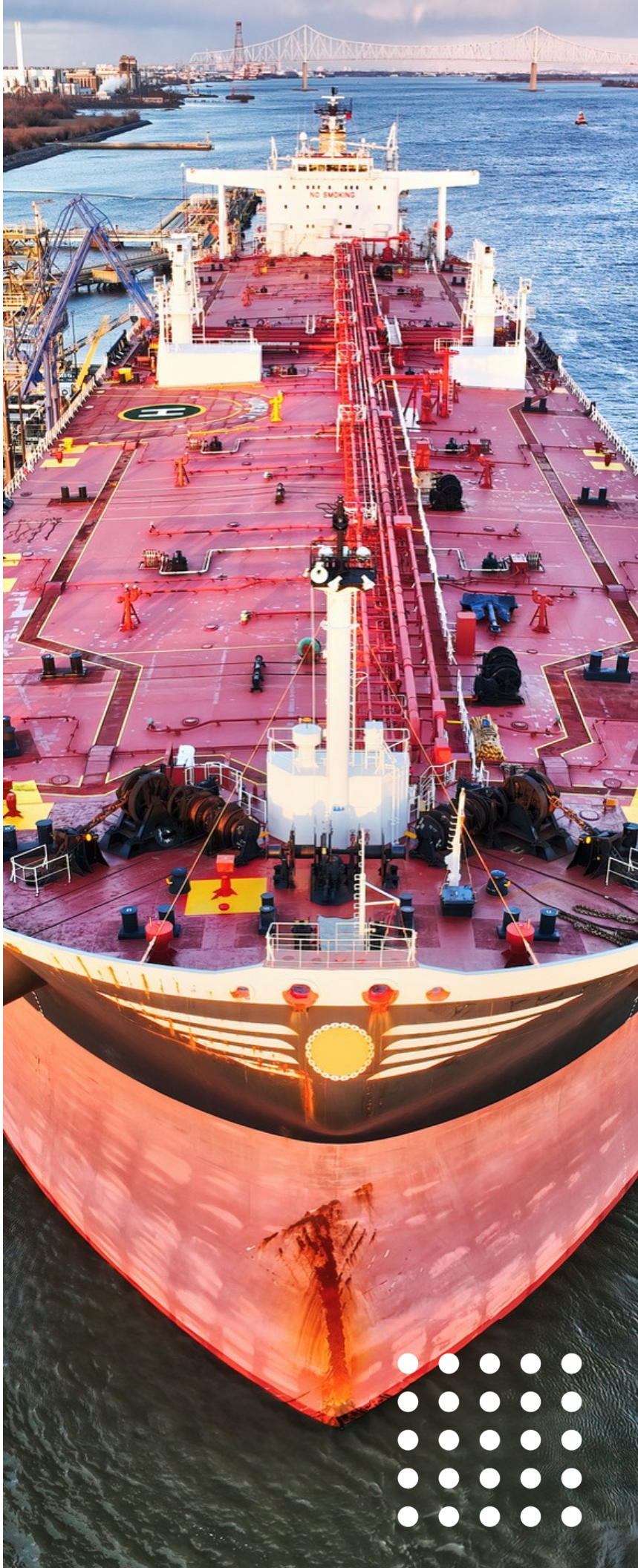
# 2025

# OPEN ENROLLMENT GUIDE

Pilot's Association for the Bay and River Delaware offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



## Questions?

If you have questions about your benefits, please contact **Katherine Kwon**.

**NOTE: The Medicare Part D Creditable Coverage Notice is located on page 21 of this guide.**

## Inside This Guide

# ELIGIBILITY & ENROLLMENT INFORMATION

OPEN ENROLLMENT IS
**October 28 – November 8, 2024**

**CLCK HERE** or scan the QR code for more information!

## When Does Coverage Begin?

For employees, benefits are effective the 1st of the month following date of hire. You must elect benefits within 30 days after your date of hire. If you do not enroll within 30 days, you will not be eligible for benefits until the next Annual Open Enrollment period, unless you experience a Qualifying Life Event (see Making Plan Changes for more information).

