

# 2025 EMPLOYEE BENEFITS GUIDE

BENEFITS EFFECTIVE:  
JANUARY 1, 2025 THROUGH  
DECEMBER 31, 2025

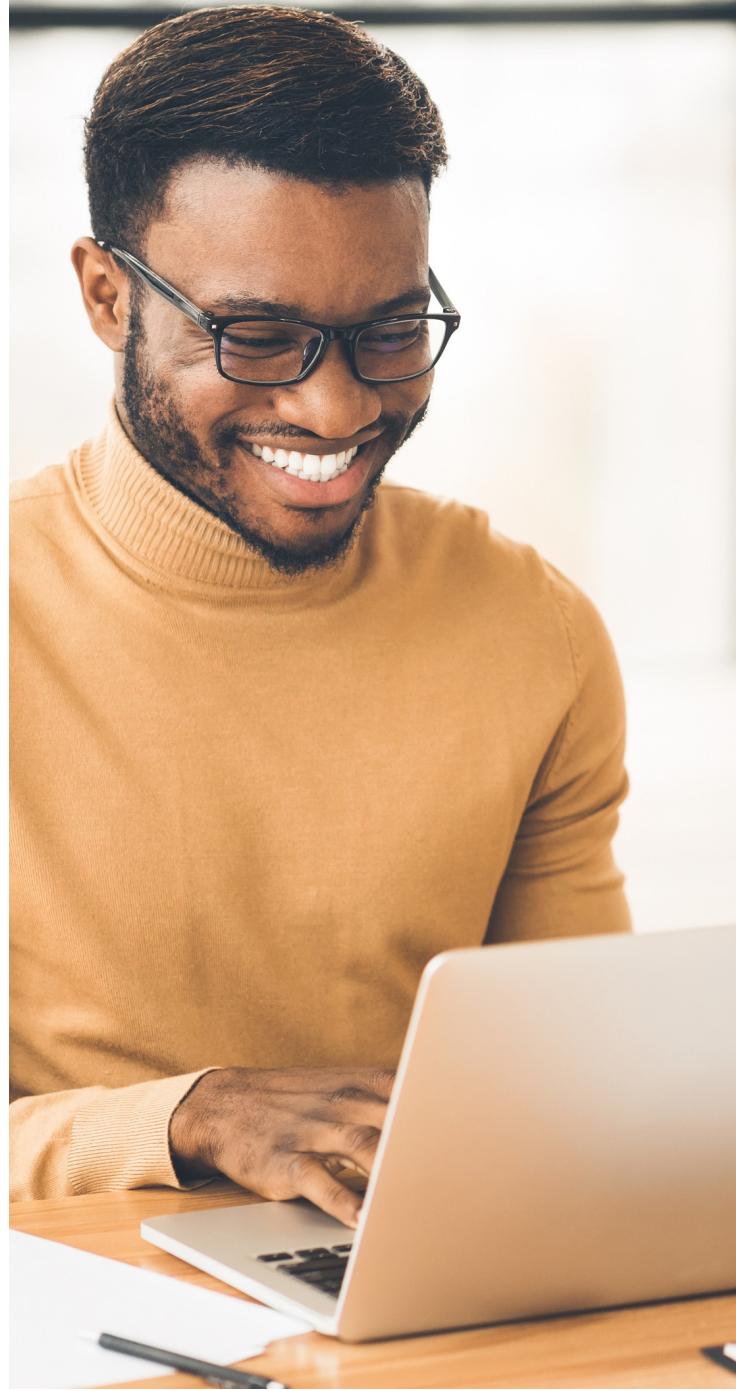
Y.A.L.E School of Philadelphia offers eligible employees and their eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit eligibility options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.



# Welcome!

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## Questions?

If you have questions about your benefits, please contact the Benefits MAC Team at 800.563.9929 (Monday through Friday, 8:30 am to 5:00 pm ET) or go to [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)

# Eligibility & Making Plan Changes

## Who is Eligible?

Y.A.L.E. School of Philadelphia employees (working 28 or more hours per week for medical; 15 or more hours per week for dental), are eligible to enroll in the benefits described in this guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Your spouse to whom you are legally married/ your civil union partner
- Dependent child(ren) under the age of 26 (end of birth month) for Medical or age 23 (end of birth month) for Dental, regardless of student status, financial dependence, marital status and/or residence

## Waiting Period

First day of the month following 60 days of hire.

