR MEDICAL PLAN OPTIONS

In accordance with healthcare reform legislation, CHOP is required to provide you with the Summary of Benefits and Coverage (SBC), a document that provides standard information about coverage under each medical plan option available to you. The SBCs will be available on the Compliance section on the [Benefits@CHOP](mailto:Benefits@CHOP) SharePoint site and on the Benefits Center. You can also request paper copies by contacting the CHOP Benefits Center at **1-800-752-7042**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-752-7042**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。  
請致電1-800-752-7042。

**Note:** The Benefits Enrollment Guide is a summary that provides a general description of the benefit plans offered under Children's Hospital of Philadelphia's benefits program. Please refer to your Summary Plan Description or your Certificate of Coverage for your complete plan description. While we have tried to be as accurate as possible in developing this document, the official plan documents or insurance contracts govern in all cases. Children's Hospital of Philadelphia intends to continue this program but reserves the right to change or end it at any time. Participation in the program does not imply a contract of employment. Should there be a difference between this summary and the plan documents, the plan documents will prevail.