## Who is Eligible to Elect Benefits?

All full-time employees are eligible for coverage under The Pilots' Association benefits beginning the 1st of the month following date of hire.

Please remember that only eligible dependents can be enrolled. **Eligible dependents include:**

- Your spouse or domestic partner
- Your and/or your domestic partner's child(ren)* up to age 26
- Your disabled children up to any age (if disabled prior to age 19)

** Child(ren) includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship.*

## About Domestic Partner Coverage

You can enroll your same-sex or opposite-sex domestic partner and his or her dependents for coverage. To enroll, you will be required to submit a **Declaration of Domestic Partnership Form**.

## How to Enroll

If you will be making any changes to your benefits, such as adding, changing, cancelling, or adding/dropping dependents or you have decided to opt-in or out of our group medical insurance, you will need to let Katherine Kwon know by **November 8, 2024**.

**Please Note:** Some benefit elections may require the completion and return of additional forms to Human Resources.

## Making Plan Changes During the Year

Unless you have a qualified life event, you cannot make changes to the benefits you elect until the next Open Enrollment period.

**Qualified Life Events Include:** Marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, or other qualified dependent, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

**All change requests must be received by Human Resources within 30 days** of experiencing a qualifying life event or the change may not be made until the next Open Enrollment period.

# MEDICAL & PRESCRIPTION BENEFITS

## IBC

**Below is a summary of the medical plans available to you, effective January 1, 2025. You may request a full explanation of the benefits from Katherine Kwon.**

| | PPO 3000/30-60 | |
|---|---|---|
| **BENEFITS** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Deductible**<br>Individual/Family | $3,000 / $6,000 | $5,000 / $10,000 |
| **Coinsurance** | 0% | 50% |
| **Out-of-Pocket Maximum** Individual/Family | $6,750 / $13,500 | $10,000 / $20,000 |
| **Lifetime Maximum** | Unlimited | |
| **Preventive Care Services** | No charge (NO deductible) | 50% (NO deductible) |
| **Preventive Colonoscopy**<br>Preventive Plus Provider<br>Hospital Based | <br>No charge (NO deductible)<br>$750 copay, NO deductible | <br>Not Covered<br>50%, NO deductible |
| **PCP Office Visit** | $30 copay* | Plan pays 50%* |
| **Specialist Office Visit** | $60 copay* | Plan pays 50%* |
| **Telemedicine** | No Charge* | Not Covered |
| **Diagnostic Laboratory** | $60 copay* | Plan pays 50%* |
| **Diagnostic X-Ray/Imaging**<br>(MRI, CT-Scan) | $60 copay* | Plan pays 50%* |
| **Emergency Room** | $300 copay* (copay not waived if admitted) | |
| **Urgent Care Center** | $100 copay* | Plan pays 50%* |
| **Inpatient Hospital** | $500 copay/day*; max 5 copays per admission | Plan pays 50%* |
| **Outpatient Surgery** | $500 copay* | Plan pays 50%* |
| **Outpatient Therapy Services** | $60 copay* | Plan pays 50%* |
| **Biotech/Specialty Injectables**<br>Home/Office<br>Outpatient | <br>$150 copay*<br>$300 copay* | <br>Plan pays 50%*<br>Plan pays 50%* |
| **Maternity Care**<br>Physician Fee | $0 copay* | Plan pays 50%* |
| **RETAIL PRESCRIPTION BENEFITS** (UP TO A 30-DAY SUPPLY) | | |
| **Generic** | $3 / $20 copay* | Plan pays 50%* |
| **Formulary Brand** | $40 copay* | Plan pays 50%* |
| **Non-Formulary Brand** | $70 copay* | Plan pays 50%* |
| **Specialty Drugs** | 50% up to $500* | Not Covered |
| **MAIL-ORDER PRESCRIPTION BENEFITS** (UP TO A 90-DAY SUPPLY) | | |
| **Generic** | $6 / $40 copay* | Not Covered |
| **Formulary Brand** | $80 copay* | Not Covered |
| **Non-Formulary Brand** | $140 copay* | Not Covered |
| **Specialty Drugs** | N/A | Not Covered |

*** After Deductible**

# HEALTH REIMBURSEMENT ACCOUNT (HRA)

## AMERIFLEX

Pilots' Association for the Bay and River Delaware will contribute to the AmeriFlex Health Reimbursement Account (HRA) to help pay for employee and eligible dependents' Independence Blue Cross (IBC) medical deductible expenses.