## How Often Can I Change Plan Elections?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, civil union partnership status change, legal separation, annulment, birth or adoption of a child, change in child's dependent status, death of a spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse/civil union partner, commencement or termination of adoption proceedings, or change in spouse's/civil union partner's employment status.

**You must notify Human Resources within 30 days of experiencing a qualified status change.**



# Benefits Resources

## BENEFITS MAC & BENEPORTAL

### Benefits MAC

Employee benefits can be complex making it difficult to fully understand your coverage and use it properly. Benefits MAC allows you to speak to a specially trained Member Advocate who can answer your questions and help you get the most out of your benefits.

#### YOU CAN CONTACT BENEFITS MAC FOR ASSISTANCE IF YOU:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Client Service Representatives are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

#### CONTACT BENEFITS MAC

You may contact the Benefits MAC Team in any of the following ways:

- Via phone: **800.563.9929**, (Monday-Friday, 8:30 am to 5:00 pm EST)
- Via the web: [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)
- Via fax: **856.685.2253**
- Via email: [cssteam@connerstrong.com](mailto:cssteam@connerstrong.com)

### BenePortal

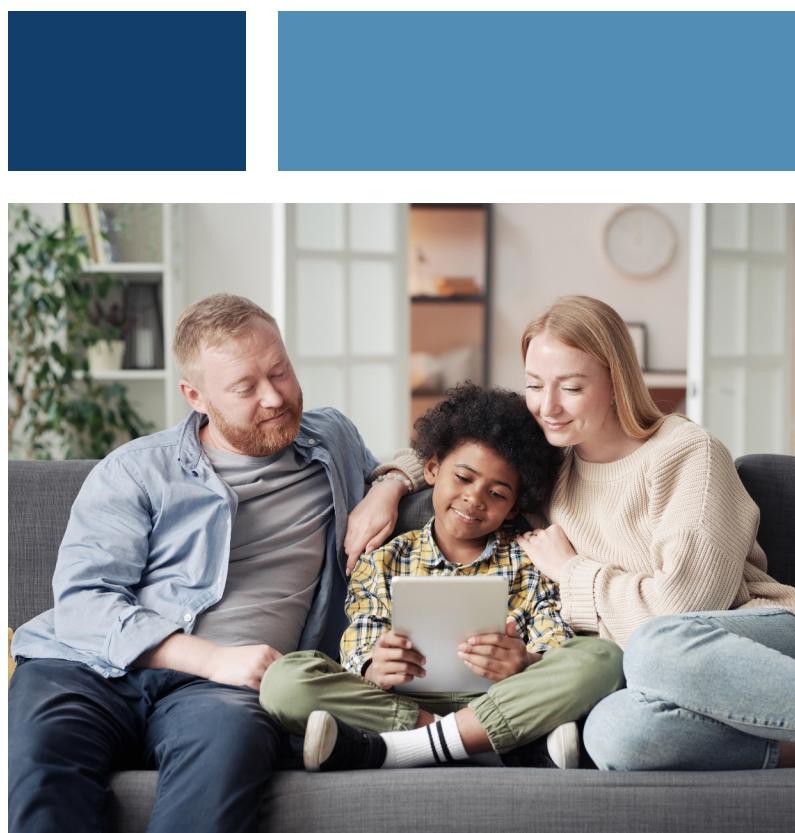
#### ONLINE BENEFITS INFORMATION

At Y.A.L.E. School of Philadelphia, you have access to a full-range of valuable employee benefit programs. With BenePortal, you are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

**By using BenePortal, our online tool that houses our benefit program information, you can:**

- Review all benefits-related information and downloads including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms and wellness forms
- And much more!

Simply go to [www.yalepabenefits.com](http://www.yalepabenefits.com) to access your benefits information today!



### Talk to a Doctor 24/7 and Receive Medical Care, Anytime, Anywhere

**When you're not feeling well, you don't want to wait to get care. Good news — with virtual care from Teladoc Health (Teladoc), you don't have to!**

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)
- Prescription 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

### Schedule an appointment

Learn more and make an appointment at [www.TeladocHealth.com](http://www.TeladocHealth.com).

