**Will there be a special enrollment for PFT represented employees?**

Yes, there will be a Special Enrollment period from August 1-August 31 for an October 1, 2017 effective date for PFT represented employees.

**What can I do at the Special Enrollment period?**

* Add or remove dependent(s). Appropriate dependent documentation will be required for additions.
* Complete an application and the attestation on page 2 to waive the spousal surcharge if your spouse is NOT eligible for employer coverage.
* Change medical plans if eligible- PFT employees must have 4 years of PFT service in order to change to Personal Choice coverage. A 5% Personal Choice premium will apply based on tier level in addition to 1.25% of salary.
* Enroll or cancel Wage Continuation coverage.

**Will employees be charged 1.25% of salary if not enrolled in a District medical coverage?**

No, employees not enrolled in District medical coverage will not be responsible for 1.25% of salary.

**I am enrolled in Keystone HMO, how much do I pay to cover my dependent children?**

Employees enrolled in Keystone HMO pay a flat 1.25% of salary regardless of the number of children enrolled on their policy.

**I am enrolled in Keystone HMO, how much do I pay to cover my spouse/life partner?**

Employees enrolled in Keystone HMO pay a flat 1.25% of salary. An additional surcharge of $50 per month will be charged if your spouse/life partner is eligible for other employer coverage or if you do not submit an attestation.

**Will there be a PFT Special Enrollment form and/or Letter of Attestation form?**

Yes, there will be a unique, 2 page, PFT Special Enrollment form for changes and the Letter of Attestation. Only these forms will be accepted during August. When submitting an attestation, both pages should be signed and returned. Please list your spouse’s name in section 4, Covered Family Member.

**Do I need to complete section 4, Covered Family Member information and provide documentation if I am just changing plans?**

No. If you are only changing plans, Keystone to Personal Choice or Personal Choice to Keystone, you do not need to complete section 4 (except as noted above) or provide dependent documentation.

**What do I need to do if my spouse or life partner is NOT eligible for employer group coverage?**

Complete both pages of the PFT Special Enrollment form. When submitting an attestation, both pages should be signed and returned. Please list your spouse’s name in section 4, Covered Family Member.

**I am dropping my dependent (spouse, life partner or child) and need proof of loss of coverage to enroll in coverage through my spouse or life partner. What do I do?**

Complete and submit the PFT Special Enrollment form indicating the dependent(s) you are removing. At the time your enrollment form is completed, you may request a certificate of group coverage showing loss of coverage effective 10/1/2017, if needed, to benefits@philasd.org. Completed certificates will be returned to an SDP email or in person to the Benefits Office during walk in customer service hours.

**When will forms be available?**

August 1.

**Where can I get a PFT Special Enrollment form?**

Online at <https://www.philasd.org/benefits/> or during walk in customer service hours Monday through Thursday from 9-5 in suite G-10 at 440 N. Broad Street. Alternatively, during the PFT Special Enrollment Open Houses August 7 from 3-5 in room 1072 and August 25 from 3-5 in room 1080 at 440 N. Broad Street.

**How can I submit my forms?**

By email to [benefits@philasd.org](mailto:benefits@philasd.org), or by fax to 215-400-4631, or by mail to:

Office of Employee Benefits

440 N. Broad Street

Suite G-10

Philadelphia, PA 19130

If faxing or mailing, please call 215-400-4630 or email [benefits@philasd.org](mailto:benefits@philasd.org) to confirm receipt.

**What rate do I pay for coverage?**

1.25% of salary for medical coverage; $50 a month for a spouse or life partner that is eligible for alternative employer sponsored healthcare and continues to be enrolled in District medical coverage. You may be responsible for 3% or 5% of the Personal Choice premium based on when you enrolled in Personal Choice coverage.

**If my spouse and I are both employees, can we enroll as couple and only pay the rate on lowest salary?**

Yes, if currently enrolled separately, both employees must complete a Special Enrollment application during the month of August. One form to drop coverage from one employee and a second to enroll the employee under his/her spouse. *District employees cannot be enrolled in more than one District medical plan.*

**I no longer want medical coverage through the SDP. How do I “opt-out”?**

If you are currently enrolled in our coverage, you must complete a special enrollment form indicating in Section 3 that you wish to “WAIVE” coverage. There is no monetary reimbursement if you waive our coverage.

