



2020-2021

Open Enrollment Benefits Guide

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From the Executive Director



Guy Gilpin | Executive Director
guy.gilpin@phbtrust.org



The PAISBOA Health Benefit Trust is solely committed to delivering quality health benefit plans to the independent school community in Pennsylvania. Our financial health and stability are a testament to the support and loyalty of our membership for more than fifty years, and we are proud to report that we have recently expanded into central and western Pennsylvania and have welcomed ten new schools to the flock since 2019.

While the COVID-19 pandemic has certainly created an unsettling time for all of us, rest assured that the well-being of our membership remains a top priority. This is the basis of every decision that is made by the Trust's Board of Trustees, elected representatives of our 138 participating members who advocate on your behalf for robust health care benefits and innovative wellness programs.

For the 2020-2021 plan year, the PAISBOA Health Benefit Trust will continue to partner with *Independence Blue Cross* for medical benefits and focus on promoting wellness. We encourage you to complete the Achieve Well-being Program and earn a \$200 reward, speak to a dedicated health coach, access free nutrition counseling, manage your emotional well-being, and receive up to \$150 under the IBC fitness reimbursement and smoking cessation programs. Information on these programs and more is included in this enrollment guide.

Telemedicine through *Doctor on Demand* has grown out of necessity during the pandemic and has proven to be an effective method of care for both medical and mental health visits. If you have not done so already, please consider registering and take advantage of the \$5 Amazon gift card that is being offered for new DOD registrations during the month of September.

The Trust will continue to partner with *CVS* for prescription drug benefits, *VBA* for vision benefits, and *Delta Dental* for dental benefits for the 2020-2021 plan year. *PlanSource* will continue to provide online benefit enrollment and billing software services.

The PAISBOA Health Benefit Trust staff, our partners at *Armstrong, Doyle & Carroll*, and the *IBC* dedicated customer service team look forward to providing assistance and support during Open Enrollment and throughout the year.

We appreciate your loyalty and confidence in our mission and wish you and your families the best health in the coming year!

Sincerely,

A handwritten signature in blue ink, appearing to be "G Gilpin". The signature is fluid and cursive, written in a professional style.

Guy Gilpin



PAISBOA

HEALTH BENEFIT TRUST

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Board of Trustees

2020-2021

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Gratz College
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Gwynedd Mercy Academy High School
Gwynedd Mercy University
Harcum College
Harrisburg Academy
The Haverford School
The Hill School
Hill Top Preparatory School
HMS School for Children with Cerebral Palsy
Holy Child Academy
Holy Child School at Rosemont
Holy Family University
Holy Ghost Preparatory School
Hope Lutheran School
Immaculata University
The Institutes
International Christian High School
Jack M. Barrack Hebrew Academy
Kimberton Waldorf School
The Kiski School
Kohelet Yeshiva High School
Kosloff Torah Academy
La Salle College High School
La Salle University
Lansdowne Friends School
Linden Hall School for Girls
Logan Hope School
Malvern Preparatory School
The Meadowbrook School
Media-Providence Friends School
Mercersburg Academy
Mercy Career & Technical High School
Merion Mercy Academy
The Miquon School
Montessori Children's House of Valley Forge
The Montessori School
Montgomery School
Moore College of Art & Design
The New School of Lancaster
Newtown Friends School
Norwood-Fontbonne Academy
Olney Christian School
Overbrook School for the Blind
PAISBOA Health Benefit Trust
The Pen Ryn School
Pennsylvania Academy of the Fine Arts
Pennsylvania Assoc. of Independent Schools
Pennsylvania Institute of Technology
Pennsylvania School for the Deaf
Perelman Jewish Day School
The Phelps School
Phil-Mont Christian Academy
The Philadelphia School
Plumstead Christian School
Plymouth Meeting Friends School
Project Learn School
The Quaker School at Horsham
Red Hill Christian School
Regina Angelorum Academy
Regina Coeli Academy
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River Valley Waldorf School
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Saint Basil Academy
St. Aloysius Academy for Boys
St. Edmund's Academy
St. James School
St. Joseph's Preparatory School
St. Peter's School
Salus University
The School in Rose Valley
Sewickley Academy
Silver Springs Martin Luther School
Solebury School
Springside Chestnut Hill Academy
Stratford Friends School
The Timothy School
United Friends School
The University of the Arts
University of the Sciences in Philadelphia
Upland Country Day School
Valley Day School
Valley Forge Military Academy & College
Villa Joseph Marie High School
Villa Maria Academy High School
Villa Maria Academy Lower School
The Walden School
Waldron Mercy Academy
West Chester Friends School
Westtown School
William Penn Charter School
Windsor Christian Academy
Won Institute of Graduate Studies
Woodlynde School
The Wyndcroft School

EFFECTIVE SEPTEMBER 1, 2020

Save time and money — Connect with Independence!



