

2026-2027 Benefits Summary

Support



**Downingtown Area
School District**

Welcome to your benefits





TABLE OF CONTENTS

2026–2027 Benefits Overview	04
Benefit Highlights	05
Medical Plan	06
Additional Programs Through IBC	08
Prescription Drug Plan	09
Dental Plan	11
Vision Plan	12
Flexible Spending Account (FSA)	13
Additional Plans	14
Enrollment Checklist	15
Online Enrollment Instructions	17
Contact Information	19
Benefit Card Instructions	20
Annual Notices	21

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



2026–2027 Benefits Overview

We are pleased to offer a comprehensive benefit program. This summary is designed to provide an overview of your benefits, to help you choose the benefits that are right for you and your dependents, and to provide you information on how to enroll. As you read through the summary, please take the time to learn about the features of the plans and to learn how to use the plans that are offered.

Eligibility

All employees may enroll in the district's health benefit plans effective with their date of hire into the benefit eligible position.

Eligible Dependents

A legally married spouse as defined by PA law and children up to age 26 may enroll in the District's health benefit plans. When adding dependents, you will be required to verify dependent status by providing documentation.

New Hires or Newly Eligible

You have 31 days from the date that you are benefit eligible to make your elections. If you do not make elections during this time, you will only be enrolled into any benefit that is provided by the District at no cost to you.

Open Enrollment

Each May, the District communicates the coverage available, contributions required for the next plan year, and allows the opportunity for election changes. Election changes made during open enrollment become effective on July 1st.

Changes During the Plan Year

Changes to your benefit elections can be made during the plan year only if you experience a qualifying Life Event, which is a change in employment or family status. Elections must be made within 31 days of the event and you must submit proof of the event.

Benefit System

DASD is pleased to provide employees with an easy to use, 24/7 information source that includes a detailed overview of DASD's benefit plans, describes how to use them effectively, provides a customized statement of your benefit elections and costs, and allows you the opportunity to enroll and make updates online. You will also find regulatory notices, frequently asked questions, contact information, and forms. To access this information or to enroll online, go to www.dasd.org.

COBRA

After enrolling, you will be notified of your rights under COBRA. If your coverage ends due to loss of eligibility, you will receive information on continuing benefits through COBRA.



Benefit Highlights

The benefit programs are highlighted on the following pages. In accordance with the Section 125 Plan, contributions for health benefits are made on a pre-tax basis. Plan contributions are provided separately.

Health Benefits

Medical Plan

- Medical Coverage – Personal Choice \$20/\$30/70%
- Prescription Coverage – Prescription – \$10/\$25/\$40/30%
- Dental Coverage – Active PPO – 100%/80%/50%/\$1,500
- Vision Coverage – In-Network Only

Additional Benefits

Eligible to all employees

- Employee Assistance Program
- Telemedicine

Eligibility is dependent on applicable Compensation Plan or Collective Bargaining Agreement

- Life Insurance
- Income Protection Benefit
- Flexible Spending Account

It is important to note that:

- Eligibility for benefit plans is dependent on the applicable Compensation Plan or Collective Bargaining Agreement.

Medical Plan

INDEPENDENCE BLUE CROSS

- You do not need to select a Primary Care Physician;
- You will never need a referral; and
- You have access to IBC's extensive local and national networks.

Pre-Authorization

- Certain services require a pre-authorization:
- Personal Choice network providers will obtain pre-authorization for you, if it is required for the service provided. You are not required to obtain pre-authorization when you are treated in a Personal Choice network hospital or facility, or by a Personal Choice network doctor. Members are not responsible for financial penalties because a Personal Choice network provider does not obtain prior approval.
- If you use a provider who is a BlueCard® PPO network provider, or an out-of-network provider, you must obtain pre-authorization if required for the service or supply being provided. You may be subject to financial penalties if you do not obtain pre-authorization. Call Independence Blue Cross at the pre-authorization telephone number listed on the back of your identification card to initiate pre-authorization. There is a \$1,000 penalty for failure to pre-authorize inpatient services or treatment, and a 20% reduction in benefits for failure to pre-authorize outpatient services or treatment. Additionally, a 50% reduction in benefits may apply for failure to pre-authorize speech therapy. Pre-authorization is not a determination of eligibility or a guarantee of payment. Coverage and payment are contingent upon, among other things, the patient being eligible, i.e., actively enrolled in the health benefits plan when the pre-authorization is issued and when approved services occur. Coverage and payment are also subject to limitations, exclusions, and other specific terms of the health benefits plan that apply to the coverage request.