Pilots' will reimburse the **single $3,000** and **family $6,000** in-network deductible.

The HRA/Debit Card is **ONLY** for expenses applied to your IBC deductible.

- For medical prescriptions you will use your AmeriFlex debit card at the point of sale, either at the retail pharmacy or for mail-order prescriptions.
- For in-network medical procedures and services your provider will bill IBC.
- Please **DO NOT** pay the provider at the time of your visit.
- Please wait until your receive the Explanation of Benefits (EOB) in the mail from IBC to pay the provider, as you should only use the HRA card to pay for the amount applied to your 2023 in-network deductible.
- **The HRA account resets on January 1, 2025**
- **For 2025 ONLY** use your debit card for medical expenses with dates of services on or after January 1, 2025.
- When/if you receive bills in January and/or February for expenses with a date of service in 2024, you **MUST** submit a paper AmeriFlex Claim Form to be reimbursed.
- You have until March 31, 2025 to submit any medical expenses using the AmeriFlex Claim Form.
- The HRA/Debit card should **NOT** be used for any other expenses.

# NEW MEMBER ID CARD AND NUMBER

## INDEPENDENCE BLUE CROSS (IBX)

## IMPORTANT! Use Your New Member ID Card

**Your organization's Independence Blue Cross (IBX) coverage is entering a new plan year, so you will receive a new member ID card. And this year, your member ID number is new, too!**

### New Member ID Numbers for You and Your Family

When you receive your card, it will display your new member ID number. If you have covered family members, you will see that their cards each have new—and different—numbers, as well.

The numbers all have the same first 8 digits, then the last two are based on their relation to you, as shown here.

| MEMBER TYPE | MEMBER ID |
|---|---|
| Self/Subscriber | 1234567800 |
| Spouse | 1234567801 |
| Dependent | 1234567802 |

### You Must Present the New Card(s) When You Visit Providers or Fill Prescriptions

You will need to present the new card(s) the first time you visit any and all doctors and specialists, or fill a prescription; basically, whenever you use it for the first time in any of these situations. If you don't, the claim will not be processed, and you will be required to file an appeal to have the service covered.

### You Can Always Access Your Member ID Card(s) Digitally

We recommend that you and your adult family members remove your old cards from your wallets and replace them with the new cards right away. However, if you forget, you can access a visial of the card—and the new ID numbers—digitally.

- **Online:** When you log into your member account at **www.ibx.com**, click the *View ID Cards* button on the left side of your home page. Use the drop-down menu at the top of the page to see each dependent's digital member ID card.
- **On Your Smartphone:** If you haven't already, download the IBX mobile app on your iPhone or Android smartphone, and log in using the same username and password you use for your member account at **www.ibx.com**. The home screen will show your active plan. Click *Select to View*, then scroll down and click *View My ID Cards*. And you can use the drop-down menu to view the ID cards of any dependents on your plan.

# TELEHEALTH

## TELADOC

### Teladoc General Medical

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. Using Teladoc General Medical is quick and convenient. Features include:

- Access to one of the largest virtual care networks in the country, with board-certified doctors who are available by phone, web, or the Teladoc award-winning mobile app
- Interpreters who know your language, including American Sign Language (ASL)
- Prescriptions requests sent to your pharmacy of choice
- A caregiving option, which allows a babysitter to schedule a visit on your behalf if your child gets sick while in their care

### Teladoc Dermatology

Teladoc Dermatology gives you access to board-certified dermatologist anywhere you are. Whether you have a question about a recent skin change or need help managing a chronic skin conditions like acne, rosacea, or psoriasis, Teladoc Dermatology can help. Using Teladoc Dermatology is quick and convenient. You get access to:

- A network of board-certified dermatologists
- A online message center where you can connect with your dermatologist
- A personalized treatment plan with follow-up care