Looking for a simple way to get the most from your Independence Blue Cross health plan? Connect with us by signing up for email or text alerts to get:



Personalized reminders about your health
for when it's time for an annual visit or screening



Notifications to help you access important plan information
like a link to your digital ID card, or the ability to reach Customer Service with one tap



Alerts on how to get the most out of your health plan
with information about available benefits you may not be using or how you can save money when you need health care



**Stay up to date. Save money.
Maximize your benefits.**

Visit ibx.com/getconnected
to sign up for email or
text alerts

Visit ibx.com/getconnected

Be sure to have your member ID card handy — you'll need your ID number from the front of the card.



Independence Blue Cross Customer Service

for PAISBOA HBT members

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

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

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

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

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

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

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

Get the most from your health plan: Use designated providers

With an HMO or POS health plan, your primary care physician (PCP) has designated providers for certain specialty care services: lab work, radiology, and physical and occupational therapy. You'll need to visit those providers when you need any of these services.

There are two ways to view your PCP's designated providers.

If you already have a PCP selected:

1. Log in at ibx.com.
2. Select the *My Care* tab.
3. Select *My Provider Information*.
4. Scroll down to view designated sites.

Use the Find a Doctor tool:

1. Log in at ibx.com.
2. Select the *My Care* tab.
3. Select *Find a Doctor or Hospital*.
4. Type in the name of your PCP.
5. Scroll down to view designated sites under Find affordable services.

The screenshot shows the 'My Provider Information' page on the Independence Health Plan website. At the top, there are navigation tabs: Home, Benefits, Claims & Spending, My Care, and Health & Well-Being. Below the navigation is a blue header for 'My Provider Information'. A message states: 'You can favorite a doctor or hospital to save them in your records below.' There is a button labeled 'Add New Favorite'. Below this is a search area with a 'Specialty' dropdown menu set to 'All Specialties' and a 'Keyword Search' field with the example text 'ex. Labcorp'. The main content area lists four categories of designated providers, each with a circular icon and a list of providers:

- Primary Care Physician:** John Doe Medical (1234 SOME STREET, PHILADELPHIA PA 12345, (123) 345-6789). A 'Change' button is visible.
- Physical Therapy:** Pennsylvania Hospital of The University of Pennsylv.
- Laboratory Diagnostics:** Excel Physical Therapy.
- Radiology:** LabCorp of America.

The screenshot shows the 'Find a Doctor' tool results for 'Doe, John, MD'. At the top, there is a 'Select a category' dropdown menu with 'Doctors by Name' selected and 'Doe, John' entered. The main profile for 'Doe, John, MD' is displayed, including a profile picture, name, and affiliation with 'John Doe Medical Group'. It shows a 4-star rating, a 'Favorite' button, and a 'Compare' button. A location pin indicates the address: 'John Doe Medical Group, 1234 SOME STREET, PHILADELPHIA PA 12345'. Contact information includes phone (123) 345-6789, fax (123) 345-6780, and a distance of 1.3 miles away. Hours of operation are listed as 'Today, 8:30 AM - 7:30 PM' and the provider ID is 1233456789. Specialties listed are Family Medicine. There are also icons for 'Accepting new patients', 'Primary Care Provider', and '8 Plans Accepted'. Below the profile, there are sections for 'Languages Spoken: English', 'Gender: Male', and 'Board Certifications: No information available'. There is also a 'Group Affiliations (1)' and 'Admitting Privileges (3)' section. The 'Education' section lists 'MD (2009): Drexel Univ Coll Of Med' and 'Residency: Hospital Of The University Of Pa'. At the bottom, a red-bordered box highlights the 'Find affordable services' section, which states: 'HMO/POS members are required to use sites designated by their PCP for services, which could include radiology, physical therapy and lab. See below for this PCP's designated sites.' Below this, 'LabCorp of America' is listed as a designated site for 'Testing and laboratory services'.

Achieve
Well-being

Get rewarded for your healthy choices



As a PAISBOA HBT member, you can earn \$200 in gift cards just by completing five healthy actions! Log in at ibx.com to start earning your Achieve Well-being rewards.

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

Log in today at ibx.com to start earning!
See reverse side for further instructions.

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

- Visit your primary care physician for an annual check-up.
- Complete an age- and gender-appropriate screening.
- Complete your Well-being Profile (takes about 15 minutes).
- Complete at least one online well-being program, which you can find by clicking the *Action Plan* tab and then *Add New*. Click + to see a full list of programs.
- Opt in to receive IBX Wire messages, and you'll get important plan notifications, health screening reminders, and information about your rewards progress. Simply text **IBX Wire** to **73529**.