### How Teladoc General Medical works

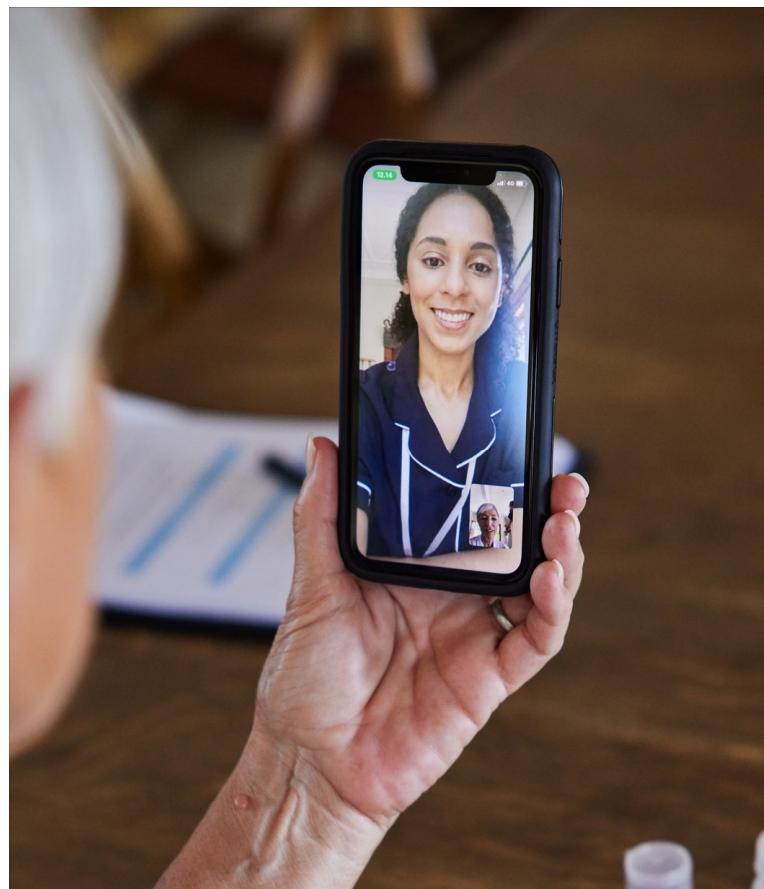
**Initiate:** You can access Teladoc by:

- Calling **1-800-835-2362**, or
- Visiting [www.teladochealth.com](http://www.teladochealth.com), or
- Downloading the Teladoc mobile app

**Request:** Schedule a visit at your preferred time or request an on-demand visit for an urgent need.

**Visit:** Meet with your doctor, who will evaluate you and answer your health questions.

**Resolve:** Your doctor uploads a visit summary to your Teladoc file, sends any prescriptions to your pharmacy, and provides details for follow-up.



# Comparing the Cost of Care

## SAVE TIME AND MONEY WITH URGENT CARE & TELADOC

Avoid long waits at the Emergency Room and significantly reduce your out-of-pocket costs by utilizing Urgent Care Centers or Teladoc for non-life threatening conditions.

### COMPARE YOUR COSTS:



Healthcare costs continue to rise but you can help Y.A.L.E. School of Philadelphia control our benefits costs - while reducing your own out-of-pocket healthcare expenses.

### You Can Help Y.A.L.E. Save too...

Use of Urgent Care Centers for conditions that are not life-threatening can help reduce the cost of claims paid by our medical plan. However, many of the conditions that people go to the ER or Urgent Care for can also be treated 24/7 using Teladoc. Teladoc consultations often cost even less than a trip to Urgent Care, which helps Y.A.L.E. School control their costs.

### COMPARE THE PLAN COSTS\*:

MEDICAL SERVICES	EMERGENCY ROOM	URGENT CARE
Asthma	\$825	\$80
Bronchitis	\$595	\$127
Sinusitis	\$617	\$112
Strep Throat	\$678	\$111
UTI	\$531	\$111

\* The estimate costs for services shown above are for illustrative purposes only.



# Medical Benefits

## INDEPENDENCE BLUE CROSS (IBX)

**Below is a summary of the medical benefits for the 2025 benefit period. More detailed information can be found on BenePortal. Don't forget - preventive care services are covered 100% in-network with no copay!**

Keystone is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by a Keystone primary care physician (PCP). Your Keystone PCP may also refer you to other Keystone providers for care, if needed. Referrals are required for routine radiology, spinal manipulation and physical/occupational therapy. You maximize your benefits when you access care from a Keystone participating provider.

