



Your Benefits

Effective September 1, 2024 – August 31, 2025

Making Benefit Selections

Eligibility

For you

You are eligible for benefits as a full-time employee working at least 30 hours per week.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

You may cover your legal spouse.

Your Children

Dependent children are eligible:

- **Medical, dental and vision:** until age 26 regardless of student or marital status

Enrolling in coverage

In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits begin on the first day of the month following date of hire; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility.

Your benefit selections will be in effect through August 31, 2025.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from September – August of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within 30 days of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.



Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an out-of-network medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage in your paycheck), non-covered expenses, or out-of-network care that's been balance billed.

Pre/Prior-authorization

Some specialty medical providers, services and prescriptions require prior authorization from your insurance company. These may include – but are not limited to – surgery, imaging (CT, MRI) and certain prescription medications.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of Carelink Community Support Services

You can request a paper copy at no charge from:

Michele Gilbert/Director of Human Resources
610.874.1119 x636
mgilbert@carelinkservices.org

How to handle medical bills
(2:04)

[Learn more](#)



[Download now](#)

Contact information

Your advocate team is here to help you with claims, ID cards, coverage questions, and more!

1-866-582-7378
myadvocate@onedigital.com

Monday - Friday, 8:30am-5pm EST
Bilingual (Spanish) assistance is available

Human Resources	Michele Gilbert	610-874-1119 x636 mgilbert@carelinkservices.org
Medical insurance	Independence Blue Cross	800-275-2583 www.ibx.com
Health Reimbursement Account (HRA)	The Harrison Group	610-853-9075 service@theharrisingrouponline.com
Employee Assistance Program (EAP)	Guardian	1-855-239-0743 www.guidanceresources.com
Dental insurance	United Concordia	1-800-332-0366 www.ucci.com
Vision insurance	Davis Vision	800-275-2583 www.ibx.com
Life and AD&D insurance	Guardian	1-800-627-4200 www.guardianlife.com
Disability insurance	Guardian	1-800-627-4200 www.guardianlife.com

Medical Insurance

Mental health support

Independence 

Select from three medical options through IBC.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you get **care**,
- how **out-of-network** care is covered, and
- your annual **maximum cost for care** (out-of-pocket maximum).

See your plan details for out-of-network information.

[Find an in-network provider](#)

	Gold Plan	Silver Plan	Bronze Plan
In-network care	See plan details	See plan details	See plan details
Network name:	National PPO	National PPO	National PPO
Annual Deductible (DED) Plan year	\$0 per person \$0 per family	\$3,000 per person \$6,000 per family	\$5,000 per person \$10,000 per family
Out of pocket maximum	\$7,900 per person \$15,800 per person	\$7,900 per person \$15,800 per person	\$6,750 per person \$13,500 per person
Spending Accounts		Health Reimbursement Account (HRA)	HSA eligible
Preventive care	100% covered	100% covered	100% covered
Primary care visit	\$20 copay	\$30 copay	\$40 after DED
Specialist visit	\$40 copay	\$60 copay	\$70 after DED
Urgent care	\$85 copay	\$100 copay	\$100 after DED
Emergency room	\$250 copay	\$300 after DED	\$300 after DED
Inpatient hospital care	\$250/day-max of 5 copays/admission	20% after DED	\$250/day-max of 5 copays/admission after DED
Outpatient surgery	\$250 copay	\$300 after DED	\$250 after DED
Prescription drugs	(30 days 90 days)	(30 days 90 days)	(30 days 90 days)
Prescription deductible	\$0	\$0	After Plan DED
Generic	\$20 copay \$40 copay	\$20 copay \$40 copay	\$20 copay \$40 copay
Preferred brand	\$40 copay \$80 copay	\$40 copay \$80 copay	\$40 copay \$80 copay
Non-preferred brand	\$70 copay \$140 copay	\$70 copay \$140 copay	\$70 copay \$140 copay
Out-of-network care	Balance billing applies	Balance billing applies	Balance billing applies
Annual deductible	\$2,500 / \$5,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Out-of-pocket maximum	\$10,000 / \$20,000	\$10,000 / \$20,000	\$12,000 / \$24,000
Your cost for coverage	Per paycheck	Per paycheck	Per paycheck
Employee only	\$140.22	\$96.37	\$82.89
Employee + spouse	\$321.50	\$254.09	\$190.73
Employee + child(ren)	\$249.12	\$196.89	\$147.79
Employee + family	\$409.94	\$323.99	\$243.19

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



Health Reimbursement Arrangement (HRA)



Pay for eligible health care expenses with an HRA – funded by Carelink Community Support Services.

Contributions

When you enroll in the **Silver plan**, Carelink automatically sets aside money to help you and your covered dependents pay for qualifying health care expenses.

	If you cover yourself only	If you cover dependents
Carelink contributes:	\$1,500	\$3,000



Using your funds

Medical Deductible

Carelink reimburses you the second half of your in-network plan deductible expenses for the **Silver plan** only.