After completing all five activities, you'll earn \$200 in gift cards. You may redeem your reward once per plan year (now through October 31, 2021).*

*IRS rules require that the gift card(s) be reported as income.



Get \$150 back!

Complete 120 workouts at an approved fitness center

Looking for motivation to exercise?

The Healthy LifestylesSM fitness program will reimburse you \$150 for working out regularly.

Four easy steps

1. Join an approved fitness center. Choose a full-service fitness center that includes amenities for continuous cardiovascular, flexibility, and resistance training. You may also submit activity for virtual sessions through digital subscriptions or apps.
2. Exercise at your fitness center regularly. Work out at your approved fitness center or via virtual sessions through a digital subscription or app at least 120 times during a 365-day period.
3. Record your workouts. After you complete 120 workouts, you can request a reimbursement. Your logged workouts must be at least eight hours apart.
4. Submit your documentation and request reimbursement. Log in to ibx.com/reimbursements and upload copies of the following documentation:
 - Proof of payment
 - Record of your workouts

Start your well-being journey today!

Visit ibx.com or download the IBX mobile app.

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

Achieve Well-being

Our personalized online tools and resources help you achieve what's important in a way that's simple, easy, and fun. Visit ibx.com to get started today.

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



Get \$150 back!

Complete a tobacco cessation program



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

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

How it works

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

Log on to ibx.com/reimbursements and submit the following documentation:

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

Start your well-being journey today!

Visit ibx.com or download the IBX mobile app.

Once all of your documentation is submitted, you can request your reimbursement to be paid by direct deposit or American Express rewards card.†

Achieve Well-being

Our personalized online tools and resources help you achieve what's important in a way that's simple, easy, and fun. Visit ibx.com to get started today.

* If you're 18 or older and your program costs less than \$150, you can apply the difference toward reimbursement of nicotine replacement products or medications prescribed to you to help you quit.

† Please note that American Express charges a fee of \$4.00 plus three percent of the reimbursement amount.

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

Achieve
Well-being

Make the call. Take the call.

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



What is a Health Coach?

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

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

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

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

Stay on top of personal health information, screening reminders, health tips, and more! Visit ibx.com/getconnected or text **IBX** to **73529** to sign up.†

Your dedicated Health Coaches



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



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

Welcome to the team **Barbara Schlager RN, BSN****
215-241-7803*

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

*This is a free and confidential service.

**Beginning August 1, 2020

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

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

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

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

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

On To Better Health

Manage your emotional well-being with online tools and resources



Improve your emotional well-being with On To Better Health, an online program that provides easy-to-use self-help tools and resources.

The confidential program, free to Independence Blue Cross members with Magellan Health benefits, consists of self-assessments, articles, videos, and personalized and guided therapy — 24 hours a day, 7 days a week — so you can feel better and manage everyday stress.



It's easy to get started!

- Log in to your ibxpress.com account or IBX mobile app.
- From the *Health & Well-Being* tab, select *Value-Added Services*.
- If this is your first visit, follow the prompts to use the SmartScreener, a convenient and private way to assess your emotional well-being.
- After completing the SmartScreener, you will be able to view a personalized list of recommended programs and modules, and browse thousands of library articles, resources, and self-assessments. To start a module, simply click the *Launch Program* button.

On To Better Health is there when and where you want — and need — it. Get started today!

*You may not have access to all of the features.

The information in this brochure is not meant to provide clinical advice. Program modules are a supplement to your overall care and are not intended to replace care through your provider. Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association. Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.



Achieve greater emotional well-being*

On To Better Health can help you identify your needs through a short SmartScreener online assessment. Then, it can provide cognitive behavioral therapy for common challenges such as:

- **Alcohol or substance use:** this ten-session program, teaches skills and techniques to promote long-lasting, skill-based changes in behavior.
- **Anxiety, panic, or phobia:** through exercises and activities, this nine-session program can help you overcome fears and break the cycle of unhelpful thoughts and behaviors.
- **Chronic pain:** this seven-session program will help you improve functioning and prevent pain flare-ups.
- **Depression:** this four-session program helps you recognize signs and symptoms, challenge negative thoughts, and manage relapse.
- **Insomnia:** this six-session program teaches you skills and techniques to help improve sleep quality.
- **Obsessions or compulsions:** a nine-session module of interactive videos helps you identify triggers and develop self-management skills so you can reach your goals.

Eat your way to better health

with free nutrition counseling



Members can take advantage of six free visits

Eating healthy would be a lot easier with your own private chef to cook nutritious meals. We can't hire a chef for you, but we can give you one-on-one time with nutrition experts to help you set goals for better eating habits.

As part of your benefits, Independence Blue Cross lets you schedule up to six visits per plan year for nutrition counseling* at no additional cost to you when you visit an in-network doctor or registered dietitian. No referrals needed!