How to Find a Participating Provider

- Log on to www.ibx.com;
- Select "Find a Doctor" on the top right side of the screen;
- Select the "Learn More" under "Doctors, hospitals, medical equipment, and specialty services"
- Enter your location and Select "Medical" and then "Personal Choice PPO"
- Select a category from the drop down box

Helpscripts Through IBX

You have access to Helpscripts, a prescription drug management program offered through Independence Blue Cross (IBX) that helps save money on specialty medications covered under the medical benefit.

There is no cost to enroll and no impact on the member. If you are prescribed a program-approved specialty medication, you will receive information about the program from IBX.

Medical Plan

The Medical Plan is offered through Independence Blue Cross (IBC) and is PPO (Preferred Provider Organization) plans. The Independence Blue Cross Personal Choice PPO (Preferred Provider Organization) gives you the freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing your care through Personal Choice's large network of hospitals, doctors, and specialists or by accessing care through preferred providers that participate in the BlueCard PPO Program. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice Network or BlueCard PPO program. However, if you receive services from out-of-network providers you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

Downingtown Area School District PC 20/30/70	
In-Network Services	You Pay
Calendar Year Deductible (Embedded) Individual/Family	\$0/\$0
Out-of-Pocket Maximum (Embedded) Individual/Family	\$5,140/\$10,275
Coinsurance	0%
Preventive Care	No charge
Primary Care Physician (PCP) Office Visit Telemedicine Visit	\$20 \$20
Specialist Office Visit Telemedicine Visit	\$30 \$30
Urgent Care Visit	\$28
Physical/Occupational Therapy (60 visits/year)	Visits 1-30: \$20 Visits 31+: \$30
Emergency Room (copay waived if admitted)	\$40
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year)	\$150/Day; max of 5 copays per admission
Outpatient Freestanding/Hospital Based	\$150
Outpatient Diagnostics Routine/Diagnostic Advanced Imaging	\$30 \$30
Outpatient Lab and Pathology	No charge
Mental Health – Outpatient Office Visit	\$30
Mental Health – Inpatient	\$150/Day; max of 5 copays per admission
Out-of-Network Services	
Calendar Year Deductible (Embedded) Individual/Family	\$500/\$1,000
Coinsurance	30%

Additional Programs Through IBC

Fitness Program: Receive \$150 back when you complete 120 workouts at an approved fitness facility within 365 days.

Nutritional Counseling: Up to 6 free visits per calendar year with a registered dietitian.

Baby BluePrints: A maternity program that provides resources and support for a Healthy Pregnancy. For more information, call **800-598-BABY** or **800-598-2229**

Blue 365: Provides you with value-added discounts and offers on health and wellness programs and services from leading national companies.

Healthy Lifestyles: Get reimbursements for completing healthy lifestyle choices like going to the gym, starting a weight-loss journey or many more options!

Member Health Coach: Sometimes you need a little extra support when you're managing a chronic condition or more complex health situation. Call **800.ASK.BLUE** to speak with a Health Coach 24/7 (when prompted for a call reason, say "Health Coach.")

Smoking Cessation: Receive up to \$150 back when you complete an approved smoking cessation program and QUIT!

Health Profile: Take just 10 minutes to complete a free Personal Health Profile and receive individual recommendations for lifestyle changes to help live a healthier life.

Health Resources: You can read the latest articles and research on a variety of healthy lifestyle, fitness, and nutrition topics, including a library of easy, inspiring recipes.

Philly-area Fun: Take advantage of a members-only offer on Indego, Philly's bike-share program. Or show your member ID card for free skating admission at the Blue Cross River Rink. Sign up for The Wire from IBX to hear all about local events available to IBX members!

Behavioral Healthcare: Independence Blue Cross (IBX) offers behavioral health care navigation services to help our members quickly connect with quality care that meets their or their loved one's specific needs. Members should call the number on the back of their IBX ID card under Mental Health or tel:**800.688.1911** to reach our Behavioral Health Care Navigation team.

For more information, call **800.ASK.BLUE**



Prescription Drug Plan

CVS CAREMARK

Your Prescription Drug plan is offered through CVS Caremark. The designation of how drugs are classified as brand preferred, brand non-preferred formulary drugs, non-formulary drugs, compounded medications and/or specialty drugs is determined by and can be modified at the discretion of the Pharmacy Benefit Manager (PBM).