### Teladoc Mental Health

Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more. Using Teladoc Mental Health Care is easy. You can:

- Find a board-certified psychiatrist, psychologist, or therapist that meets your needs
- Schedule a virtual visit by phone or video at a time that's best for you to connect
- Get ongoing support from your mental health care provider

### TELADOC COST BY PLAN

| | HSA PLAN |
|---|---|
| **Telemedicine** | $0 copay after deductible |
| **Teledermatology** | $0 copay after deductible |
| **Telebehavioral Health** | $0 copay after deductible |

### To Contact Teladoc

- Call **800.835.2362**
- Visit **www.tealdochealth.com**
- **Download the Teladoc mobile app**

# DIABETES & HYPERTENSION MANAGEMENT

## TELADOC

### High Blood Pressure Management, Your Way

**Get an advanced blood pressure monitor and personalized support - all at no cost to you.** If you have high blood pressure, you know it's important to manage it to stay healthy. But sometimes, it can be challenging.

With Teladoc Health, you can get the extra help you need, with real-time tools that work for you, including:

- Advanced blood pressure monitor
- Personalized insights
- Live one-on-one coaching
- Easy-to-use app and dashboard
- Guidance to develop healthy habits

### Diabetes Management, Your Way

**Get an advanced blood glucose mete, strips and lancets, and support - all at no cost to you. If** you have diabetes, you know how important it is to regularly monitor your blood sugar. Sometimes, it can be helpful to have extra support.

Teladoc health offers real-time tools and guidance that can make it easier to stay on track, such as:

- Personalized tips with each blood sugar check
- Real-time, one-on-one live support when you're out of range
- Strip re-ordering right from your meter
- Optional alerts to notify emergency contacts
- Health Summary Reports that can be sent from your meter to anyone you choose
- Automatic uploads instead of paper logbooks

To get started and enroll in either program, visit **www.teladochealth.com/register/INDEPENDENCE** or call **800.835.2362** and use the registration code **INDEPENDENCE**.

# DENTAL BENEFITS

## UNUM

**Good dental care is key to your overall health and wellness. Reimbursement for dental services is based on your choice of In-Network and Out-of-Network providers and the usual customary and reasonable (UCR) charges in your local area.**

| | UNUM PPO PLAN | |
|---|---|---|
| **BENEFITS** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Calendar Year Deductible** | $50 per person<br>$150 per family | $50 per person<br>$150 per family |
| **Annual Calendar Year Maximum** | $2,500 per person | $2,500 per person |
| **Preventive Services**<br>Exams, cleanings, fluoride treatments, sealants, X-rays | Plan pays 100%NO deductible | Plan pays 100%NO deductible |
| **Basic Services**<br>Fillings, extractions, root canals, oral surgery | Plan pays 90% | Plan pays 80% |
| **Major Services**<br>Crowns, dentures | Plan pays 60% | Plan pays 50% |
| **Orthodontia Benefits** | Plan pays 50% | Plan pays 50% |
| **Orthodontia Lifetime Maximum** | $1,500 per dependent under age 19 | $1,500 per dependent under age 19 |

* Out-of-network claims are paid at the UCR. Providers may balance bill.

**Dental hygiene and oral health are directly linked to health in other areas of the body. Most people recognize the importance of maintaining good physical health, and having regular physical examinations, but we rarely extend the same consideration to our teeth. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can actually help prevent heart disease.**

# VISION BENEFITS

## EYEMED

**Routine eye exams are important for maintaining good vision, and can also provide early warning of other health conditions. The vision plan, administered by EYEMED, provides coverage for exams, glasses, and contact lenses, as outlined below.**

| | EYEMED VISION PLAN | |
|---|---|---|
| **BENEFITS** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Eye Exam** | $0 copay | Reimbursed up to $40 |
| **Frames*** | $0 copay; $150 allowance; 20% off balance over $150 | Reimbursed up to $105 |
| **Lenses*** | | |
| Single Vision | $0 copay | Reimbursed up to $30 |
| Bifocal | $0 copay | Reimbursed up to $50 |
| Trifocal | $0 copay | Reimbursed up to $70 |
| Standard Progressive | $55 copay | Reimbursed up to $50 |
| **Contact Lenses** | $0 copay; $150 allowance; 15% off balance over $150 | Reimbursed up to $105 |
| **Frequency** | | |
| Exam | Once every 12 months | |
| Frames | Once every 24 months | |
| Lenses | Once every 12 months | |

# 2025 EMPLOYEE CONTRIBUTIONS

## MONTHLY

Below are your **monthly** contributions for Medical, Prescription, Dental and Vision benefits, effective January 1, 2025.