Eat your way to a healthier you

Eating healthier doesn't have to mean eating less. It means learning how to add nutritious foods into your diet. It means understanding how what you eat affects your overall health and well-being. A healthy diet and weight can give you more energy and may even lower your blood pressure and cholesterol.

Many people develop chronic conditions, such as diabetes, heart disease, and high blood pressure, as a result of being overweight. Nutrition counseling can help you better manage

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

Find a registered dietitian

1. Go to ibx.com/findadoctor.
2. Search by specialty, and type "Nutrition" in the search field.
3. Call to schedule your nutrition counseling appointment. No referrals necessary!

your diet and your weight, so you can reduce your risk for developing these health conditions. So take a few minutes to connect with an in-network dietitian or network doctor today to help you to meet your nutrition goals.

Questions?

Call the Customer Service number on the back of your member ID card.

*Not all employers offer nutrition counseling visits as part of their benefit plans. Please contact Customer Service or your benefits administrator to determine if this benefit applies to your coverage. If nutrition counseling services are provided in addition to other covered services, an office visit copay may apply. Deductible and coinsurance may apply to services obtained out of network.

Acupuncture:

What does my health insurance cover?



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

What is acupuncture?

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

How does Independence cover acupuncture?

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

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

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

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

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



To learn more about your acupuncture benefits, call **Customer Service at the number on the back of your member ID card.**

Is acupuncture right for me?

To determine whether you could benefit from acupuncture:

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

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

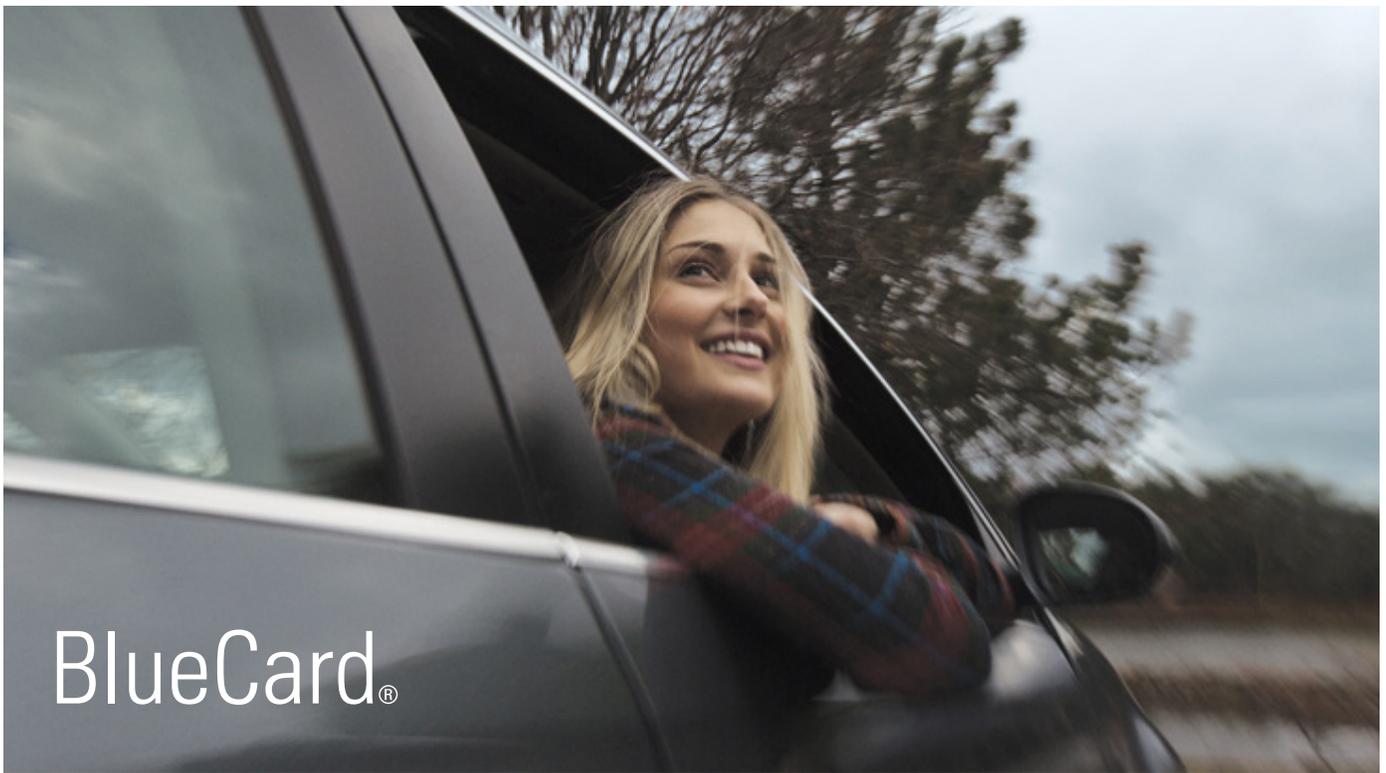
2 For PPO members, the 18 acupuncture visits are combined in- and out-of-network.