### KEYSTONE HMO GOLD PREFERRED \$40/\$80/\$650

BENEFITS	IN-NETWORK BENEFITS
Deductible Individual/Family	None
Out-of-Pocket Maximum Individual/Family	\$9,200 / \$18,400
Preventive Care Services	Covered 100%
PCP Office Visit	\$40 copay
Specialist Office Visit	\$80 copay
Telemedicine	Covered 100%
Diagnostic Laboratory	Covered 100%
Diagnostic X-Ray/Imaging (MRI, CT-Scan) Routine	\$120 copay
Complex	\$250 copay
Emergency Room	\$500 copay
Urgent Care Center	\$100 copay
Inpatient Hospital	\$650 copay/day (max 5 copays/admission)
Outpatient Surgery Freestanding Facility	\$400 copay
Hospital Based	\$750 copay
Skilled Nursing Facility	\$325 copay/day (max 5 copays/admission)
Home Health Care	\$80 copay
Outpatient Therapies (PT, OT, Chiro)	\$80 copay
Inpatient Mental Health/Substance Abuse	\$650 copay/day (max 5 copays/admission)
Outpatient Mental Health/Substance Abuse	\$80 copay
Maternity Care	\$650 copay/day (max 5 copays/admission)
Durable Medical Equipment	50% coinsurance

# Medical Benefits

## AMERIHEALTH

**Below is a summary of the medical benefits for the 2025 benefit period. More detailed information can be found on BenePortal. Don't forget - preventive care services are covered 100% in-network with no copay!**

Amerihealth HMO Gold Preferred is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by a Amerihealth primary care physician (PCP). Your Amerihealth PCP may also refer you to other Keystone providers for care, if needed. Referrals are required for routine radiology, spinal manipulation and physical/occupational therapy. You maximize your benefits when you access care from an AmeriHealth participating provider.

### AMERIHEALTH HMO GOLD PREFERRED \$40/\$80/\$650

BENEFITS	IN-NETWORK BENEFITS
Deductible Individual/Family	None
Out-of-Pocket Maximum Individual/Family	\$9,200 / \$18,400
Preventive Care Services	Covered 100%
PCP Office Visit	\$40 copay
Specialist Office Visit	\$80 copay
Telemedicine	Covered 100%
Diagnostic Laboratory	Covered 100%
Diagnostic X-Ray/Imaging (MRI, CT-Scan) Routine Complex	\$120 copay \$250 copay
Emergency Room	\$500 copay
Urgent Care Center	\$100 copay
Inpatient Hospital	\$650 copay/day (max 5 copays/admission)
Outpatient Surgery Freestanding Facility Hospital Based	\$400 copay \$750 copay
Skilled Nursing Facility	\$325 copay/day (max 5 copays/admission)
Home Health Care	\$80 copay
Outpatient Therapies (PT, OT, Chiro)	\$80 copay
Inpatient Mental Health/Substance Abuse	\$650 copay/day (max 5 copays/admission)
Outpatient Mental Health/Substance Abuse	\$80 copay
Maternity Care	\$650 copay/day (max 5 copays/admission)
Durable Medical Equipment	50% coinsurance

# IBC Network vs. AmeriHealth Network

When you enroll your medical plan will be determined by your place of residence. Below is a chart which outlines the state, county, and which network you will utilize. Please reference BenePortal for the full map outline the contiguous (participating in IBC) and non-contiguous (non-IBC participating/AmeriHealth) counties.

## Participating in the IBC Network

### PENNSYLVANIA COUNTIES

- Philadelphia
- Montgomery
- Bucks
- Delaware
- Chester
- Lancaster
- Berks
- Lehigh
- Northampton

### NEW JERSEY COUNTIES

- Camden
- Burlington
- Mercer
- Hunterdon
- Warren
- Gloucester
- Salem

### DELAWARE COUNTIES

- New Castle

### MARYLAND COUNTIES

- Cecil

## Participating in the AmeriHealth Network

### NEW JERSEY COUNTIES

- Sussex
- Passaic
- Bergen
- Morris
- Essex
- Hudson
- Union
- Somerset
- Middlesex
- Monmouth
- Ocean
- Atlantic
- Cumberland
- Cape May

### DELAWARE COUNTIES

- Kent
- Sussex

### MARYLAND COUNTIES

- Harford
- Kent
- Caroline
- Wicomico
- Worcester



# Getting the Most Out of Your Benefits

## HELPFUL INFORMATION

### How to Use Your Benefits

The Y.A.L.E. School of Philadelphia medical plan, offered through Independence Blue Cross or AmeriHealth depending on residency, provides you with the option of utilizing participating providers within the network.

