

# Open Enrollment Newsletter



## 2026 – 2027 Highlights:

See further details in the following pages.



**Medical:**  
UMASD continues to provide medical plan options through Independence Blue Cross (IBC).



**RX:** UMASD will continue to offer prescription drug benefits that is administered by CapitalRX.



**Dental:** United Concordia will continue to manage the dental benefit with no changes.



**Flexible Spending Accounts (FSA)s:** Remember to elect your FSA plan participation and amounts if you wish participate this year.

## In This Issue... **UPDATE**

Eligibility and Enrollment	2
Plan Changes	2
Enrollment Process	3
Medical Plans	4
Prescription Drug Coverage	5
Health & Wellness Programs	7
Telemedicine	8
Additional Employee Programs	9
Voluntary Benefits	10
Flexible Spending Accounts	11
Contact Information	14
CHIP Notice, Updates and Regulations	15

## Qualified Life Events

Open Enrollment Period: **May 11, 2026 – May 22, 2026** or 30 days after your start date / life event.

The choices you make during Open Enrollment will be in effect for the 12-month plan year from July 1, 2026 – June 30, 2027. However, you may make changes during the year if you experience a qualified life event.

**If you need to report a life event during the year, you will need to contact the Employee Benefit Manager with the necessary changes within 31 days of the event. All changes will be effective on the date of the event.**

Our annual Open Enrollment period is your opportunity to review your benefits and make any changes for the year ahead. During this year's Open Enrollment, you will learn about your options, evaluate your needs, and choose the benefits that will protect you (and your eligible family members) for a full year.

We are committed to offering you:

- Quality benefit choices designed to meet your needs and the needs of your family
- Tax advantages — pre-tax payroll deductions

Health benefits remain one of the most valuable components of any employee compensation program. As in the past, the Upper Merion Area School District is dedicated to offering you a comprehensive benefit plan.

Some examples of life events are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a dependent (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare
- Offer of coverage elsewhere



## Eligibility and Enrollment

### Dependent Eligibility

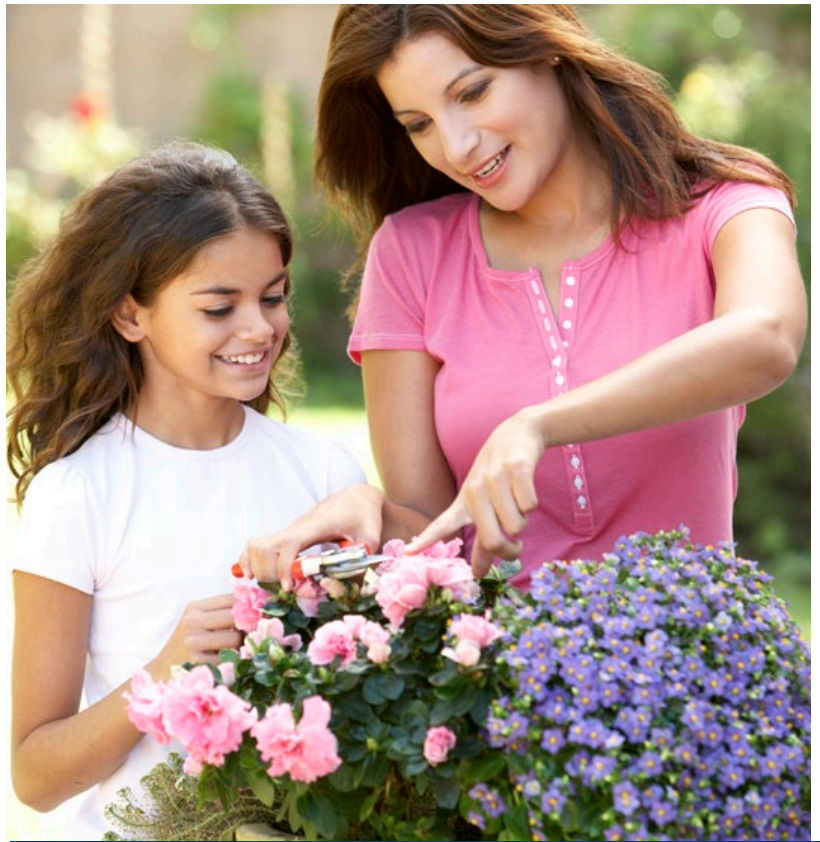
You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

- Your legally married spouse
- Your dependent children

Included in the definition of dependent child(ren) are:

- Your naturally born child(ren), legally adopted child(ren), step-child(ren), or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian

For medical insurance, your eligible dependent child(ren) are those up to age 26, whether they are a full-time student or not. Coverage ends at the end of the month of the date they turn 26. For dental insurance, your dependent child(ren) are eligible up to age 19 or full-time enrolled students up to age 23.