Acupuncture is covered for limited conditions. For details on covered conditions, please reference medical policy #12.00.01, which you can find at ibx.com/medpolicy. This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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

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



Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you — across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com. 
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.) 
- Call BlueCard Access® at 1.800.810.BLUE (2583). 

Guest membership

Take your health care benefits with you



No matter where life takes you, make sure you're covered. If you're planning to be out of the area for at least 90 days, apply for comprehensive health care benefits in your travel area through the Away from Home Care® program.

Independence Blue Cross (Independence) can help you apply for a guest membership with a participating HMO plan in your travel area, where available. Guest memberships may be appropriate for situations like:

- Long-term work assignment
- Students who temporarily live away while at college
- Retirees with a dual residence

How to get started

At least 30 days prior to leaving the service area, log in at ibx.com to complete your application.

If you sign up to receive digital communications from Independence, you'll get email or text alerts when your:

- Application is received
- Application is approved
- Guest membership is scheduled to expire in 60 days
- Guest membership has expired

Sign up for email and text alerts for updates about your guest membership and other important information.
ibx.com/getconnected

Selecting a local PCP

You'll need to select a primary care physician (PCP) who is in the network of your Host HMO health plan within ten business days of your guest membership effective date. If you do not select a PCP, the Host HMO health plan will assign one to you.

Note: If you plan to return to the Philadelphia region for a period of time (e.g., a student who is home on break from college), be sure to update your PCP to one in the Keystone Health Plan East network for that time.

Additional details

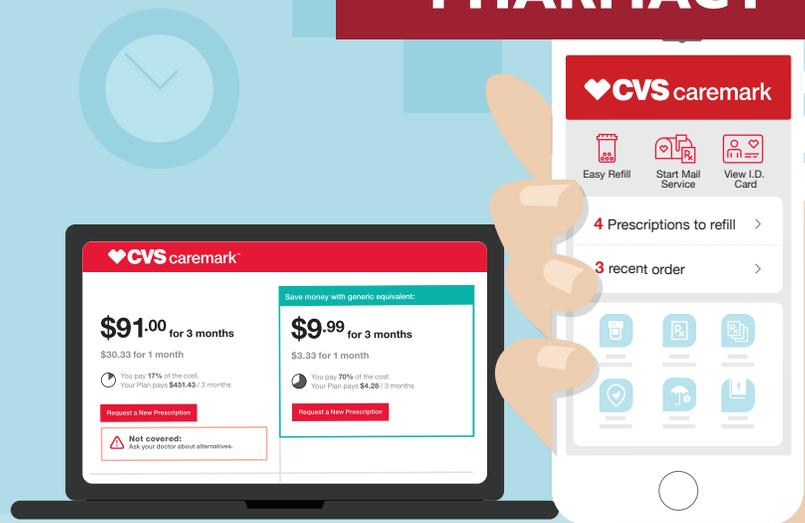
If your Independence medical coverage is terminated for any reason, your guest membership will also be terminated on the same date. Refer to your member benefit booklet for additional information, limitations, and restrictions regarding the Away from Home Care program.

If you have questions or need to end your guest membership, call the Customer Service number on the back of your member ID card.

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

Digital Benefits

Sign in for savings



Our digital tools make it easy to find ways to save money on your medications, and save time managing them for you and your family. So, be sure to register at Caremark.com and download the CVS Caremark mobile app – that way you won't miss out on any saving opportunities.

Check out a few of our favorite cost and time-saving tools:

Rx delivery by mail

Start filling in convenient 90-day supplies with just a picture of your Rx label – they typically cost less, so you may save money.

Check drug costs and coverage

View side-by-side cost comparisons of your medications to see where you can save.

Find a network pharmacy

Rx costs are lowest when you fill at a pharmacy that's part of your network.

Keep track of your Rx spending

See how close you are to meeting your deductible and max out-of-pocket costs.

Manage all your Rx in the same place

Easily manage prescriptions you get from your local pharmacy, by mail or through a specialty pharmacy in one place – our mobile app.

Quick start new orders

Transfer a current Rx, or submit a new one with a picture of the label (or written Rx).

Quick and easy refills

Scan your Rx label with your smart phone – or enroll in *Text Refill Reminders*.

Customize notifications and reminders

Choose how to receive information about your prescriptions – by text, email or phone.

Find more ways to save at Caremark.com and with the CVS Caremark mobile app.