The prescription plans include the Utilization Management such as Prior Authorization and Quantity Limits, Specialty Guideline Management, Generic Step Therapy, and Advance Control Specialty Formulary or its substantial equivalent as offered by the Plan's current or successor PBM. The following are some terms that apply to the prescription benefit that you should be familiar with:

- Prior Authorization
- Step Therapy
- Drug Quantity Management

Prescription Plan	
Covered Services	You Pay
Generic (30-day supply)	\$10 Copay
Preferred Brand (30-day supply)	\$25 Copay
Non-Preferred Brand (30-day supply)	\$40 Copay
Prescription Mail Order (90-day supply)	2X Retail Copay
Specialty	\$0 Copay through PrudentRx*

*If you do not enroll in PrudentRx, your Specialty Cost will be 30%

How to Use the Plan

Register at [Caremark.com/startnow](https://www.caremark.com/startnow) or call **888.865.6590**

Short-Term Medications

Short-term medications are generally taken for a limited amount of time and have limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS Caremark retail network.

Find a participating pharmacy at
www.caremark.com

Long-Term Medications

Long-term medications are taken regularly for chronic conditions such as high blood pressure, asthma, diabetes or high cholesterol. Choose one of four easy ways to start utilizing the Maintenance Choice Program.

1. Bring your prescription to a CVS pharmacy location.
2. Fill out and send in a mail service order form – use the one included in the welcome kit or print one at <https://www.caremark.com/welcome-center.html>
3. Visit https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf
4. Call FastStart toll-free at **800.875.0867**

Prescription Drug Plan cont.

PRUDENTRX

Downingtown Area School District offers a Specialty Drug Plan to help you save money through PrudentRx!

- CVS Caremark® collaborates with PrudentRx exclusively for a program that will help save you money on your specialty prescription. This plan design includes all specialty medications on your plan's specialty drug list.
- As a result, participating members will have a \$0 out-of-pocket cost on eligible specialty medications. PrudentRx can be reached at **800.578.4403** to answer any questions about the PrudentRx solution.



A PrudentRx advocate will be able to assist you to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable. They can be contacted at 800.578.4403.

Note: Members who elect to opt-out of the program will be responsible for the full 30% coinsurance for your Specialty Medication.

Dental Plan

DELTA DENTAL

Your dental benefit is provided through Delta Dental of Pennsylvania. The plan is a Preferred Provider Organizations or PPO plan, which allows the use of in-network or out-of-network providers.

- In-network claims are paid based on Delta's negotiated fee schedule. In-network dental providers agree to accept Delta's fee as payment in full and may not balance bill the difference between their charge and Delta's fee schedule. You are charged only the patient's share, if any, any amounts over the annual maximum, and services the plan does not cover.
- For out-of-network providers, claims are paid based on Delta's negotiated fee schedule. Delta Dental will pay for service performed by an out-of-network provider. However, you are responsible for the difference between the amount paid by the insurance carrier and the amount that your non-participating dentist bills.

Dental Plan	
Covered Services	Plan Pays
Annual Maximum (January to December)	\$1,500
Preventive Care (2x per calendar year)	100%
Basic	80%
Major	50%
Orthodontia	50%
Orthodontia Lifetime Maximum	\$1,500

How to Find a Participating Provider

- Visit <https://www.deltadental.com/>
- Under 'Find a Dentist'
- Enter your Zip Code
- Select your Network – PPO
- Click on Find a dentist to search

It is often a good idea to ask your dentist to get a pre-determination of coverage before you have major work done. This will tell you if the service will be covered and how much your dental coverage will pay. It will keep you from running into an expense you did not anticipate.



Vision Plan

VISION BENEFITS OF AMERICA

Your vision benefit is provided through Vision Benefits of America (VBA).

If you are using an in-network provider, the providers will access your information through VBA's E-Claims System. You should contact VBA to determine your eligibility prior to scheduling an appointment at **800.432.4966**. Or, you can determine your eligibility by logging-onto to VBA's website at www.vbaplans.com. All of the VBA providers are capable of processing your claims electronically through VBA's E-Claims System. If you choose a VBA provider, simply make your appointment, letting them know that you have VBA coverage.

Vision Plan	
Covered Services	Plan Pays
Eye Exam	Adult: once every 24 months Dependent to age 19: once every 12 months
Lenses Standard Plastic (once every 12 months) Single Bifocal Trifocal	100%
Frames (once every 24 months)	100% Up to \$50 wholesale Allowance (approx \$100 to \$135 retail)
Contact Lenses (in lieu glasses)	\$150
Contact Lenses (medically necessary)	\$250

Note: There is no reimbursement for Out-of-Network Providers.