### 2026-2027 Benefit Information

#### New for 2026-2027

- ➔ **Expansion of services provided by Teledoc!** See page 8 for more info!
- ➔ **Premium Contribution Rates for the 2026-2027** can be found [here](#) on the Benefit Microsite.
- ➔ **Voluntary Life** – One-time guaranteed issue Enrollment Opportunity. Employees may elect or increase coverage by \$100,000 up to a total of \$250,000 without evidence of insurability.

***IMPORTANT: Please take this time to review all your benefits and confirm that the dependent and beneficiary information on file is current.***

This Open Enrollment newsletter covers only the highlights of Upper Merion Area School District's employee benefits program. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. Upper Merion Area School District intends to continue these programs, but reserves the right to change or end them at any time through negotiations with the appropriate parties. Participation in the programs does not imply a contract of employment.

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## Enrollment Process

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### OPTION 1: Self-Enrollment

**Step 1:** log onto [the Beacon Enrollment System](#)

**Step 2:** Fill in your username and password.

In the Employee ID or SSN field please enter your Social Security Number (SSN).

**PIN:** All previously saved Pins have been cleared. Enter the combination of the last 4 digits of your SSN, and the last two digits of your birth year. For example:

- Date of Birth: January 7, 1972
- SNN: 123-45-6789
- PIN Number: 678972

Please take note of this as you will also need your PIN to sign your Confirmation statement.

**Step 3:** Follow [these instructions](#) as you navigate the rest of the Enrollment Screens.

**Reminder – your elections are not considered entered until you sign and submit the Confirmation Statement!**

### OPTION 2: Assisted Enrollment

**Call Center Enrollment Information:**

To speak to a Benefits Enroller, call 484-282-2991 any Monday to Friday between the hours of 9 AM and 8 PM. Please make the call during **non-student times**. Allow 15 minutes to complete the enrollment. We also suggest doing a screen share so you can follow along on the enrollment screen with the Benefits Enroller. This call will be recorded.

### Confirmation Statement

With both options, it is highly encouraged for you to print a confirmation statement by logging onto [the Beacon Enrollment System](#). **Fill in your username and password.** (In the Employee ID or SSN field please enter your Social Security Number (SSN), For Pin - All previously saved Pins have been cleared. Enter the combination of the last 4 digits of your SSN, and the last two digits of your birth year.) Once logged in, click on the SIGN & SUBMIT button on the menu bar. Scroll to the **BOTTOM** of the page to open and print your confirmation statement.



## Independence Blue Cross Medical Plans

Upper Merion Area School District will continue to provide you with medical benefits through Independence Blue Cross (IBC). The plan options provide you with enhanced benefits and services at a reasonable cost. You may view all Summary of Benefits for each plan on the [Benefit Microsite](#). Please note that any deductible or maximums will accrue on a fiscal/school year (July through June).

### Keystone Point of Service Plan

The Point-of-Service (POS) plan is a managed care program that gives you freedom to select any doctor or hospital, in or out of the network, without a referral. You must select a Primary Care Physician (PCP) for yourself and each family member, then each time you need medical care, you decide whether to use referred or self-referred care. For example, if you require specialty care, you may choose to get a referral from your PCP or self-refer to a provider of your choice. However, if you choose to go out of the network, the plan will often pay less and you will have to pay more under the plan, you must select a PCP and referrals are required for some services such as routine radiology, physical and occupational therapy.



### Personal Choice PPO

The Personal Choice PPO plan gives you the freedom to choose your own doctors or hospitals. You will maximize your coverage by choosing participating providers within the BlueCard® PPO program. Under the Personal Choice PPO plan, you do not need to select a Primary Care Physician (PCP) or need to obtain a referral for services. However, if you receive care from a provider out of the Personal Choice network, the plan pays a lower percentage of covered services and you will have higher out-of-pocket expenses, such as higher copays.