**If I waive coverage, do I need to provide proof of alternate coverage?**

No. The School District of Philadelphia does not require proof of insurance during this Special Enrollment period. Note: it is your responsibility to maintain adequate insurance as required by the Affordable Care Act. The District publishes the Health Insurance Marketplace Exchange notice on our website.

**My spouse is enrolled in my District medical coverage and is eligible for medical coverage through his/her employer. What do I need to do keep my spouse enrolled?**

No action is needed if you wish to continue coverage for your spouse. You will be subject to the $50 a month surcharge in addition to any applicable Personal Choice premiums and 1.25% of salary.

**My spouse is over 65 and eligible for Medicare. Am I subject to the spousal surcharge?**

No. If your spouse is eligible for Medicare, due to age or disability, if they are not entitled to employer group coverage, you are not subject to the surcharge. You must complete and return the enrollment application and complete the Attestation indicating your spouse/partner ***is not eligible for group health insurance coverage.***

**How can I check who is currently enrolled on my District medical coverage?**

You can create an account at Independence Blue Cross at <https://www.ibx.com/login> or call IBC at 1-800-ASK-BLUE or log into the Employee Payroll information. Your School District of Philadelphia email name and password are used for access. If you do not know the name and password, call the Technology Help Desk at (215) 400-5555 for assistance.

From the School District of Philadelphia main website ([http://www.philasd.org](http://www.philasd.org/)) go to the Employee Portal. In the Employee section, enter your email name and password. Your email user name should exclude the "@philasd.org" designation. Launch the “Payroll Information” application. Enter the last four digits of your social security number when prompted. You can then select Dependent tab.

**Is there a change to my prescription, dental and or vision benefit with the new contract?**

Prescription, dental and vision benefits are still handled by your union, Philadelphia Federation of Teachers (PFT). PFT can be contacted at 215-561-2722.

**What happens to my benefits if I change my separation date to 9/5 and I am a 10-month employee?**

Ten month employees who do not work through September will be considered as separated at the end of the 2016-2017 school year and medical coverage will terminate effective 7/1.

**Am I grandfathered into my previous plan with no premium?**

All employees with medical coverage will be responsible for 1.25% of salary for medical coverage. Employees who do not currently contribute a percentage of premium for Personal Choice coverage will only pay 1.25% of salary for medical coverage.

**Is the spousal surcharge per month or per pay?**

The $50 charge is per month. We expect to spread that cost over every pay.

**When will salary deductions for medical coverage begin?**

It will be effective October 1 and reflected in the October 20, 2017 paycheck.

**What will the deduction look like on my paycheck?**

The cost for medical insurance will be listed as a deduction on your paycheck. We are finalizing the details and will communicate that prior to the first deduction in October.

**If my salary changes mid-year or the following school year, will my premium change immediately after?**

The salary deduction amount will be changed in the pay period corresponding to the effective date of the salary change**.**

**Will I pay salary deductions for medical coverage in the summer?**

Yes. Salary deductions are throughout the year.

**Am I still only eligible for the Keystone plan now that I pay?**

PFT members are able to elect either the Keystone HMO or Personal Choice PPO, but must complete 4 years of Benefits Eligible PFT service to select Personal Choice coverage.

**Will my opt-out terminate after a year from when I enrolled or September 2017?**

The final opt-out payment will be in the August 25, 2017 paycheck. PFT employees can elect District medical coverage during the Special Open Enrollment from August 1 to August 31, effective October 1.

**Will I get new medical insurance cards?**

All PFT employees enrolled in District medical coverage will receive new ID cards in mid to late September 2017 from Independence Blue Cross. ID cards will be mailed to the address of record with the District. Address changes are handled by Payroll, [payrollhelp@philasd.org](mailto:payrollhelp@philasd.org) or 215-400-4490.