### MEDICAL & PRESCRIPTION DRUG RATES

| SALARY BAND | TIER | IBC PPO 3,000 / 30-60 PLAN |
|---|---|---|
| Under $49,999 | Employee Only | $157.69 |
| | Employee + Spouse | $362.83 |
| | Employee + Child | $281.16 |
| | Employee + Children | $281.16 |
| | Employee + Family | $462.65 |
| $50,000 to $99,999 | Employee Only | $176.60 |
| | Employee + Spouse | $406.38 |
| | Employee + Child | $314.89 |
| | Employee + Children | $314.89 |
| | Employee + Family | $518.17 |
| Over $100,000 | Employee Only | $189.22 |
| | Employee + Spouse | $435.40 |
| | Employee + Child | $337.38 |
| | Employee + Children | $337.38 |
| | Employee + Family | $555.17 |

### UNUM DENTAL RATES

| TIER | UNUM DENTAL PLAN |
|---|---|
| Employee Only | $8.92 |
| Employee + Spouse | $23.54 |
| Employee + Child | $23.54 |
| Employee + Children | $23.54 |
| Employee + Family | $23.54 |

### VISION RATES

| TIER | EYEMED VISION PLAN |
|---|---|
| Employee Only | $7.64 |
| Employee + Spouse | $14.52 |
| Employee + Child | $15.28 |
| Employee + Children | $15.28 |
| Employee + Family | $22.46 |

# OPTIONAL LIFE INSURANCE

## UNUM

**Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment, and children's education expenses.**

You have the opportunity to purchase Optional Life Insurance for you, your spouse, and dependent children. If you ever leave the company this coverage is portable and can be taken with you. **Employees pay 100% of the cost of this benefit.**

If you elect to not enroll within 30 days of your eligibility, you will still be able to purchase coverage in the future, however, all amounts elected will be subject to the Evidence of Insurability (EOI) provision. At that time, if your EOI is not satisfactory to Unum, you will not have Optional Life coverage.

**NOTE:** To enroll in optional spouse life and/or optional child life, you must be enrolled in optional employee life.

| OPTIONAL LIFE AVAILABLE COVERAGE | |
|---|---|
| **Employee** | Lesser of 5 times your base annual earnings or $500,000 (increments of $10,000) |
| **Spouse/Domestic Partner** | $5,000 to $500,000 (increments of $5,000); not to exceed 100% of Employee Life amount elected |
| **Child (To age 19 or 26 if a full-time student)** | $1,000 to $10,000 (increments of $1,000); not to exceed 100% of Employee Life Amount elected |

**Please Note: After initial enrollment, Evidence of Insurability (EOI) will be required.**

| AGE | EMPLOYEE MONTHLY RATE PER $10,000 OF COVERAGE | SPOUSE MONTHLY RATE PER $5,000 OF COVERAGE |
|---|---|---|
| **15-24** | $0.670 | $0.335 |
| **25-29** | $0.670 | $0.335 |
| **30-34** | $0.860 | $0.430 |
| **35-39** | $1.040 | $0.520 |
| **40-44** | $1.320 | $0.660 |
| **45-49** | $2.050 | $1.025 |
| **50-54** | $3.400 | $1.700 |
| **55-59** | $5.770 | $2.885 |
| **60-64** | $8.670 | $4.335 |
| **65-69** | $13.930 | $6.965 |
| **70-74** | $26.340 | $13.170 |
| **75+** | $26.344 | $13.170 |

### Naming Your Beneficiary(ies)

The proceeds from a life insurance policy are distributed upon your death to your chosen beneficiary (ies). A life insurance beneficiary can be an individual, your estate or an organization. It is strongly recommended that you designate your beneficiary(ies) to be sure the appropriate individual(s) receive the proceeds from your Life/AD&D benefit.