Keep Smiling

Delta Dental PPO™

Save with PPO

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

Set up an online account

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

Check in without an ID card

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

Coordinate dual coverage

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

Understand transition of care

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

Get LASIK and hearing aid discounts

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

Save with a PPO dentist



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

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

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

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

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



Expert Solutions. Exceptional Service.

Visit www.vbaplans.com

\$25 Exam / \$0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service DEPENDENT AGE: 26

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

BENEFITS: Employee can select either:

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

A Usual, Customary, and Reasonable.
 B Progressive lenses typically retail from \$150 to \$400, depending on lens options. VBA's controlled costs generally range from \$45 to \$188.
 C Unless otherwise prohibited by law.
 D Medically Required Contacts may only be selected in lieu of all other material benefits listed herein.
 E A \$25 copayment is applied to the vision exam from a VBA Member Doctor only.



All PAISBOA Health Benefit Trust covered members who register a new account with Doctor On Demand 9/1/20–9/30/20 will receive a \$5 Amazon gift card.

Everyday Care, 24/7

Connect with a board-certified doctor through your smartphone, tablet or computer without the hassle of the waiting room.



Urgent & Everyday Care

- + Back pain
- + Cold & Flu
- + Conjunctivitis
- + Sinus infections
- + Sports injuries
- + Sprains & bruises
- + Allergy & Asthma
- + Bronchitis & Pneumonia
- + Urinary Tract Infections
- + Rashes & Skin Conditions
- + Vomiting & Diarrhea
- + Cellulitis & Skin Infections
- + Pre-Diabetes / Diabetes
- + High Blood Pressure
- + High Cholesterol
- + Acne
- + Menopause / PMS
- + Prenatal Counseling
- + Sexual Dysfunction
- + Vaginal & Yeast Infections



Labs & Screenings

- + STDs
- + Anemia
- + Fertility
- + Cardiovascular
- + Drug Levels
- + Inflammation
- + Chronic Disease
- + Thyroid Disease
- + Vaccine Titers
- + Immunodeficiency Workup
- + Vitamin Deficiencies

Visit: doctorondemand.com



Connect with our hand-picked therapists and doctors from the comfort of home.

Even at our best, meeting all the demands in our daily life—busy schedules, long commutes, and bills to pay—can be a struggle. When things don't go our way, it's easy to feel overwhelmed. At times like these, talking with someone who cares can really help. From everyday medical issues to managing problems that feel too big to face alone, Doctor On Demand's doctors and therapists are here to help.

How does it work?

Doctor On Demand is part of your health benefit, providing video access to our licensed doctors, psychologists, or psychiatrists straight from your smartphone, tablet, or computer. You can search our hand-picked providers, review their profiles, and choose a time that works for you.

Is video therapy right for you?

Our licensed therapists are here to listen and help find you solutions. Some of the most common reasons people visit are:

- + Depression
- + Relationship issues
- + Workplace stress
- + Trauma & loss
- + Social anxiety
- + Addictions

Have a video session with a therapist



Available 365 days a year



Easily schedule appointments



Visit from the comfort of home



Private & confidential talk therapy

How to register

Start by downloading the app by visiting the App Store or Google Play. Follow the prompts to register. You must select PAISBOA as your employer when creating an account in order to receive the correct office visit co-pay. Call Doctor On Demand Support for assistance at 1-800-997-6196.

All PAISBOA Health Benefit Trust covered members who register a new account with Doctor On Demand between September 1, 2020 – September 30, 2020 will receive a \$5 Amazon gift card.



To learn more, visit:
[DoctorOnDemand.com](https://www.doctorondemand.com)

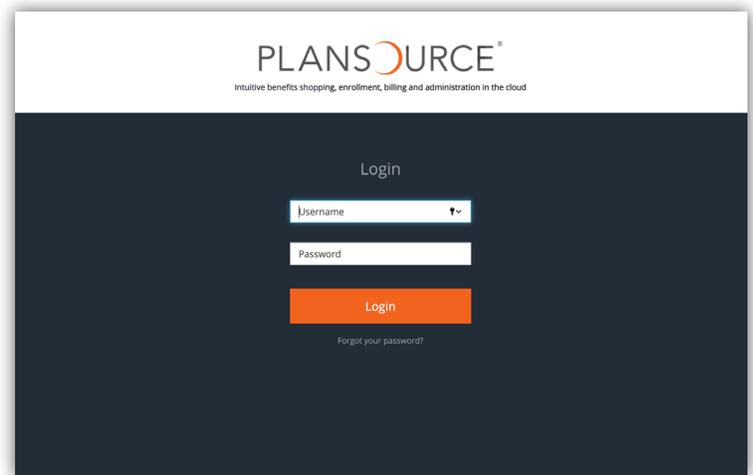
Online Open Enrollment

The PAISBOA Health Benefit Trust is utilizing the PlanSource platform for Open Enrollment this year. Below is a link to access the platform along with instructions for logging in.