If an employee does not receive an ID card by October 1, the employee can create a temporary ID card by creating an account at <https://www.ibx.com/login>.

**Do I need to pick a new Primary Care Provider (PCP)?**

If you are currently enrolled in Keystone HMO and have selected a PCP, your current PCP will remain on your coverage. If you move from Personal Choice to Keystone HMO, you will need to select a primary care provider for each insured member. On or after October 1, call 1-800-ASK-BLUE (1-800-275-2583).

**What are the features of Keystone HMO and Personal Choice PPO?**

HMO Plan Features:

* National Council for Quality and Development (NCQA) accreditation — Keystone has received the highest standard of measurement from NCQA — Excellent;
* Choose a Primary Care Physician (PCP) from a large network of more than 30,000 doctors and nearly 200 hospitals;
* All referrals for specialty care are coordinated by the PCP;
* Direct Access OB/GYNS — no referrals required to see a network OB/GYN for routine or maternity care;
* Wellness Programs, including fitness reimbursement and discounts on alternative health care services, at no additional cost;
* Enhanced programs to control and manage chronic conditions;
* Comprehensive benefits for students and travelers out of the area.

PPO Plan Features:

* Freedom to seek care in-network or out-of-network;
* No need to select a primary care physician to coordinate your care;
* Members are free to visit specialists directly: no referrals are required;
* More than 30,000 doctors and 200 hospitals in the Personal Choice Network;
* Wellness Programs, including fitness reimbursement and discounts on alternative health care services, at no additional cost;
* Enhanced programs to control and manage chronic conditions;
* Worldwide recognition of the Blue Cross® and Blue Shield® symbols on member ID cards.
* Preventive care for children and adults.

**What is the difference between the Keystone and Personal Choice plans?**

Both plans are administered by Independence, a Philadelphia based Blue Cross Insurer. Difference in the plans fall into several categories:

What’s covered? Keystone HMO and Personal Choice cover basically the same doctor and hospital services, with the exception of Assisted Reproductive Technologies, which are only covered through Personal Choice. With Keystone, there are ancillary services not covered by Personal Choice; referred Hearing Screening and Vision Care and a preventive Dental Program for children under age 12.

How do I access care? If you are enrolled in the Keystone HMO plan, you must select a primary care physician. Your primary care physician will provide your referrals for all specialty care. For the HMO, you must use network providers, some services are capitated, meaning you must use specific therapy centers, labs or other facilities, etc. There is no out of network benefit for Keystone HMO; you are responsible for all out of network charges and non-emergency services provided without a referral.

With Personal Choice, you have the option to self-refer for specialist care. If you use participating providers, you will have the lowest cost sharing. You can use providers who are not in the network; however, you are responsible for out-of-pocket deductibles, and 50% co-insurance. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider. Providers may balance-bill you for services.

What does it cost? Separate from the employee contribution, Keystone HMO offers lower out-of- pocket costs. Provider and Specialist Copays are $20/$30 with Keystone HMO and $25/$35 with Personal Choice. Some Specialized Services (Diagnostic X-rays testing, Spinal Manipulation, and Short-term Rehabilitation Therapy) are charged a copay with Personal Choice, but covered at 100% with Keystone HMO.

**How much will my salary deduction be?**

Your deduction will be spread over all 26 pays of the year. You can calculate the per pay cost by taking your annual salary\* multiplying by 1.25% (0.0125) and then dividing by 26. Example:

Annual Salary\* $44,577.00

X 0.0125

Annual cost $ 557.21

Divide by 26

Per Pay cost **$ 21.43**

\* To calculate your annual salary:

**10 month Employees:**

On your paycheck stub, take the biweekly amount in the upper right of the stub. Multiply it by 21.8 (the number of pays during the school year).

Example:

Biweekly $2,044.82

Multiplier x 21.8

Annual Salary $44,577.00

**12 month Employees:**

On your paycheck stub, take the biweekly amount in the upper right of the stub. Multiply it by 26 (the number of pays in 12 months) to get your annual salary. Example:

Biweekly $1,603.58

Multiplier x 26.0

Annual Salary $41,693.00