In addition, it is important to remember to review and update your Life/AD&D beneficiary information with every qualifying life event such as a marriage, divorce, birth of a child, or death of beneficiary.

To name or update your Life/AD&D beneficiary information, please contact Human Resources.

# LIFE/AD&D AND DISABILITY INSURANCE

## UNUM

**Full-time employees are eligible to receive Basic Life/AD&D, Short-Term Disability *(Non-Union Employees ONLY)*, and Long-Term Disability (LTD) through Unum. These benefits are paid 100% by The Pilots' Association for the Bay and River Delaware.**

### Life and AD&D Insurance

Pilots' Association for the Bay and River Delaware provides you with Basic Life Insurance and Accidental Death and Dismemberment (AD&D) coverage in the amount of a flat $100,000, at no cost to you. The amount reduces to 65% at age 65, and 50% at age 70.

In the event of a claim, your beneficiary will be entitled to receive the lump sum dollar amount from this policy. Your beneficiary is the person (or entity) you choose who will receive the death benefit from your policy in the event of a claim. ***You should confirm your beneficiary information is updated as circumstances change.***

### Short-Term Disability (STD)

Eligible ***(Non-Union Employees)*** may receive Short-Term Disability benefits in the event you are unable to work for more than seven (7) consecutive days due to a covered illness or injury. The benefit is equal to 60% of your pre-disability weekly earnings up to $1,000. This employer-paid Short-Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 25 weeks.

### Long-Term Disability (LTD)

Eligible employees may receive Long-Term Disability benefits when your qualified disability keeps you out of work for more than 25 weeks. While on LTD, you may receive up to 60% of your monthly salary, up to a maximum of $5,000 per month to Social Security Normal Retirement Age (SSNRA) as long as you are continuously disabled.

# IDENTITY PROTECTION

## ALLSTATE

**Your identity is more than your Social Security Number and credit score. Allstate Identity Protection helps you protect your identity and finances with comprehensive monitoring and advanced tools designed to help you stay safe. If fraud occurs, you can rely on Allstate's full service remediation and restoration, plus up to $1 million identity theft expense reimbursement* covers many out-of-pocket expenses lost.**

### Privacy & Data Monitoring

- Allstate Digital Footprint
- Personalized online account discovery
- Privacy insights
- Solicitation reduction
- Unlimited Transunion credit scores
- Credit freeze assistance
- Tri-bureau credit monitoring
- Privacy management tools
- Data breach notifications

### Identity Protection Cost

The cost for the Identity Protection plan are:

- **Employee:** $9.95 monthly
- **Family:** $17.95 monthly

** Identity theft insurance covering expenses and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.*

# EMPLOYEE SUPPORT SERVICES

## HEALTH ADVOCATE

**Healthcare is complex. Health Advocate is here to help make it easier! The Health Advocate Personal Health Advocates can answer questions about your health plan, explain insurance jargon, help you understand your coverage, find doctors and support all medical insurance issues, no matter how complex. Health Advocate is completely confidential and is available at no cost to Pilots, employees, spouses, dependents, parents and parents in-law.**

### Health Advocate Services Include:

- **HELP YOU UNDERSTAND YOUR BENEFITS**. They will answer questions about your benefits and coverage, including medical, prescription, dental and vision.
- **EXPLAIN YOUR SHARE OF THE COSTS**. This includes the deductibles you have to meet before the insurance pays, as well as the copays/coinsurance for doctor and medical visits.
- **CONFIRM YOUR DOCTORS' NETWORK STATUS**. They can help locate in-network providers and explain your out-of-network benefits, if needed.
- **CLARIFY HEALTH CONDITIONS**. They can answer questions about diagnoses and treatments and research the latest treatment options.
- **COORDINATE CARE AND SERVICES**. The clinical team will help coordinate services relating to all aspects of your care.
- **ARRANGE SECOND OPINIONS**. They can connect you with the right specialists and coordinate the transfer of medical records.
- **HELP TO MAKE INFORMED DECISIONS**. They help you become informed about test results, treatment options and medications, and more.
- **RESOLVE CLAIM AND BILLING ISSUES**. They will work on your behalf to resolve complicated medical claims and billing issues.
- **HELP ON THE GO**. Quickly reach Health Advocate any time you like - by phone, email and secure messaging. Easy access to our website and mobile app for articles, tips, tools and more!