How to Find a Participating Provider

- Visit www.vbaplans.com
- Select 'Find a Vision Provider'
- Search by Zip Code or Provider Information
- Click 'Search'



Flexible Spending Account (FSA)

HEALTHEQUITY/WAGeworks THROUGH HORACE MANN

Benefit eligible employees have the opportunity to elect to participate in a Flexible Spending Account. DASD offers both a Healthcare Spending Account and Dependent Care Spending Account. This benefit allows you to set aside pre-tax dollars to pay for out of pocket eligible healthcare and dependent care expenses.

Healthcare FSA

Used for eligible medical expenses for you and your family—such as copays, deductibles and other out-of-pocket costs.

The maximum allowable contribution will equal the IRS contribution limit at the start of the plan year. For the 2026-2027 plan year, the maximum contribution is \$3,400.

The minimum election is \$120.

Dependent Care FSA

Used for eligible child and certain adult daycare expenses. Note: This is **NOT** a medical expense account for your dependents; it is for daycare costs for your dependent children under age 13 and certain dependent adults.

The maximum allowable contribution will equal the IRS contribution limit at the start of the plan year. For 2026-2027 the maximum contributions is \$7,500.

The minimum election is \$120.

How the Plan Works

Each pay period an equal portion of your annual election amount will be deducted from your gross pay and transferred to your FSA prior to calculating federal and state income and social security taxes. By participating in an FSA program, you will reduce your taxes while increasing your take-home pay. Please visit WageWorks online to file claims or view your account at www.wageworks.com.

Simply complete a claim reimbursement form and submit it along with all proper expense documentation (purchase receipts, EOBs, etc.) in order to be reimbursed. Upon receipt, a claims processor will review your claim and process it for payment after verifying the eligibility of all expenses and confirming receipt of all proper documentation.

OR

You can pay for your eligible expenses using your Benefit Card at participating providers' offices, drug stores and most pharmacies where credit cards are accepted, so you won't have to pay out-of-pocket or file reimbursement claim forms. Always save your receipts in the event of future requests by the FSA vendor or the IRS to verify that the purchase is valid.

Important Information:

Your flexible spending accounts should be spent by the end of your plan year. Eligible expenses must be submitted within 90 days after the end of the plan year or you will not be eligible to receive reimbursement.

Healthcare FSA – Unused funds will not be returned to you. However, a limited rollover of unused funds is permitted, up to the IRS maximum.

- **Rollover Amounts** – For the 2026-2027 plan year, the maximum rollover amount is \$680.

Dependent Care Spending – 'Use It or Lose It' – Unused funds will not be returned to you or rolled over to the following year.

Additional Plans

Eligibility is dependent on applicable Compensation Plan or Collective Bargaining Agreement

Basic Life and AD&D Insurance (provided by Sun Life)

Downingtown Area School District provides group term life insurance and accidental death and dismemberment (AD&D) coverage at no cost to you. The plan includes double indemnity for accidental death and dismemberment.

Optional Life Insurance (provided by Sun Life)

You may also purchase Optional Life Insurance as a supplement to the company paid-benefit. You pay the total cost of this benefit through payroll deduction. Evidence of Insurability is required if you do not enroll when you are first eligible, for any election over guarantee issue, and for any increase in your current coverage.

Income Protection Benefits (provided by Sun Life)

Downingtown Area School District provides you with Income Protection Insurance at no cost to you. This provides income if you are disabled and unable to work. The benefit begins on the 61st day of disability or illness or the exhaustion of your sick days, whichever is later.

Complimentary Benefits for All Employees

Employee Assistance Program (provided by Health Advocate)

Health Advocate is a free, confidential program that offers EAP+Work/Life benefits to help you address difficulties in your life by providing short term assistance with personal, family, and work issues that are having an impact on your life and ability to focus on work. In addition, it simplifies the navigation of the health care system by helping you find the right doctors, resolving billing and insurance claim issues, explaining benefit coverages, helping your parents or in-laws with the complexities of Medicare, and much more!

Email: answers@healthadvocate.com

Web: healthadvocate.com/dasd

Health Advocate now requires a code from DASD employees: **SL97WAP**.

Call: **866.799.2728**

Telemedicine (provided by Revive Health)

The Telemedicine benefit through Revive Health is now offered to all Downingtown Area School District employees at no additional cost to you. The telemedicine benefit allows for consultations with U.S. board-certified doctors over the phone or Internet, from your home, office, or on the road. These physicians can diagnose, recommend treatment, and submit prescriptions to your pharmacy of choice.