LOGGING IN TO PLANSOURCE

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

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



USERNAME

Your username consists of:

- First initial of your first name
- First six characters of your last name
- Last four (4) digits of your SSN

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

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

PASSWORD

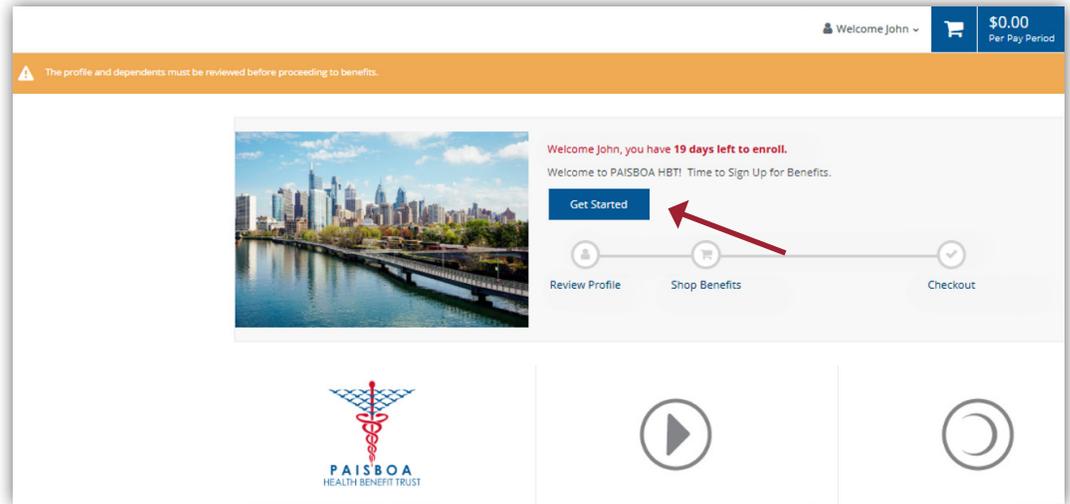
Your initial password is your birthdate in the format YYYYMMDD.

You will be prompted to create a new password which will be used throughout this plan year.

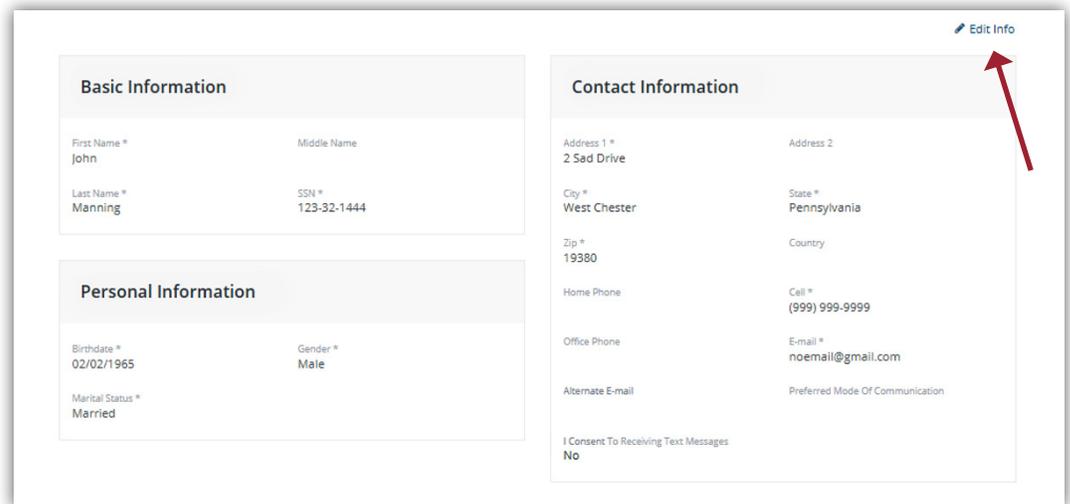
Example: A birthdate of February 7, 1975 would look like 19750207.

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

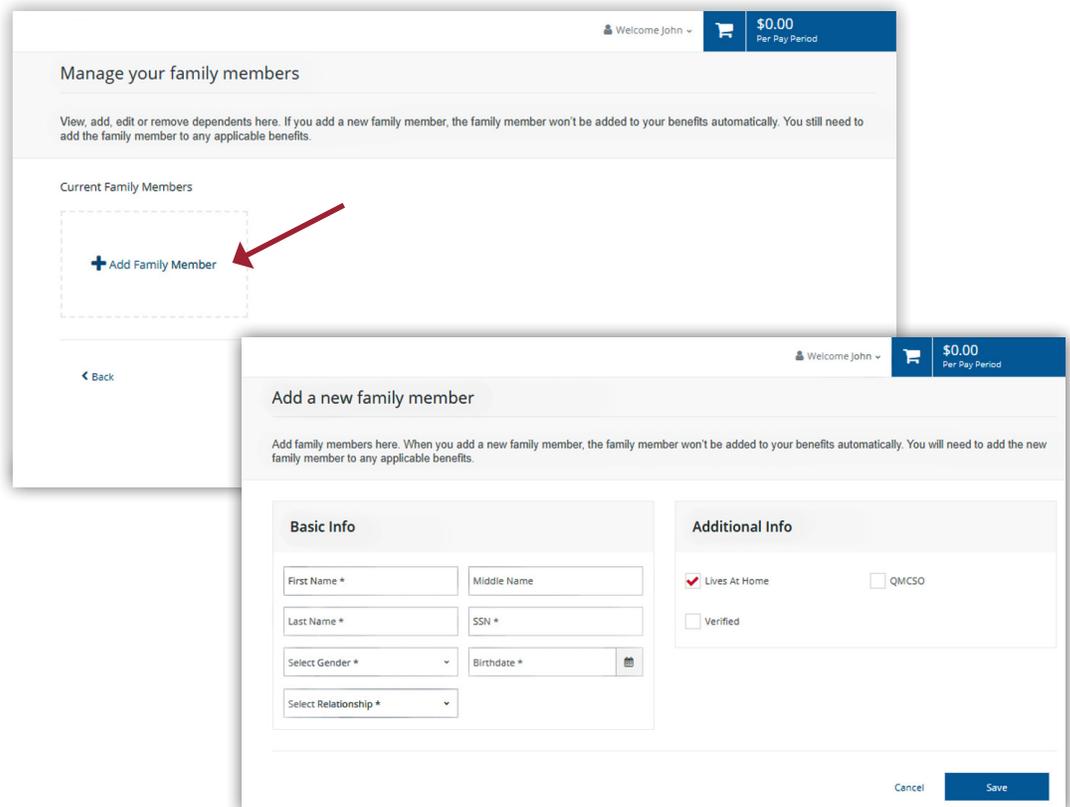
After successfully logging in, you will be taken to the Open Enrollment Dashboard (see right). From here, you will simply need to click “Get Started” to begin the enrollment process.



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



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



Once you complete your demographics, you must confirm your benefits by clicking “Change Plan.”

You can add family members to your plan by first clicking “View or Change Plan” and then clicking on “Add Family Member.”

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

You can also decline options by clicking the “Decline” link under “Update Cart.”

Once you are done electing your benefits, click “Review and Checkout” in the lower right, and your election will process.

The screenshot shows a user interface for benefits enrollment. At the top right, it says "Welcome John" and "\$60.72 Per Pay Period". Below this is a progress bar with three steps: "Review Profile" (with a person icon), "Shop Benefits" (with a shopping cart icon), and "Checkout" (with a checkmark icon). A red line connects these steps, with the "Shop Benefits" step currently active. Below the progress bar, there is a section for "New Enrollment" with a plan year effective from 09/01/2020 to 10/31/2021. Under "Medical, Prescription & Vision", there is a selected plan: "PPO 20 40 / RX 20 75 100" for \$50.00 per pay period. Under "Dental", there is a selected plan: "DELTA DENTAL Basic Plan" for \$10.72 per pay period. At the bottom right, a red arrow points to a blue button labeled "Review and Checkout". A note at the bottom of the page states: "You must select or decline all coverages before moving on".

FOR ASSISTANCE CALL
THE PAISBOA HEALTH BENEFIT TRUST
HELPLINE at 888-984-1186

Support and Resources

PAISBOA HEALTH BENEFIT TRUST

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

INDEPENDENCE BLUE CROSS

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

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

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

CVS/CAREMARK

PAISBOA Health Benefit Trust Customer Support – **866-844-9830**

CVS/Caremark member portal – **www.caremark.com**

DOCTOR ON DEMAND

Customer Support – **800-997-6196**

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

DELTA DENTAL

Customer Support – **800-932-0783**

Delta Dental member portal – **www.deltadentalins.com**

VBA

Customer Support – **800-432-4966**

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

UNUM

Customer Support – **800-275-8686**

Unum member portal – **www.unum.com**

PLANSOURCE

Member portal – **benefits.plansource.com**

Notices

HIPAA INFORMATION NOTICE OF PRIVACY PRACTICES

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

SPECIAL ENROLLMENT RIGHTS

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

MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

PENNSYLVANIA

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

NEW JERSEY

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

MICHELLE'S LAW

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT

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

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

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

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)

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

NEWBORNS' ACT

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



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WAYNE, PA 19087**

484-580-8844