### To Contact Health Advocate

Call **866.695.8622** or visit
**www.HealthAdvocate.com/members**

**Download the App!**
Scan the QR Code to download the Health Advocate mobile app.

# EMPLOYEE ASSISTANCE PROGRAM

## UNUM

**Help, when you need it most. With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.**

### Employee Assistance Program (EAP)

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

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

### Work/Life Balance

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

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

### Who is Covered?

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

### Help is Easy to Access

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

### Always By Your Side

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

### To Start Using the EAP

Call **800.854.1446** or visit **www.unum.com/lifebalance**

# ONLINE BENEFITS RESOURCE

## BENEPORTAL

**Your benefits information in one place!**

At Pilot's Association for the Bay and River Delaware, you have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online , 24 hours a day, 7 days a week!

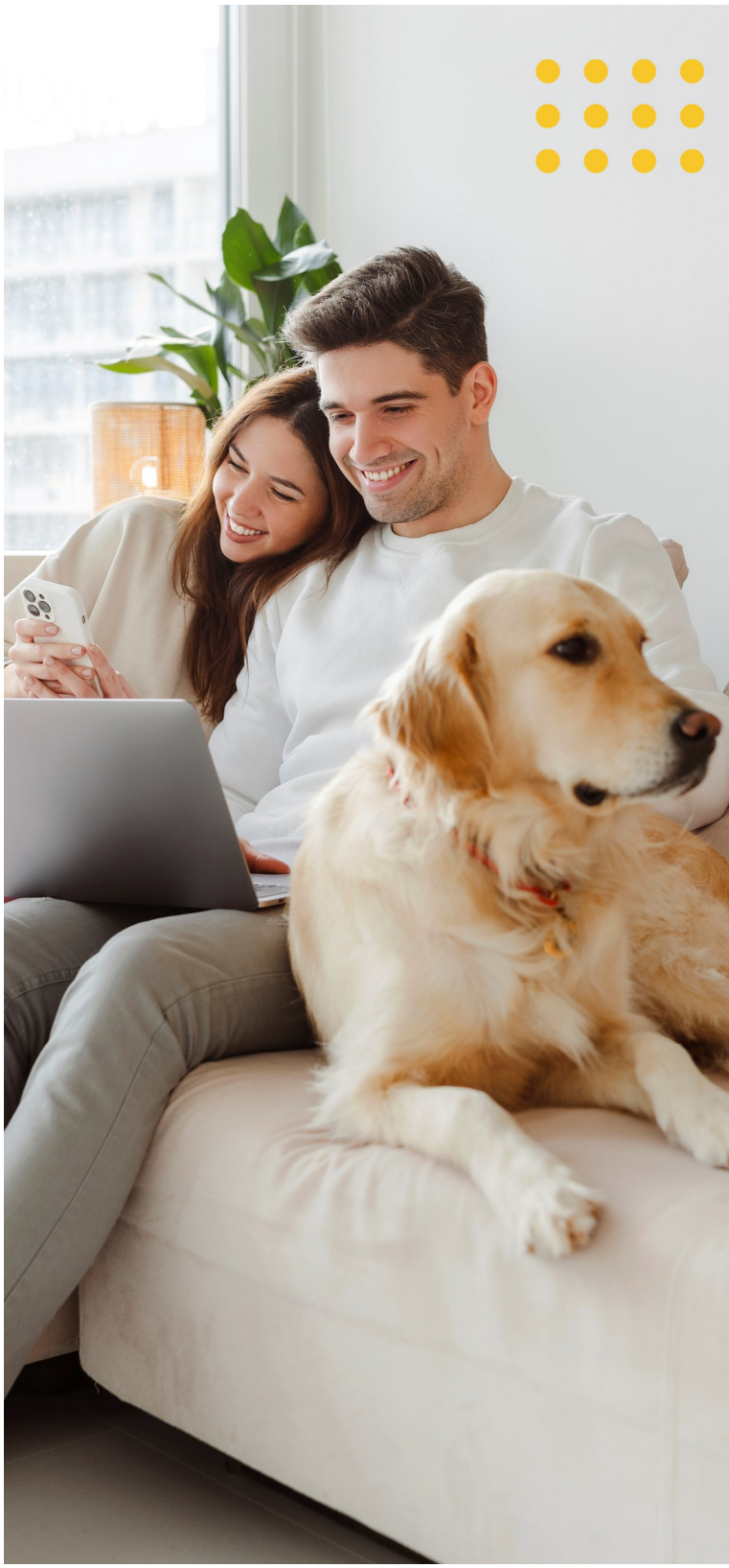
Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials.