Web: <https://www.revive.health/>

Revive Health requires a code from DASD employees: **DOWNINGTOWN17**

Call: **888.220.6650**

Enrollment Checklist

- ☒ Log-on to the Benefit Enrollment System using the Enrollment Instructions provided.
- ☒ Carefully review all of your benefit options under the Health Benefits and Other Benefits section. You will also find benefit information under the QuickLinks section.
- ☒ Under Using My Benefits, you will find valuable information including Frequently Asked Questions, Regulatory Notices, Plan Documents, and Vendor contact information.
- ☒ When you begin your enrollment, you should have complete and accurate information for yourself, your dependents, and your beneficiaries, including dates of birth and social security numbers.
- ☒ After enrolling, print out confirmation statement or save it.
- ☒ If you purchased Optional Life Insurance, complete the Evidence of Insurability form online, if required.
- ☒ If you added dependents to your plan, submit dependent verification documentation.



To verify an eligible spouse you must provide 2 forms of documentation:

1. Return a photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been properly recorded with the County and/or State. A church ceremony document will not be acceptable if it does not meet these requirements.
2. Please choose from the list below:
 - 1st page of your recent Federal Tax Return (Please hide or delete personal financial information and SS# on the copy you provide to us)
 - Joint mortgage statement (dated within the last 6 months)
 - Joint bank statement (dated within the last 6 months)
 - Joint rental/lease agreement
 - Joint property tax statement (dated within the last 6 months)
 - Joint auto insurance statement (dated within the last 6 months)

Child Eligibility: Dependent children up to age 26 may enroll in the District's health plans.

To verify a dependent child please provide 1 form of documentation:

1. To verify a natural or adopted child, or stepchild: Return a legible photocopy of an acceptable birth certificate that shows your name or the name of your enrolled spouse or partner as the parent of the child. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies and/or stamped by a member of the court, or you may send a paternity test. If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.
2. To verify legal custody status: Please send a copy of the court document that assigned this dependent into your legal custody. This document must be either signed and/or stamped by a member of the court and show the date of action.

Should you have any questions regarding this notice or your benefit options, please submit a ticket to the HR Service Desk.



Online Enrollment Instructions

1 Log on



Go to www.dasd.org > Classlink > Benefitfocus

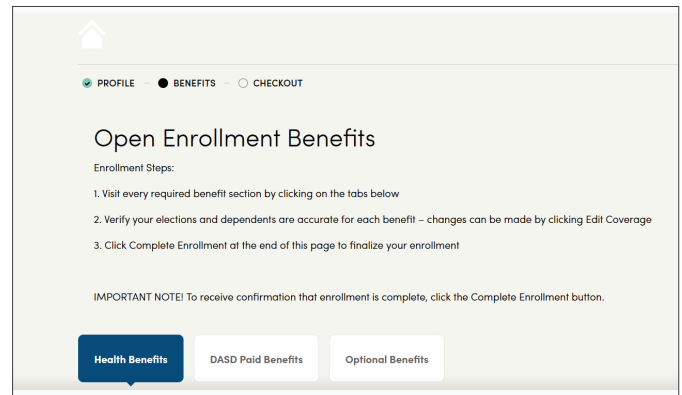


4 Review Your Elections



Review Your Elections

Navigate to each tab to review benefit elections.



2 Review Information



Click on any topic on the header bar or in the *Quick Links* section. Once you are ready to begin your enrollment, click on *Enroll Now* in the green box and you will be directed to Benefit Focus to enroll in benefits.

3 Begin Enrolling



Under your name, where it says "Welcome Back", click on the *Begin Open Enrollment* button on the banner to navigate to the first step of the enrollment process. The system will now guide you through making your elections.

Welcome to Open Enrollment @ DASD!

Open Enrollment is the time when all benefit eligible employees have the opportunity to make benefit elections. Even if you currently participate in a DASD plan and are not making any changes, you are encouraged to complete the Open Enrollment process for the 2026-2027 plan year. This is the only opportunity you'll have to make changes unless you experience a qualifying life event during the year, provided that your change request is made within 31 days of the event.

Open Enrollment ends on May 31, 2026, for benefit elections to go into effect for July 1, 2026. These elections will be effective for the full plan year from July 1, 2026, through June 30, 2027.

Click the Get Started button to begin!

Show less

[Get started >](#)

Welcome back

37
DAYS LEFT TO
ELECT BENEFITS

Begin open
enrollment

2
TO DO ITEMS

View to do list

11
ACTIVE BENEFITS

View benefits



Begin open
enrollment



Change your
current benefits



Print your benefits



Manage your
beneficiaries



Create dependent
profile

5 Add Dependents if Necessary



Add Dependents if Necessary

As you progress through your enrollment, you will be given the opportunity to add your dependent information. You will also be able to do this during the election process. If you add a dependent, you will need to upload your dependent verification documentation later in the process.