Keystone Is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by a Keystone primary care physician (PCP). Your Keystone PCP may also refer you to other Keystone providers for care, if needed. Referrals are required for routine radiology, spinal manipulation and physical/occupational therapy. You maximize your benefits when you access care from a Keystone participating provider. **Your plan does not cover you or your dependents if you access care from a provider who does not participate in our network. If you access care from a provider who does not participate in our network, higher out-of-pocket costs apply.**

When you access providers within the network, you have lower deductibles and coinsurance, which reduce your out-of-pocket costs.

**In-Network Providers are doctors, hospitals and other healthcare providers who have contracted with the carrier.** They have agreed to honor your membership card and bill the carrier directly for services rendered. The providers and the carrier negotiate allowed benefit amounts that would be accepted as payment in full for healthcare services. Since these negotiated rates are accepted as payment in full, you benefit because your out-of-pocket costs are kept to a minimum.



Need Help Finding a Provider?  
Simply go to [www.ibx.com](http://www.ibx.com) or  
[www.amerihealth.com](http://www.amerihealth.com) and click on “Find a Doctor” located at the top of the screen.

# Copay, Deductible, and Coinsurance

## WHAT'S THE DIFFERENCE?

**Your copay, deductible, and coinsurance are considered out-of-pocket costs. In other words, they are health care expenses that you are responsible for. However, the ways in which they function are much different.**

A **copay** is a fixed out-of-pocket amount paid by the employee for covered services. The Insurance provider will charge a copay for services such as doctors visits or prescription drugs. Copayments are a specific amount rather than a percentage of the bill, and will be paid at the time of service.

A **deductible** is the total amount that you must pay before your insurance company begins contributing. A deductible may apply to all services, or certain services depending on your plan design. For instance, if you have an insurance plan with a \$500 individual deductible, you will be responsible for 100% of your healthcare costs until those costs reach \$500. Once your \$500 deductible is met, your insurance company will begin sharing the costs of your health care services, usually through a copay or coinsurance.

**Coinsurance** is a way for you to share your health care costs with your insurance company. Your coinsurance is 70/30 (in-network for certain services). In the case of a 70/30 coinsurance, you will pay 30% of your health care expenses, while your insurance company pays 70% (once your \$500 deductible is met). This means that a \$5,000 procedure will cost you \$1,500 and the other \$3,500 will be paid by your insurance company.



# Prescription Benefits

## INDEPENDENCE BLUE CROSS/AMERIHEALTH

If you are enrolled in the IBC or AmeriHealth medical plan, you are automatically enrolled in the corresponding prescription drug plan through Independence Blue Cross or AmeriHealth.

### PRESCRIPTION DRUG PLAN

RETAIL (UP TO A 30 DAY SUPPLY)	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Tier 1: Low-Cost Generics	\$3 copay	30% coinsurance
Tier 2: Generics	\$15 copay	30% coinsurance
Tier 3: Preferred Brands	\$85 copay	30% coinsurance
Tier 4: Non-Preferred Brands	\$200 copay	30% coinsurance
Tier 5: Specialty Medications (Self-Administered)	50% up to \$1,000	Not Covered
MAIL ORDER (UP TO A 90 DAY SUPPLY)	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Tier 1: Low-Cost Generics	\$6 copay	
Tier 2: Generics	\$30 copay	
Tier 3: Preferred Brands	\$170 copay	Not Covered
Tier 4: Non-Preferred Brands	\$400 copay	
Tier 5: Specialty Medications (Self-Administered)	Not Covered	

### Save Money on Maintenance Medications by Using Mail Order

You can fill prescriptions at participating retail pharmacies and receive up to a 30-day supply OR you can use the mail-order service and receive up to a 90-day supply. This means that, if you use mail order, you can receive a 3 month supply of medication for the cost of 2 months.