### Women's Preventive Health Care

The health care reform law (Affordable Care Act) requires health plans to cover certain preventive care services for women without any cost-sharing, such as deductibles, copayments or coinsurance. The following items are included in this coverage:

- Well-woman visits (annual preventive care visit in which adult women obtain recommended preventive services)
- Gestational diabetes screening for women 24 to 28 weeks pregnant, and women at high risk
- Human papillomavirus (HPV) testing for women 30 and older, once every three years
- Annual counseling for HIV and sexually transmitted infections, plus annual HIV testing for all sexually active women
- Contraceptives and contraceptive counseling
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

Be sure to check your plan's specific rules before receiving care. Though plans are required to provide these services charge, they do have the option of using cost-control measures, such as requiring you pay for a brand name drug if a comparable generic drug is available, or charging a copayment for preventive services received at out-of-network facilities.

# Capital Rx Prescription Drug Coverage



## Capital Rx

When you enroll in a medical plan, you automatically receive prescription drug coverage

through Capital Rx. Capital Rx will replace Express Scripts, the former provider. We are excited to partner with Capital Rx for our enrolled plan participants due to their innovative solutions that help to reduce costs, drive greater efficiency improve member experiences, and eliminate confusion around benefits.

When you enroll in a medical plan, you automatically receive prescription drug coverage through Capital Rx. The Pharmacy Management Formulary Program provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand-name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs. The Pharmacy Management Formulary Program utilizes the Capital Rx network, where you can locate a participating pharmacy to fill your prescription.

The formulary drug program is divided into copayment categories called tiers. The copays per tier depend on the plan you choose.

To get an updated copy of the tiered formulary list of drugs, visit [www.cap-rx.com](http://www.cap-rx.com).

**With Capital Rx as your prescription drug benefit manager, you will have access to:**

- **Retail pharmacies.** A network of over 65,000 participating independent and chain pharmacies nationwide.
- **Convenient Home Delivery services through the Capital Rx Pharmacy.** You can have up to a 90-day supply of most maintenance medications delivered directly to you. Maintenance medications are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol or diabetes.
- **Online resources.** You can go to [www.cap-rx.com](http://www.cap-rx.com) for useful health and benefit information, along with online pharmacy services.
- **Capital Rx Customer Service.** Representatives are available to you by phone 24 hours a day, 7 days a week. Pharmacists are also available around the clock for consultation.
- **Specialist Pharmacists.** These pharmacists are available 24/7 by phone to help you and your doctors make sure that your medications act safely together and work well for you. Each has had specialized training in the medications used to treat a specific long-term condition, such as diabetes, high blood pressure, and asthma.

**Go Generic!** Keep You and Your Wallet Healthy

### 1. What are generic drugs?

Generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications.

### 2. Are generic drugs just as safe as brand-name drugs?

Yes. Laboratories that produce generic drugs must meet the same high FDA standards as the facilities of brand-name drugs, and all generic drugs are FDA-approved to be therapeutically equivalent to brand-name drugs.

### 3. Why are generic drugs less expensive?

When a new medicine is invented, a patent is filed so that no other company may reproduce that drug. While the patent is current, companies can charge a much higher price for the drug because there is no competition. In addition, companies often spend large amounts of money for advertising and promotion, further increasing the cost of the brand name medication.

When a medication's patent expires, other companies may produce this drug, creating generic medications. Due to increased competition, and because these other companies rarely spend money on advertising, the price of the generic drug is significantly lower.

### 4. What is different about generic?

The appearance of brand-name drugs is protected by law, so generic drugs will have different shapes, flavors, and/or colors. However, since the active ingredients are the same, they will work the same way in your body as the brand-name drug.

### 5. Does every brand-name drug have a generic drug equivalent?

No. Pharmaceutical companies have a patent on their brand-name medications, so new drugs will not have a generic equivalent until the patent expires.

### 6. What if my brand-name drug is not available in generic form?

Even if your brand name drug is not available in generic form, there may be a different generic drug that could work just as well. Ask your doctor if a therapeutic alternative might be right for you. A generic therapeutic alternative is the equivalent for a different brand-name drug and treats your condition using a different active ingredient. If your doctor agrees, you can feel confident about using the generic therapeutic alternative and feel good about saving money too!

