

PFT CONTRACT: What's New

MEMBER PAYROLL CONTRIBUTION

All employees enrolled in a School District of Philadelphia medical plan will be required to contribute 1.25% of salary towards the cost of medical coverage.

An additional premium contribution is required for Personal Choice. Currently enrolled employees' contribution continue at your current level. New enrollments will pay 3% to 5% of the premium based on eligibility.

Spousal Surcharge

Employees covering a spouse or domestic partner will be assessed a \$50 per month fee in addition to premiums, if their enrolled spouse/life partner is eligible for employer group coverage. The \$50 will be spread out in every pay.

If you are currently covering a spouse or life partner, you will automatically be assessed this fee unless you complete an enrollment form and attestation that your spouse is either a School District of Philadelphia employee* or not eligible for employer coverage.

*You may not enroll a spouse or domestic partner who is eligible for coverage through District 1201/32BJ.

Wage Continuation

Starting October 1, 2017, employees with 12 or more months of service may enroll or cancel the Wage Continuation benefit only during the annual open enrollment in May (effective July).

The length of this benefit will max out at 26 weeks of coverage.

KEY MEDICAL CHANGES:

KEYSTONE 20

You continue to have access to the same covered services and the Keystone Health Plan East network of participating doctors and hospitals. Key changes are:

- Copays for Primary Care, most Specialists and Urgent Care each are increasing by \$5.
- The Emergency Room copay has been increased to \$100, but is still waived if you are admitted to the hospital.

PERSONAL CHOICE 25/35/50

- Copays for Primary Care, most Specialists and Urgent Care each are increasing by \$5.
- The Emergency Room copay has been increased to \$100, but is still waived if you are admitted to the hospital.
- Out of Network Benefits:
 - Reimbursement rate has been reduced to 50% of the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider.
 - Individual and Family calendar year deductibles increased to \$2,000 and \$6,000 respectively.

Disclaimer

Read your benefits booklet for a complete listing of the terms, limitations, and exclusions of the program. This summary represents only a partial listing of the benefits changes.

Services not medically necessary or not billed and performed by a provider properly licensed and qualified to render treatment, Also, benefits and exclusions may be further defined by medical policy.

This plan may not cover all of your health care expenses. Read your benefits booklet for a complete listing of the terms, limitations, and exclusions of the program. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

	<u>PER PAY EMPLOYEE CONTRIBUTION</u>	
<i>Tier Level</i>	Keystone	Personal Choice 20/30/70%
	<i>PFT - 1.25% of salary eff 10/1/17</i>	<i>5% PFT - eff. 10/1/17</i>
Single	\$0.00	\$15.37
Employee & Child	\$0.00	\$21.52
Employee & Children	\$0.00	\$27.67
Employee & Spouse or Life partner	\$0.00	\$30.74
Employee & Spouse or Life partner with Surcharge (\$23.07)	\$23.07	\$53.81
Family	\$0.00	\$46.12
Family with Spouse or Life Partner Surcharge (\$23.07)	\$23.07	\$69.19

PFT: 215-561-2722 for Prescription, Dental and Vision benefits