To begin using mail-order, visit [www.ibx.com](http://www.ibx.com) or [www.amerihealth.com](http://www.amerihealth.com), select “**Find a Doctor**” at the top of the page and click “**Learn More**” under **Pharmacies**. From there select “**FutureScripts Standard Pharmacy Network**” to locate a participating pharmacy near you.

### HOW MUCH CAN YOU SAVE WHEN YOU USE MAIL ORDER? COMPARE FOR YOURSELF...

RETAIL PHARMACY	MAIL ORDER	ANNUAL SAVINGS
Formulary Brand-Name Copay <b>\$50</b>	Formulary Brand-Name Copay <b>\$100</b>	
Annual cost (\$50 per month x 12 fills) <b>\$600</b>	Annual cost (\$100 per order x 4 fills per year) <b>\$400</b>	<b>\$200</b>



# Dental Plan

## DELTA DENTAL

The dental benefit is administered through Delta Dental of Pennsylvania. To find a participating dentist in your area, please visit [www.deltadentalins.com](http://www.deltadentalins.com) or call 800.932.0783.



### PPO ADVANTAGE 400

BENEFITS	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS AND NON-DELTA DENTAL DENTISTS*
<b>Deductible (Calendar Year)</b>	\$50 per person \$150 per family	\$50 per person \$150 per family
<b>Calendar Year Maximum (per patient)</b>	\$1,000	\$1,000
<b>Preventive &amp; Diagnostic Services</b> Exams, Cleanings, X-rays, Enhanced Pregnancy Benefit	100%	100%
<b>Basic Services (No Waiting Period)</b> Fillings, Extractions, Denture Repair, Sealants	80%	80%
<b>Major Services (12 month Waiting Period)</b> Endodontics (root canals), Oral Surgery, Periodontics (gum treatment), Bridges, Dentures and Implants	50%	50%
<b>Orthodontia Benefits</b>	Not Covered	Not Covered

\* Non-Delta Dental Providers have no agreement with Delta Dental and are free to bill you any difference between what Delta Dental pays and the provider's submitted fee.

# Short-Term Disability

## SUN LIFE FINANCIAL

Y.A.L.E. School of Philadelphia provides employees who are deemed qualified as eligible by Sun Life, our third-party STD carrier, with Short-Term Disability (STD) insurance. Y.A.L.E. School of Philadelphia pays 100% of the premium.

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Short-Term Disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

**Weekly benefit after you claim is approved.** You will receive a check for your benefits on a weekly basis. It will cover **66.67%** of your Total Monthly Earnings, up to **\$1,500 each week up to 26 weeks.**



# 401k/Profit Sharing Plan

## Y.A.L.E. SCHOOL

**Don't miss this opportunity to receive your share of Y.A.L.E. School employer-paid retirement contributions and start saving toward your future. Once you have satisfied the requirement of the 1 year of service, and completed 1000 hours and are eligible to enroll and participate in the 401K/Profit Sharing Plan.**

### The Y.A.L.E. School Retirement Plan is Comprised of Two Parts:

#### 1. **Profit Sharing Pension Plan –**

Employer contributes to this account

#### 2. **401(k) Retirement Plan –**

Employee contributes to this account

It's never too early to start saving for your retirement. Even if you choose NOT to contribute toward the 401(k) plan at this time, **you must enroll in the Retirement Plan in order to receive Y.A.L.E. School's Profit Sharing Pension Plan contribution.**

**The Profit Sharing Pension Plan essentially is FREE MONEY — all you have to do is enroll!** Now that you have completed one year of service and 1,000 hours, you are eligible to enroll in the plan beginning **January 1, 2025.**

You may find investment option(s) online at [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com) or by calling **800-395-1113**. During your enrollment you may also call your personal enrollment specialist at **856-543-6765**.

### How to Enroll and What to Expect Now That You are Eligible:

If you are **NOT CONTRIBUTING** to the 401k at this time: Leave the section "my contributions per paycheck" **BLANK** and return form to Malerie McCarren for profit sharing plan.