Eligible expenses

You can use your HRA dollars for medical deductible expenses only.

When will I be reimbursed?

If you submit your claim by the 15th of the month, your reimbursement check should be mailed within one week after the 15th. If you submit your claim by the end of the month your reimbursement check should be mailed within one week after the end of the month. You can also opt to have your reimbursement direct deposited to your personal bank account. If you choose this option, you will need to complete a Direct Deposit Request Form. If you would like to check on the status of your claim, please call The Harrison Group, Inc. at 610 853 9075.

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Dental insurance

Select from two dental options through United Concordia.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the plan,
- what you pay when you get care,
- the maximum amount UCCI will pay each year for dental care (**annual maximum benefit**), and
- how **out-of-network care** is covered, and
- whether **orthodontic** care is covered.



[Learn about dental care categories](#)

	DHMO	PPO
In-network care	See plan details	See plan details
Network name:	HMO	National PPO
Annual Deductible (DED)	None	\$50 per person \$150 per family
Annual maximum benefit	Unlimited	\$1,250 per person
Preventive care	See Schedule of Benefits	100% covered
Basic care	See Schedule of Benefits	100%
Major care	See Schedule of Benefits	50%
Orthodontic care		
Coverage	Not covered	50% covered (child to age 19)
Lifetime maximum benefit	N/A	\$1,000 lifetime max benefit per person
Your cost for coverage	Per paycheck	Per paycheck
Employee only	\$1.90	\$4.05
Employee + spouse	\$6.58	\$13.75
Employee + child(ren)	\$6.58	\$13.75
Employee + family	\$6.58	\$13.75



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

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Voluntary Vision Insurance



Your voluntary vision coverage is through Davis Vision.

You must elect medical coverage to sign up for voluntary vision.

You'll get an annual exam with coverage for lenses and frames, or contacts in lieu of glasses.

Please see plan details for out-of-network coverage.

Vision plan	
See plan details	
Network name:	Davis Vision
In-network	
Annual eye exam (every 12 months)	\$10 copay
Materials copay (lenses & frames)	\$10 copay
Lenses (every 12 months)	Included in materials copay
Frames (every 24 months)	\$130 allowance
Contact lenses (every 12 months)	Elective: \$130 allowance Med. nec: 100% covered
Your cost	Per paycheck
Employee only	\$0.96
Employee + spouse	\$2.21
Employee + child(ren)	\$1.71
Employee + family	\$2.82

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year.
If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D Insurance Guardian®



Financial peace of mind through Guardian.

Life insurance pays a benefit if you pass away while you're covered. Accidental Death and Dismemberment (AD&D) insurance offers additional support if you pass away or are seriously injured due to an accident.

Basic Life and AD&D Insurance

[See plan details](#)

Carelink provides Life and AD&D insurance **at no cost to you.**

	Basic life	Basic AD&D
Carelink Community Support provides	2x salary up to \$150,000	2x salary up to \$150,000

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.

What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional Life and AD&D Insurance

[See plan details](#) [AD&D coverage](#) [EOI](#)

You may also purchase additional coverage for you, your spouse, and your eligible child(ren).

	For you	For your spouse	For your child
Coverage increments	\$10,000	\$5,000	\$1,000
Coverage maximum	Up to \$500,000	Up to \$100,000	Up to \$10,000
Medical question limit	\$100,000	\$25,000	\$10,000

Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Disability Insurance



Protect your paycheck with disability insurance through Guardian.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.



Short-term Disability

[See plan details](#)

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. **This coverage is voluntary and paid 100% by the employee.**

Benefits begin	Accident: 15 Days Illness: 15 Days
Coverage amount	60% of your weekly salary up to \$1,500
Payments may continue	Up to 11 weeks if you're unable to return to work

Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how **pre-existing condition limitations** might impact your coverage.

Long-term Disability

[See plan details](#)

Long-term disability coverage can provide lasting income protection if you remain unable to work. **This coverage is 100% paid by Carelink.**

Benefits begin	After 90 days (once short-term disability ends)
Coverage amount	60% of your salary up to \$7,500 per month
Payments may continue	Until your <u>Social Security Normal Retirement Age</u> if you remain unable to work.

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Employee Assistance Program (EAP)

Care for your mind – and your life – with support through Guardian.

Confidential care designed for all that life brings.

[See plan details](#)

Everyone needs support sometimes (even superheroes)

Our Employee Assistance Plan (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and so much more.

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

When needed, each person can receive up to 3 face-to-face (or virtual) visits with a licensed counselor per issue per year. At no cost. Additional visits – if needed – will go through your health insurance.

EAP features:

- **Confidential.** No one at Carelink will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.



24/7/365 access to care.

855.239.0743

guidanceresources.com

App: [GuidanceNow](#)

WebID: Guardian



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