### Secure Online Access

Visit **www.pilotsbenefits.com** to access your benefits information today!

### Mobile-Optimized Site

BenePortal is **mobile-optimized**, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.



# CARRIER CONTACTS

## YOUR BENEFIT RESOURCES

Below is a list of important contacts for all of your employee benefits needs.

| BENEFITS/RESOURCES | CONTACT | PHONE | WEBSITE/EMAIL |
|---|---|---|---|
| **Medical/Prescription** | Independence Blue Cross | 800-275-2583 | www.ibx.com |
| **Health Reimbursement Account** | Ameriflex | 888-868-3539 | www.myameriflex.com |
| **Telemedicine** | Teladoc | 800-835-2362 | www.teladochealth.com |
| **Dental** | Unum | 866-679-3054 | www.unumdentalcare.com |
| **Vision** | EyeMed | 844-225-3107 | https://eyemed.com/en-us |
| **Life/AD&D and Disability** | Unum | 866-679-3054 | www.unum.com |
| **Identity Theft Protection** | Allstate | 800-789-2720 | www.aip.com |
| **Employee Advocacy** | Health Advocate | 866-799-2655 | www.healthadvocate.com |
| **Employee Assistance Program** | Unum/Health Advocate | 800-854-1446 | www.unum.com/lifebalance |

# LEGAL NOTICES

### Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)** 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 Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of coverage for Medicaid or a State Children's Health Insurance Program**
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 your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

**New dependent by marriage, birth, adoption, or placement for adoption**
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 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

### 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

### 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 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA - MEDICAID
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid Website: https://www.in.gov/medicaid/
http://www.in.gov/fss/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

# LEGAL NOTICES

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA - Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS - Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP)
Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: http://mywvhipp.com/ and https://dhhr.wv.gov/bms/
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

# LEGAL NOTICES

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

**Important Notice from Pilots Association 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 Pilots Association 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. Pilots Association has determined that the prescription drug coverage offered by Independence Blue Cross 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 15th to December 7th.

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 Pilots Association coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Pilots Association coverage, be aware that you and your dependents may 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 Pilots Association 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:
Pilots Association - Robert Klepacki

**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 Pilots Association 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 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, 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).**

| | |
|---|---|
| Date: | January 2025 |
| Name of Entity/Sender: | Pilots Association |
| Contact Position/Office: | Human Resources Department |
| Address: | Philadelphia, PA |

# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

**What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

**Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

**How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: General Information

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer Name<br>The Pilots' Association for the Bay and River Delaware | | 4. Employer Identification Number |
| 5. Employer Address<br>800 S. Columbus Blvd. | | 6. Employer phone number<br>215-465-8362 |
| 7. City<br>Philadelphia | 8. State<br>PA | 9. Zip Code<br>19147 |
| 10. Who can we contact about employee health coverage at this job?<br>Katherine Kwon | 11. Phone Number<br>215-465-2871 | 12. Email address<br>Kkwon@delpilots.com |


*This benefit summary provides selected highlights of the employee benefits program at The Pilots. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. The Pilots reserves the right to amend, suspend or terminate any benefit plan, in whole or part, at any time. The authority to make such changes rests with the Plan Administrator.*