If you **ARE CONTRIBUTING** to the 401k, call John Hancock to complete the enrollment at **855.543.6765**. You will need the following information to enroll:

- Contract number: **21236**
- Enrollment access number: **363350**
- Once you have begun the enrollment process with John Hancock. You will be instructed by John Hancock to send your enrollment form to Malerie McCarren. Y.A.L.E. School will verify your enrollment and approve your eligibility.
- Just prior to your effective date, you will receive a reminder from Malerie McCarren to register your personal John Hancock username and password at [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com).
- You will need to complete and return a beneficiary form to Malerie McCarren at [mmccarren@yaleschoolpa.com](mailto:mmccarren@yaleschoolpa.com). This form is maintained in Y.A.L.E. Schools, Inc. office. You will need to include: beneficiary name, relationship, phone number, and address.

**NOTE:** Summary Plan Descriptions (SPDs) are located on the on Y.A.L.E. School benefits portal at [www.yalepabenefits.com](http://www.yalepabenefits.com). They can be found under the "retirement plans" section. For your specific plan name or if you have any questions regarding the enrollment process or the plan, please email Malerie at [mmccarren@yaleschoolpa.com](mailto:mmccarren@yaleschoolpa.com) or call @ 609-654-7222 x 10121.

# Legal Notices

## HIPAA/CHIP Special Enrollment Notice

**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 (including COBRA 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 or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

**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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

**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 or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Jade Moustakas in Human Resources at 609-654-7222 extension 10132.

## Newborns' and Mothers' Notice

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.

## Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll dollars as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually increase your spendable income.

## HIPAA

The Company is HIPAA compliant. For more information regarding HIPAA, refer to your HIPAA Privacy Notice or contact Jade Moustakas at 609-654-7222 extension 10132.

## Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Y.A.L.E. School offers a series of health coverage options. A Summary of Benefits and Coverage (SBC) can be found on the Beneportal website or by requesting one from Jade Moustakas in Human Resources. These documents summarize important information about all health coverage options in a standard format. Please contact Jade Moustakas if you have any questions or would like a hard copy of your SBC.

## 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](http://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](http://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.asksrsa.dol.gov](http://www.asksrsa.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 –

# Legal Notices

## 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](mailto: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](mailto: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

## 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](mailto: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](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://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](http://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: [masspremessaging@accenture.com](mailto:masspremessaging@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: [HHSIPPProgram@mt.gov](mailto:HHSIPPProgram@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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

# Legal Notices

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmhs/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/](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](mailto: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

## 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Legal Notices

**Important Notice from Y.A.L.E. School 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 Y.A.L.E. School 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. Y.A.L.E. School has determined that the prescription drug coverage offered by Aetna 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 Y.A.L.E. School coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Y.A.L.E. School coverage, be aware that you and your dependents will be able to get this coverage back.

## PRESCRIPTION DRUG PLAN

RETAIL (UP TO A 30 DAY SUPPLY)	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Tier 1: Low-Cost Generics		
Tier 2: Generics	\$3 copay	30% coinsurance
Tier 3: Preferred Brands	\$10 copay	30% coinsurance
Tier 4: Non-Preferred Brands	\$50 copay	30% coinsurance
Tier 5: Specialty Medications (Self-Administered)	\$150 copay 50% up to \$1,000	30% coinsurance Not Covered
MAIL ORDER (UP TO A 90 DAY SUPPLY)	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Tier 1: Low-Cost Generics		
Tier 2: Generics	\$6 copay	
Tier 3: Preferred Brands	\$20 copay	
Tier 4: Non-Preferred Brands	\$100 copay	
Tier 5: Specialty Medications (Self-Administered)	\$300 copay Not Covered	Not Covered

## 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 Y.A.L.E. School 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 Jade Moustakas at 609-654-7222 ext. 10132. **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 Y.A.L.E. School 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](http://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](http://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:

November 2024

Name of Entity/Sender:

Y.A.L.E. School of Philadelphia/Jade Moustakas

Address:

10-A Jennings Road, Medford, NJ 08055

Phone Number:

609.654-7222 ext. 10132

# 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 your 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 2024 for coverage starting as early as January 1, 2025.