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## Good to Know: Traveling

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### Guest Membership & Medical Insurance While Traveling

#### Keystone DPOS Plan

If you or one of your dependents will be traveling or living outside of the network area, you may apply for a Guest Membership to be able to receive services. You must renew your Guest Membership each year. Contract Employee Benefits for the form or find out more information [here](#)

#### Personal Choice PPO Plans

The BlueCard Worldwide program enables PPO members to receive inpatient and outpatient hospital care and physician services when traveling in the US. The BlueCard Worldwide program includes medical assistance services and an expanded network of health care providers throughout the world. For more information contact Employee Benefits or [go to the Benefit Microsite](#).



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## Summary of Benefits & Coverage

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The Patient Protection and Affordable Care Act (PPACA or ACA) requires health plans to provide consumers with information about health plan benefits and coverage in a simple and consistent format called a Summary of Benefits and Coverage (SBC). The purpose of the SBC is to help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes key features of the plan, cost-sharing provisions, and coverage limitations and also provides coverage examples. A Uniform Glossary explaining the most common terms used in health insurance is also available. SBCs for medical can be found [here](#) and for Rx, they can be found [here](#), both are posted on the [Benefit Microsite](#) or you may request a paper copy by contacting Anita Watson at [awatson@umasd.org](mailto:awatson@umasd.org) or 610-205-6416.

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## Good to Know: Urgent Care

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### What is an Urgent Care Center?

A health care facility staffed by board-certified doctors that can provide medically necessary treatment for a sudden illness or injury that requires prompt medical attention but is not life-threatening.

#### What is a retail health clinic?

A health care facility staffed by certified nurse practitioners that can treat minor, uncomplicated illnesses and injuries.

#### Does my health plan cover this?

Yes. Simply present your member ID when you arrive. With this benefit you will pay less to visit a participating urgent care center or retail health clinic then you'll pay for an emergency room visit.

Locate a participating urgent care center near you, visit [ibx.com/findcarenow](http://ibx.com/findcarenow). Questions? Call 1-800-ASK-BLUE.

## Health & Wellness Programs through IBC

There are additional benefits available through your medical plans that are designed to encourage healthy behaviors. Additionally, discounts are available on products and services to help improve your health and save you money. You must register to take advantage of these benefits by calling **800-ASK-BLUE** or visiting the website at [www.ibx.com](http://www.ibx.com) and click on Health and Wellness.

### Healthy Lifestyles<sup>SM</sup> Solutions Program

Enroll in Weight Watchers®, Weight Watchers® Online, or an approved weight management program at any network hospital. The Healthy Lifestyles<sup>SM</sup> Solutions Weight Management Program will reimburse you up to \$150 for the cost of an approved weight management program. To get started:

- Sign up for an approved weight management program
- Attend the approved program
- Submit documentation and request your reimbursement

You can find all Health and Wellness Discounts and Reimbursements here on the [Stay-Healthy Web page](#).

### Other IBC Health & Wellness Resources

IBC offers access to a variety of products and services to help you live a healthy lifestyle and manage your everyday life. You and your family members can obtain information on the following programs:

- **Stress Management** – Receive a stress-relief guide.
- **Baby BluePrints** – A maternity program designed to help you be healthy, confident, and comfortable throughout your pregnancy.
- **24/7 Nurse Line** – Members have access to speak with a registered nurse 24 hours, 7 days a week.
- **WebMD** – Helps members better understand their symptoms and what to do about them.
- **Personal Health Profile** – Health risk assessments members complete through the member portal that results in a health analysis and personalized action plan.
- **Educational Videos** – View short educational videos on any one of thousands of health topics.
- **Connections Health Management Programs** – Provides members with an accurate, confidential and personalized action plan to support physicians' relationship with their patients and enhance their ability to provide evidence-based care.
- **Nutrition Counseling** – Members receive up to six visits a year with a registered dietician to learn how to eat a healthier diet.
- **And much more.**

### Fitness Program Reimbursement

You can get up to **\$150** back when you join a full-service fitness center. Exercise regularly (120 times a year) at an approved fitness center, record your workouts, and submit your documentation for reimbursement. Reimbursements can be obtained by direct deposit or an American Express rewards gift card.

### Tobacco Cessation Program

No matter who you are, you can find a program that will give you the type of support and encouragement you need to kick the habit. Receive \$150 back when you complete your choice of proven tobacco cessation programs. Eligible programs include those that focus on behavior modification and provide frequent and regular support such as weekly meetings or telephone-based sessions.

You can work with your health care provider to determine which method is best for you. You may meet one-on-one with a provider, or choose a program that offers group support. Some programs can even help you manage stress, avoid weight gain, and overcome barriers to quitting. You can also choose a program offered by a network hospital in your area. Search for a network hospital in your area at [www.ibxpress.com](http://www.ibxpress.com) or contact our Health Resource Center at 800-ASK-BLUE for more information.

#### The following are not reimbursable:

- Copays, coinsurance and deductibles
- Hypnosis
- Acupuncture
- Dietary supplements; injections
- Electronic cigarettes



As an IBC member, you are automatically eligible for Blue365. 365 days a year, Blue365 is available to help you make important decisions about your health and wellness. Simply log on to Blue365 from the [ibxpress.com](http://ibxpress.com) website and you will receive access to discounts, nutrition and weight management programs, laser vision correction, parent and senior care, health travel and more.

Visit your member website at [www.ibxpress.com](http://www.ibxpress.com) to:

- Find a provider
- View claims
- Review your coverage details
- View health & wellness program

## Telemedicine

**24 hours a day, 7 days a week on demand access to affordable quality healthcare. Anytime, anywhere.**

Teladoc is a leader in whole-person virtual care. With Teladoc General Medical, you get 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

Text IBX to 635-483 to chat with Sophie, a virtual assistant who will help you sign up. Download the TELADOC Mobile App from the Apple Store or Google Play.

Visit <https://www.teladochealth.com/>

### When should I use Teladoc?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care physician is not available
- To request prescription refills when appropriate. See prescription policy\*
- If traveling and in need of medical care

### What can be treated?

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bite
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- And more!

### Behavioral health care issues related to:

- Marriage
- Parenting and childcare
- Alcohol and Substance Abuse
- Legal and Financial Difficulties
- Relationship Problems
- Sleep Disorders
- Smoking Addiction
- Other personal challenges
- And more!

\* Prescriptions are issued only when clinically appropriate and will be prescribed for a short-term duration. No controlled substances can be prescribed, and the availability can be restricted by law.

### Who are Teladoc doctors?

Teladoc has the nation's largest network of doctors for telehealth services.

On average, Teladoc doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Teladoc doctors are committed to providing convenient, quality care and are always ready to take your call.

### Are my children eligible?

Yes as long as they are members on the plan. Teladoc has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.



### How much does it cost?

**There is no copay while using Teledoc.**

**Teledoc Services have expanded as of July 1, 2026 to include Dermatology, Behavioral Health along with General Medicine! Find our more [here!](#)**

## Additional Employee Programs



### Dental Benefit Information

Upper Merion Area School District will continue dental benefits through United Concordia for the upcoming plan year.

The benefit summary for all the Dental Insurance plans through United Concordia are available for you to view on [the Benefit Microsite](#).

### Life Insurance

For most people, maintaining their lifestyle depends on an important source of income – regular paychecks. If you should die, your family’s lifestyle could suffer. UMASD recognizes that life insurance provides critical financial protection. Please view your contract for the specific amount of coverage you are provided for by the District at no cost to the employee.

#### Update Your Beneficiary

**Open Enrollment is a good time to review your beneficiaries for your life insurance and pension. Please update your beneficiary through the [Beacon Enrollment System](#).**

#### Imputed Income

If your Basic Life insurance exceeds \$50,000, the Federal government taxes the “value” of the coverage (i.e., the cost to provide the benefit) above \$50,000. This is called imputed income. The imputed income is not the amount of your coverage above \$50,000 but the premium value of your coverage above \$50,000, as determined by the IRS. This taxable amount appears on your W-2 statement, generally as “other income.”

### Workers Compensation Insurance

Workers Compensation Insurance is provided to all district employees if you are injured on the job. Please see the notice with insurance and the posted panel of physicians on the [Benefit Microsite](#).

### 403b/457 Retirement Plans

All district employees are eligible to open a 403b/457 retirement plan with one of the approved vendors. Please view a detailed explanation, the list of vendors, plan summaries and more on [this site](#).

### Public School Employees’ Retirement System (PSERS)

Since 1917, PSERS has been serving the public school employees of the Commonwealth of Pennsylvania. The number of individuals they serve has grown from 37,000 in 1919 to more than 500,000 today. For more information on PSERS and your Pension, navigate to this [site](#).

### Employee Assistance Program (EAP)

Life may present you with unexpected challenges and the district would like to be able to offer some assistance for you during difficult times. All information discussed will remain confidential.

**Health Advocate** is a free benefit for you, your spouse, your children, parents and in-laws. Find out what services are offered [here](#).

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## Voluntary Benefits

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The plan options available to you are designed to help supplement your medical plan. The benefits you receive under these plans may be used for out-of-pocket medical or non-medical expenses associated with a covered accident, critical illness or hospital stay. Please take the time to review the plan information to determine which insurance options may be the best fit for you and your family.

### Disability Insurance

Disability Insurance is a voluntary Insurance offered to our Administration, UMESP, Custodial, Turf, Maintenance, Food Service and Project and Confidential Employee Groups. The purpose of this plan is to provide you with income if you are not able to work due to a non-work-related illness or injury. Find out specifics of this plan on the [Benefit Microsite](#).

### Symetra [Group Hospital Indemnity](#)

- Pays cash directly to Employee, over and above any other coverage
- HSA Compatible
- Pays cash benefits for Hospital Admission, Hospital Confinement, Hospital Intensive Care

### Symetra [Group Accident Plan](#)

- Pays cash directly to Employee, over and above any other coverage.
- Pays cash benefits for injuries such as slip and fall, doctor visits, chiropractic, fractures, dislocations, surgeries, hospital stays, therapies, plus other benefits.
- \$60 wellness benefit paid once per year per insured

### Symetra [Group Critical Illness Plan](#)

- Pays cash directly to Employee, over and above any other coverage.
- Pays lump sum from \$10,000 - \$30,000 on a guaranteed issue basis for the diagnosis of a covered condition. Does not require hospitalization or any treatment for benefit to be paid, only qualifying diagnosis.

- Covered conditions include: Heart Attack, Stroke, Cancer, End Stage Renal Failure, Coma, Major Organ Failure, Alzheimer's, Parkinson's, plus others
- \$50 wellness benefit paid once per year per insured

### Securian Voluntary Life Insurance

- [One-time guaranteed issue enrollment opportunity. Active employees may elect or increase coverage by \\$100,000 without evidence of insurability, provided that the resulting amount of insurance does not exceed the guaranteed issue limit of \\$250,000](#)
- Employee, Spouse and Child Voluntary Life Insurance options are available.
- Please see more info [here](#).

### Legal Insurance

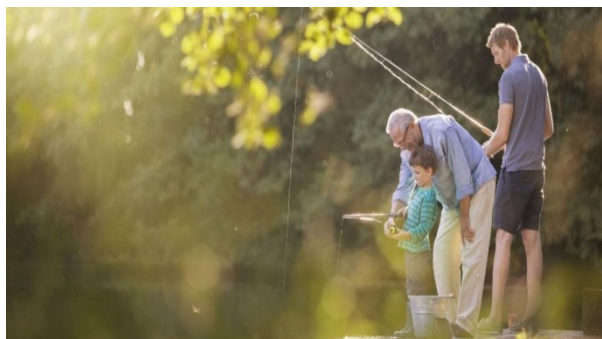
- With the LegalEASE Plan, you are covered when you run into life's challenges with paid in full benefits for personal legal matters.
- Please see more info [here](#).

### Identity Protection

- No one intends to be unsafe online. Help protect your identity and devices with Norton Lifelock Benefit Plans.
- Please see more info [here](#).

### Vision

- EyeMed offers a comprehensive vision benefit for all UMASD employees who work more than 20 hours per week.
- Please see more info [here](#).





## Flexible Spending Accounts (FSAs) with CBIZ

A Flexible Spending Account (FSA) is an easy, convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of pretax dollars to cover certain out-of-pocket expenses as they occur throughout the year.

At **UMASD** we offer two types of Flexible Spending Accounts: Health Care FSA and Dependent Care FSA.

IRS rules allow you to contribute to your Flexible Spending Accounts through pretax payroll deductions. This means the money is deposited to your account before any deductions for income tax, Social Security or state withholding taxes are taken from your paycheck.

**You must re-enroll each year to continue in the program.**

### Health Care Flexible Spending Accounts

Health Care Flexible Spending Accounts reimburse you for eligible health care expenses that are not covered by your health benefits plan, such as copayments, coinsurance, deductibles or certain vision, hearing or orthodontic care costs. You can submit claims for yourself, your spouse and other covered family members.



At the start of the plan year, you choose how much you want to set aside with each paycheck — subject to an annual maximum. The **2026 annual maximum is \$3,400**. You then withdraw funds from your account as needed throughout the year to reimburse yourself for the eligible health care expenses you have paid out-of-pocket (i.e., anything not covered by insurance).

The entire elected amount is available to you from the first day of the plan year.

**Save Your Receipts! You may be required to provide documentation!**

**Our FSA is administered by CBIZ. To learn more about flexible spending accounts, visit the [Microsite](#).**

## Health Care FSA Ineligible Expenses

- Babysitting, childcare and nursing services for a normal, healthy baby
  - Controlled substances or illegal drugs
  - Cosmetic surgery
  - Dancing lessons
  - Diapers or diaper service
  - Electrolysis or hair removal
  - Funeral expenses
  - Future medical care (except advance payments for lifetime care, or long-term care)
  - Hair transplant
  - Health coverage tax credit
  - Teeth whitening
  - Swimming lessons
  - Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition
  - Household help
  - Illegal operations or treatments
  - Insurance premiums (with a few exceptions)
  - Maternity clothes
  - Medication from other countries
  - Nonprescription drugs and medicine, except insulin (over-the-counter medicine is eligible for reimbursement with a written prescription)
  - Personal use items (e.g., toothbrush, toothpaste, dental floss)
  - Veterinary fees
  - Weight-loss program (unless for a specific disease diagnosed by a physician)
- \*\*Please note that this list is not all-inclusive, and is subject to change.

## Dependent Care Flexible Spending Accounts

Dependent Care Flexible Spending Accounts reimburse you for non-medical day care expenses for **children under age 13** or for disabled dependents of any age (a dependent that is not able to care for himself or herself and relies on you for sole financial support). Dependent day care expenses are reimbursable as long as the provider is not your spouse, another dependent or child under age 19. To be eligible to participate, both you and your spouse must be working or you are a single parent.

At the start of the plan year, you choose how much you want to set aside with each paycheck – **\$3,750 maximum if you are married and filing a separate income tax return or \$7,500 maximum per household**. You then withdraw funds from your account (up to the number of contributions available in the fiscal year) as needed throughout the plan year to reimburse yourself for the dependent day care expenses that you have already paid. Accessing your FSA account funds is easy with the CBIZ Debit Card, which you may use at participating doctors, hospitals, dentists, and pharmacies that accept debit cards. Just present your card at the time of payment when you have qualified expenses. The amount of your purchase will be deducted from your Spending Account, up to the maximum amount you have elected for the year.

## Use It or Lose It!

As you think about your FSA for this upcoming plan year, be sure to carefully estimate your expenses, as well as the amount you want to contribute to your account. As you do so, remember that as a result of the national Health Care Reform, you may no longer use the Health Care FSA to pay for certain over-the-counter drugs and medicine without a doctor's prescription or letter of medical necessity. The goal in estimating carefully is to use whatever you set aside so you do not lose it, due to the Internal Revenue Service's "use it or lose it" rule. This rule means if you do not spend the full amount of money in your FSA by the end of the plan year, you must forfeit whatever funds remain after September 15<sup>th</sup> of each year.

	<b>WITHOUT</b> Flexible Spending Account (FSA)	<b>WITH</b> Flexible Spending Account (FSA)
Gross Monthly Salary	\$4000	\$4000
Pre-Tax FSA Contribution	\$0	\$240
Adjusted Salary	\$4000	\$3,760
Less Taxes (estimated at 25%)	\$1000	\$940
After Tax Less Medical Expense	\$240	\$0
Monthly Take Home	\$2,760	<b>\$2,820</b>

*Estimated  
Savings*



**Please remember:** These projections are only estimates. The assumptions used in these calculations may not apply to you. Do not consider them to be tax advice. Always ask your tax advisor for the most appropriate tax advice for your specific situation.

## Contact Information



### Do you have a question about your coverage?

Contact the appropriate vendor directly for questions regarding benefits, claims process, choosing a doctor, ID cards and copayments and deductibles.

Benefit	Provider	Website	Phone Number
Medical	<b>Independence Blue Cross</b>	<a href="http://www.ibx.com">www.ibx.com</a>	1-800-ASK-BLUE
Prescription Drug Coverage	<b>CapitalRx</b>	<a href="http://www.cap-rx.com">www.cap-rx.com</a>	833-599-1001
Dental	<b>United Concordia</b>	<a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>	800-332-0366
Flexible Spending Accounts	<b>CBIZ</b>	<a href="http://www.myplans.cbiz.com">www.myplans.cbiz.com</a>	855-410-2249
Employee Assistance	<b>Health Advocate</b>	<a href="http://www.HealthAdvocate.com/umasd">www.HealthAdvocate.com/umasd</a>	866-799-2728
Retirement Plan	<b>PSERS</b>	<a href="https://www.pa.gov/agencies/psers.html">https://www.pa.gov/agencies/psers.html</a>	1-888-773-7748
Workers Compensation	<b>SDIC</b>	<a href="http://www.sdicwc.org">www.sdicwc.org</a>	800-645-6965
Voluntary Insurance – ID Theft	<b>LifeLock</b>	<a href="https://lifelock.norton.com/learn">https://lifelock.norton.com/learn</a>	800-416-0599
Voluntary Insurance – Legal	<b>Legal Ease</b>	<a href="https://www.legaleaseplan.com/">https://www.legaleaseplan.com/</a>	800-248-9000
Voluntary Insurance – Accident/Injury & Critical Illness/Hospital Indemnity	<b>Symetra</b>	<a href="https://www.symetra.com/help-center/">https://www.symetra.com/help-center/</a>	800-796-3872
Voluntary Insurance – Life	<b>Securian</b>	<a href="https://www.securian.com/contact-us.html">https://www.securian.com/contact-us.html</a>	833-810-8260

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.**

<b>Alabama – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>Florida – Medicaid</b> Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>Alaska – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com">http://myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>Georgia – Medicaid</b> A HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2
<b>Arkansas – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>Indiana – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid – Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone: 1-800-457-4584
<b>California – Medicaid</b> Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	<b>Iowa – Medicaid and CHIP (Hawki)</b> Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562

<b>Colorado – Health First Colorado (Colorado’s Medical Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>Kansas – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991 / State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884
<b>Kentucky – Medicaid</b>	<b>New York – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>Louisiana – Medicaid</b>	<b>North Carolina – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>Maine – Medicaid</b>	<b>North Dakota – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740 TTY: Maine relay 711	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>Massachusetts – Medicaid</b>	<b>Oklahoma – Medicaid and CHIP</b>
Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>Minnesota – Medicaid</b>	<b>Oregon – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>Missouri – Medicaid</b>	<b>Pennsylvania – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>Montana – Medicaid</b>	<b>Rhode Island – Medicaid and CHIP</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
<b>Nebraska – Medicaid</b>	<b>South Carolina – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>Nevada – Medicaid</b>	<b>South Dakota – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>New Hampshire – Medicaid</b>	<b>Texas – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>New Jersey – Medicaid and CHIP</b>	<b>Utah – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>Vermont – Medicaid</b>	<b>West Virginia – Medicaid and CHIP</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://dhhr.wv.gov/bms/http://mywvhipp.com/">https://dhhr.wv.gov/bms/http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>Virginia – Medicaid and CHIP</b>	<b>Wisconsin – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>Washington – Medicaid</b>	<b>Wyoming – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 1, 2022, or for more information on

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

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

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## Important Regulations

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### Patient Protection – Designation of Primary Care Provider

Independence Blue Cross's HMO and DPOS plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Independence Blue Cross will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the Independence Blue Cross website at [www.ibx.com](http://www.ibx.com). For children, you may designate a pediatrician as the primary care provider.

### Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from Independence Blue Cross or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Independence Blue Cross at 800-275-2583.

### Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for: 1. Reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; 3. Prostheses; 4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

### Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

### Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program — a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. Please see attached notice.

### Medicare Part D Creditable Coverage/Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. Please see attached notice.

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# Important Notice from the Upper Merion Area School District About Your Prescription Drug Coverage and Medicare

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Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Capital Rx and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

UMASD has determined that the prescription drug coverage offered by Capital Rx is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## When Can You Join A Medicare Drug Plan?

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

## What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Upper Merion Area School District coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Upper Merion Area School District coverage, be aware that you and your dependents will not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Upper Merion Area School District and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have

Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

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

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Company changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

## For More Information About Medicare Prescription Drug Coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213, TTY 1-800-325-0778).

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

<b>Date:</b>	May 1, 2026
<b>Name of Entity/Sender:</b>	Upper Merion Area School District
<b>Contact:</b>	Employee Benefit Manager 610-205-6416