Enrollment Instructions continued on next page ➤

Online Enrollment Instructions cont.

IMPORTANT: The system will require you to take an action on all benefits, such as Medical Spending, Dependent Day Care Spending, Life Insurance Beneficiaries, Optional Life, etc. in order to complete your Enrollment.

6

Confirm and Submit



After you have reviewed/edited all necessary benefit elections, you will then need to select the *Confirm Your Benefits* button on the bottom of the page to confirm and submit your benefit elections.

Confirm your benefits

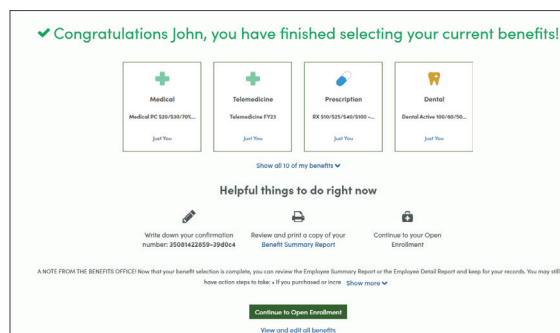
Cancel and return home

7

View, Save and Print



After you select Confirm Benefits button you will be taken to the benefit summary homepage and presented a confirmation message. You are now able to view, save, and print the Benefit Summary Report using the link provided to see all benefits you have elected.



8

Complete Dependent Verification



Once you have successfully enrolled, you may still need to take action.

If you added a dependent, you must submit your required dependent verification in order for your dependent to have coverage. The dependent will not have coverage until documentation is received and verified.

Please submit your dependent verification through the Document Manager within 31 days; i.e. – marriage license, birth certificate, etc.

- **You can only attach one document for each person.** If you have multiple pages such as a marriage license and a second form of documentation, then they must be attached as ONE document that has TWO pages.

If you elect more than the Guarantee Issue Optional Life Insurance, then you must submit your Evidence of Insurability within 31 days application and receive approval in order to receive the elected coverage.

Should you have any questions regarding your benefit options, please submit a ticket to the HR Service Desk.

Contact Information

Plan	Carrier	Phone	Website
Medical Personal Choice Claims P.O. Box 890016 Camp Hill, PA 17089	Personal Choice IBC	800.626.8144 215.557.7577	www.ibx.com
	Pre-certification	800.227.3116 215.241.2100	
	Personal Choice Network	800.ASK.BLUE	
Prescription CVS Caremark Claims P.O. Box 52136 Phoenix, AZ 85072-2136	CVS Caremark	888.865.6590	www.caremark.com
Prescription – Specialty PrudentRx	PrudentRx	800.578.4403	www.prudentrx.com
Dental Dental Claims One Delta Drive Mechanicsburg, PA 17055	Delta Dental Group Number: 0449	800.932.0783	www.deltadental.com
Vision 300 Weyman Plaza Pittsburgh, PA 15236-1588	Vision Benefits of America	800.432.4966	www.vbaplans.com
Flexible Spending Accounts (FSA) FSA Claims Administrator P.O. Box 14053 Lexington, KY 40512	Wageworks/Health Equity	877.924.3967	www.wageworks.com
Life Insurance and AD&D One Sun Life Executive Park Wellesley Hills, MA 02481	Sun Life	800.247.6875	www.sunlife.com/us
Income Protection One Sun Life Executive Park Wellesley Hills, MA 02481	Sun Life	800.247.6875	www.sunlife.com/us
Retirement P.O. Box 125 Harrisburg, PA 17108-0125	PSERS	888.773.7748	https://www.psers.pa.gov/Pages/default.aspx
Telemedicine	Revive Health	877.999.7943	https://revivetelehealth.com/ Code DASD employees: DOWNINGTOWN17
Employee Assistance Program (EAP) 835 Springdale Dr. Suite 100 Exton, PA 19341	Health Advocate	866.799.2728	www.healthadvocate.com Code DASD employees: SLg7WAP

Benefit Card Instructions

Once benefit changes/elections are made, benefits cards are sent directly by the vendors within 10 business days after being loaded into the vendor's enrollment system. The following are instructions for accessing benefit cards by downloading the vendor app to your smartphone, obtaining temporary ID cards, or for requesting new ID cards.

Medical – IBC

WEBSITE

Step 1 – Go to www.ibx.com to access ibxpress.com.

Step 2 – If you are a new user, you will need to click on the 'Log In or Register' box on the top right side of the screen. Then, you will click on 'Register'. You will be asked to establish a user name and password.

Step 3 – Once you have established your user name and password, you will enter that information on the 'Log In or Register' box on the top right side of the screen.

Step 4 – After you log in, click on 'View/Share ID Card' in the middle of the page. You will then see a picture of your ID card.

Step 5 – Select 'Print' if you want to print a copy to use as a temporary ID card.

Step 6 – Select 'Order a New Card' if you want a new card mailed to your home address.

PHONE

You can call IBC at **800.ASK.BLUE** to request a new card.

APP

You can access your benefit card on your smartphone by...

- Download the IBX app.
- You should use your ibxpress.com username and password, if you are already registered online. If you have not already registered online, you will need to register the first time you use the App.
- Once you have your username and password, log in to your account on the App.
- Your ID card can be found by tapping the 'Doctor's Visit Assistant' and then 'View ID Cards'.

Prescription – CVS Caremark

WEBSITE

Step 1 – Go to www.caremark.com and go to 'Member Sign In' in the top right side of screen.

Step 2 – If you are a first time user, you will need to click on 'Register Now' and complete the account set-up process. If you do not know your Benefit ID Number you will need a prescription number or member ID.

Step 3 – Once you have established your user name and password, you will enter that information on the 'Member Sign In' box on the top right side of the screen.

Step 4 – After you log in, click on 'Plan & Benefits' in the black header bar. Then, select 'Print Member ID Card' in the drop down menu.

Step 5 – When you see the picture of your ID Card, you can click on 'Print an ID Card' in the red box.

- Note: ID Cards are printed in the employees name only.

PHONE

You can give CVS/Caremark a call at **888.865.6590** to request a replacement card be sent.

APP

You can access your benefit card on your smartphone by...

- Download the CVS Caremark app.
- If you already registered for CVS/caremark online, you should use your established CVS/caremark username and password. If you have not already registered, you will need to register the first time you use the App.
- Once you have your username and password, log in to your account on the App.
- Your ID card can be found by tapping 'View I.D. Card'.
- Visit 'Assistant' and then 'View ID Cards'.

Dental – Delta

WEBSITE

Step 1 – Go to www.deltadentalins.com and to the 'Online Services' box on the top right side of the screen.

Step 2 – If you are a new user, choose 'Create an Account' and complete the Enrollee Registration. For the enrollee ID, you can use your Social Security Number.

Step 3 – Once you register, you will enter that information in the 'Online Services' box on the top right side of the screen to log-in.

Step 4 – After you are logged in, choose 'Benefits'.

Step 5 – Choose 'Print ID Card' on the left side of the screen or 'Home Page'.

Step 6 – Review the ID card that comes up and if all is correct, select 'Print'.

PHONE

You can call Delta at **800.932.0783** to request a replacement card be sent to you.

APP

You can access your benefit card on your smartphone by...

- Download Delta Dental Plans Association from the App Store or Google Play.
- You will need to register the first time you use the App.
- Once you have registered and created a username and password, log into your account on the App.
- Your ID card can be found on the 'Home' screen.

Vision Benefits (VBA) does not provide a Benefit Card.

- If you are using an in-network provider, the providers will access your information through VBA's E-Claims System. You should simply make your appointment and let the provider know that you have VBA coverage.



Annual Notices

AVAILABILITY OF SUMMARY HEALTH INFORMATION

You are offered a series of health plan options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about each health plan option in a standard format, to help you compare plans. You may access the SBCs by logging onto the Benefit System. A paper copy is also available, free of charge, by contacting the Benefits Office, at benefits@dasd.org.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request

enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). 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 dependents. However, you must enroll within 31 days of marriage, birth, adoption, or placement for adoption. As of April 1, 2009 special enrollment rights also may exist in the following circumstance:

- If you or your dependents experience a loss of eligibility for Medicaid or a State Children's Health Insurance Program (SCHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a SCHIP program with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance. To request special enrollment or obtain more information, contact the Benefits Office at benefits@dasd.org.

SECTION 125 PLAN

The Pretax Premium Feature allows you to pay any required healthcare benefit premium payments you must make using “tax-favored” or pretax dollars. Your contributions will automatically be withheld from your pay on a pretax basis. Your cost for healthcare plan elections will be deducted from your gross pay, before any federal, Social Security, and most state and local taxes are withheld.

CHANGING YOUR ELECTIONS

The benefits you elect during the enrollment period will remain in effect through June 30, 2027. During the year, you can make certain changes only if you have a Qualifying Change in Status or a Special Enrollment Event. If you wish to change your coverage, you must submit the appropriate form. Any benefit changes must be made no later than 30 days after the event and must be consistent with the Qualifying Change in Status or Special Enrollment Event.

A Qualifying Change in Status includes a change in:

- Employee's legal marital status
- Number of employee's dependents
- Employment status of employee, employee's spouse or dependent that causes the individual to become or cease to be eligible.
- Judgment, decree or court order for coverage of children
- Medicare/Medicaid eligibility
- Residence or worksite of employee, employee's spouse or dependent.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

The provider of our group health plan coverage reports that they have always provided coverage for these services and will continue to do so in consultation with the attending physician and the patient. Any deductibles or coinsurance will apply consistent with other benefits in your plan will apply consistent with other benefits in your plan.

MICHELLE'S LAW

Enacted in 2008, Michelle's Law requires health insurance plans that cover dependent students to continue coverage for up to 12 months if the student takes a medically necessary leave of absence.

- The dependent must have been covered under the plan before taking a leave of absence.
- Applies to employer-sponsored health plans that require dependents to be a student to be eligible for coverage over a certain age.
- Cost of coverage for the employee cannot be changed during this 12-month period.
- Notification requirements and timelines can vary by plan (i.e. The student or representative has 90 days to submit required documentation that establishes eligibility for continued coverage)
- At any point over the 12-month coverage period, if the dependent is no longer considered a student their status on the plan cannot be revoked until after the coverage period.

A plan that considers a dependent ineligible at a certain age is in compliance with Michelle's Law.

PROTECTION DISCLOSURE – SELECTING YOUR PRIMARY CARE PROVIDER

The Independence (IBX) plan does not require the designation of a primary care provider. You have the right to see any primary care provider who participates in the network and who is available to you and your family. You do not need prior authorization from IBX or from any other person (including a primary care provider) in order to obtain access to obstetric or gynecological care from a health care professional in the IBX network or one that 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, please visit [IBX.com](https://www.ibx.com).

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1.877.696.6775**, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Date:	05/01/2026
Name of Entity/Sender:	Downingtown Area School District
Contact:	Benefits Office
Address:	540 Trestle Place Downingtown, PA 19335
Phone Number:	610.269.8460

NOTICE OF CREDITABLE COVERAGE

Important Notice from DASD About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or 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.
2. DASD has determined that the prescription drug coverage offered by the medical plan 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 DASD coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current DASD 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 DASD 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 October 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 DASD 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.
- 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 800.MEDICARE ([800.633.4227](tel:800.633.4227)). TTY users should call [877.486.2048](tel: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, or call them at [800.772.1213](tel:800.772.1213) (TTY [800.325.0778](tel:800.325.0778)).

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

Date: 05/01/2026
Name of Entity/Sender: Downingtown Area School District
Contact: Benefits Office
Address: 540 Trestle Place
Downingtown, PA 19335
Phone Number: [610.269.8460](tel:610.269.8460)

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in 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 **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in 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, 2026. Contact your state for more information on eligibility.

ALABAMA – Medicaid

<http://myalhipp.com>
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado's Medicaid Program)
<https://www.healthfirstcolorado.com>
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
<https://hcpf.colorado.gov/child-health-plan-plus>
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.mycohibi.com/>
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678.564.1162, Press 1
GACHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678.564.1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
<https://www.in.gov/medicaid/> | 800.457.4584
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/> | 800.403.0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
800.338.8366
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
800.257.8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
888.346.9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855.459.6328 | KIHIPPPROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov> | 877.524.4718
Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Medicaid: www.ldh.la.gov/healthy-louisiana
Customer Service Line: 888.342.6207
Medicaid Email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP):
<https://www.ldh.la.gov/lahipp>
LaHIPP Phone: 877.697.6703 | LaHIPP Email: La.HIPP@la.gov
LaHIPP Fax: 888.716.9787
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000
Tucker, GA 30084

MAINE – Medicaid

Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium:
<https://www.maine.gov/dhhs/ofi/applications-forms>
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
800.657.3672

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573.751.2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
800.694.3084 | Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

<http://dhcfp.nv.gov>
800.992.0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
800.356.1561
CHIP: <http://www.njfamilycare.org/index.html>
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

<https://dma.ncdhhs.gov>
919.855.4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
844.854.4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888.365.3742

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
800.699.9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
800.692.7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
888.549.0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888.828.0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
<https://medicaid.utah.gov/upp/> | Email: upp@utah.gov | 888.222.2542
Adult Expansion: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>
CHIP: <https://chip.utah.gov/>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
800.250.8427

VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid and Chip: 800.432.5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
800.562.3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid: 304.558.1700
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800.362.3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
800.251.1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Notes



This benefits guide prepared by



Gallagher

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