### 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.<sup>1</sup>

**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?

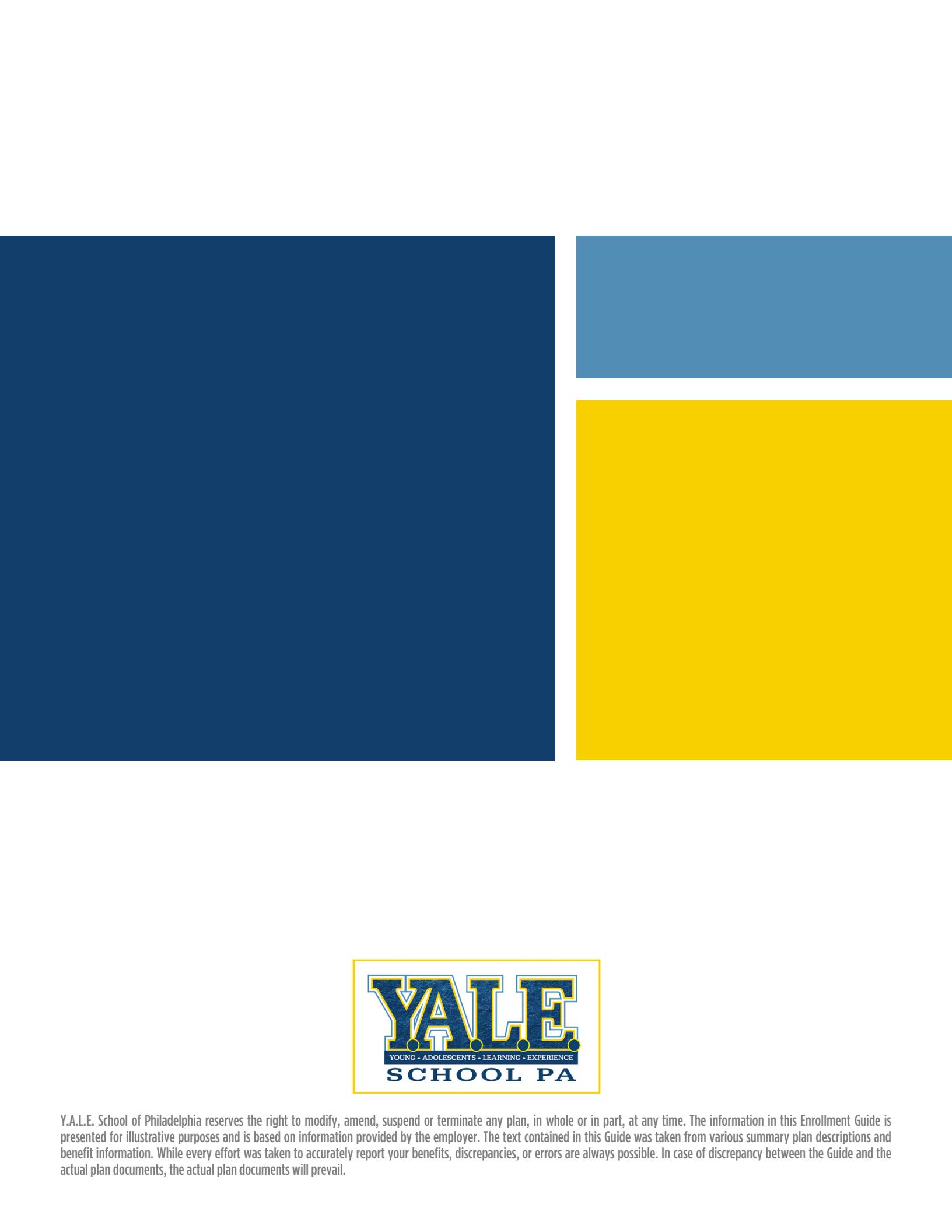
For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier's customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through 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/>.

## PART B: Information about Health Coverage Offered by Your Employer

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 <b>Y.A.L.E. School of Philadelphia</b>	4. Employer Identification Number (EIN) <b>46-2712255</b>	
5. Employer Address <b>10-A Jennings Road</b>	6. Employer phone number <b>609-654-7222 x 10132</b>	
7. City <b>Medford</b>	8. State <b>NJ</b>	9. Zip Code <b>08055</b>
10. Who can we contact about employee health coverage at this job?		
<b>Jade Moustakas</b>		
11. Phone number (if different from above)	12. Email address <b>jmoustakas@yaleschoolnj.com</b>	

<sup>1</sup> 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.



Y.A.L.E. School of Philadelphia reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail.