



Open Enrollment

To: Our Valued Employees
 From: Human Resources
 Date: September 23, 2019
 Re: **2020 Employee Benefits**



Dear Valued Employee:

This is the time of year when all benefit eligible employees may enroll or make changes in benefit plans offered by Prospect Medical Holdings, Inc. (PMH). These include medical, dental, vision, voluntary disability, optional life insurance, voluntary accidental death & dismemberment insurance as well as the flexible spending account(s). The 2020 benefit program is a competitive and comprehensive package designed to meet your and your eligible family member's unique needs.

Crozer-Keystone Health System (CKHS) Open Enrollment Schedule:

Open Enrollment Start Date:	Monday, September 30, 2019
Open Enrollment Ends:	Sunday, October 13, 2019
Last Day to Make Changes:	Sunday, October 13, 2019
New Benefits Take Effect:	Wednesday, January 1, 2020
Benefits Fair Dates and Times:	
Taylor Hospital Classrooms A/B	Monday, September 30, 2019 7:30 AM – 4:00 PM
Delaware County Memorial Hospital Conference Rooms A/C	Tuesday, October 1, 2019 7:30 AM – 4:00 PM
Crozer-Chester Medical Center Clark Lobby	Wednesday, October 2, 2019 7:30 AM – 4:00 PM
Springfield Hospital 1 st Floor Conference Room	Thursday, October 3, 2019 7:30 AM – 4:00 PM

Join us at a Benefits Fair, visit the Benefitsolver Reference Center, or contact Human Resources to obtain a copy of the 2020 Employee Benefits Guide.

What You Need To Do

Be sure to read this entire letter to learn what's new for 2020, particularly if you are enrolled in the EPO medical plan or are considering enrolling in the EPO medical plan for 2020. The EPO medical plan will continue to be offered. The EPO-OSA plan that is available to employees who live more than 25 miles from CKHS will not be offered effective January 1, 2020. Employees currently enrolled in the EPO-OSA plan will automatically default to the EPO plan unless you make a new election.

Determine if you must take action. Open Enrollment is a passive enrollment. This means that if you are satisfied with your current benefit elections, you do not have to take any action. Your current 2019 benefit elections will roll over to 2020, except for Health Care and Dependent Care Flexible Spending Accounts (FSAs). The IRS requires that you make an annual election to participate in the FSAs. **Be sure you understand 2020 plan changes before deciding if you need to take action.**

Review your benefits. We recommend that you log on to your benefit administration site to review your coverage and if applicable, your covered dependents, and your medical plan tobacco status.

- To get started, visit www.benefitsolver.com or the MyChoice mobile app and log in by entering your user name and password. If you are a first-time user, click on “Register” to set up your username, password and security questions. Our “Company Key” is **prospect**.
- Please refer to the Enrollment Instructions flyer located in the Benefitsolver Reference Center. The Reference Center is located at the top of your screen, next to your name.
- If you are newly benefit eligible or have an eligible life event on or after August 31, you may see two enrollment events online. Complete 2019 and 2020 online enrollments to be sure coverage carries forward into 2020 and to elect 2020 FSAs.

Make changes. If you wish to make changes to your current benefit elections, you must access www.benefitsolver.com or the MyChoice mobile app to enter your 2020 changes by the **October 13** deadline.

IMPORTANT: To finalize your elections/changes, you must approve your transaction to receive a confirmation number. If you do not complete the online process by approving the changes, your current elections will roll over, except for FSAs. Be sure to print a copy of your 2020 Benefit Summary.

Waive coverage. If you are declining or waiving health coverage for 2020 and have not waived health coverage for 2019, you must log on to Benefitsolver and waive coverage.

Add dependents. If you are electing medical, dental, and/or vision coverage for your legally married partner in 2020 or adding a new dependent child(ren) for the first time, you must provide proof of eligibility for your dependent(s).

- Provide the required documentation to verify dependent eligibility to the Human Resources/Benefits Department no later than **Monday, October 14, 2019**. For a list of acceptable documentation for dependent eligibility verification, please refer to the Dependent Documentation Requirements information located in the Benefitsolver Reference Center.
- **If you do not provide the required documentation by Monday, October 14, 2019 your dependents will not be enrolled in coverage and you will not be able to add coverage until the 2021 open enrollment, unless there is a qualifying life event.**
- Social Security numbers for dependents over the age of six months are required when enrolling dependents for medical, dental and/or vision coverage.

Continue Flexible Spending Accounts (FSAs) in 2020. If you are not making any changes to your current benefit elections but would like to participate in the Health and/or Dependent Care FSAs in 2020, you must enroll annually by visiting www.benefitsolver.com.

Consider enrolling in the Medical Expense Reimbursement Plan (MERP). See enclosed flyer or refer to the 2020 Employee Benefits Guide or the Benefitsolver Reference Center for additional information about the MERP. Consider enrolling in the MERP if you have access to other eligible medical coverage.

- If you wish to enroll in the MERP for the first time, you must be enrolled in a PMH medical plan on December 31, 2019 and waive medical coverage for 2020. Complete a MERP Enrollment Form and an Attestation Form and submit to J&K Consultants. These Forms can be found in the Benefitsolver Reference Center or contact Human Resources/Benefits.
- If you are currently enrolled in the MERP and will participate in the plan for 2020, J&K Consultants will mail you an Open Enrollment packet to complete and return to J&K Consultants.

Review your contact information. Review the contact information listed in Benefitsolver to confirm that your address, primary phone number, email address and secondary phone number are accurate. To update your address or primary phone number, complete a Name and Address Change Form. Visit the Forms page of the CKHS intranet to obtain the Form.

What You Need To Know – Plan Updates for 2020

Employee Contributions

There are no changes to medical, dental, and vision employee contribution rates for 2020! Your cost for optional life and disability options are age-based and are subject to change. Your optional life, short term disability and/or long term disability cost may also change if your coverage amount changes effective January 1.

Eligibility Changes – Medical, Dental and Vision Plans

- Good news! Your spouse is now eligible to enroll in dental and/or vision coverage, regardless of medical eligibility. You must present proof of eligibility by Monday, October 14 to add a spouse who was not previously covered under a CKHS medical plan.
- More good news! If your spouse or child also works for PMH, your spouse and/or child(ren) may be covered as a dependent on the same medical, dental, and/or vision plan. **Each employee may only be enrolled in one PMH/CKHS medical, dental, and/or vision plan. Dual coverage is not permitted (i.e. you may not be covered as an employee and a dependent in medical, dental, and/or vision).**

Medical Plans

- Medical benefits will continue to be offered through the Preferred EPO, PMH National PPO and Blue Shield networks utilizing the Keenan Employee Benefits TPA for claims processing.
- To provide convenient access to pediatric services, in addition to CKHS pediatric providers, Children’s Hospital of Philadelphia (CHOP) and Nemours/DuPont pediatricians and pediatric specialists will continue to be Tier 1 providers. All CHOP and Nemours/DuPont outpatient and facility care (including tests in a physician’s office, urgent care, and emergency room visits) will continue to be Tier 2.
- Examples of services currently not available within CKHS (Tier 1) include durable medical equipment, home care visits outside of Delaware County, and skilled nursing facility care.

Exclusive Provider Organization (EPO) – Important Change

Effective January 1, 2020, the 25-mile radius EPO-Out-of-Service Area (OSA) plan or Out of Area plan will be eliminated. The service area zip codes will no longer apply. That means that if you live more than 25 miles from CKHS, you will no longer be able to self-direct your care to Tier 2 providers and facilities, unless the service is not offered within Tier 1.

- Employees impacted by this change may elect the EPO plan (which requires the use of PMH/CKHS Tier 1 providers) or elect one of the other PPO plans. If you are enrolled in the EPO medical plan in 2020 and move out of area, you will not have the option of changing medical plans. To confirm if you are currently enrolled in the EPO OSA medical plan, refer to your medical ID card; call Keenan Customer Service at 877.853.3626, or the Benefit Answer Line at 610.447.6300 (15-6300), option 9.
- Beginning January 1, 2020, if you are enrolled in the EPO plan, all services must be received from providers in the CKHS or PMH National Network (Tier 1) when available, regardless of where you reside.
- Out-of-network benefits are only available for emergency services; otherwise the service will not be covered.
- If services are not available within the Preferred EPO Network where you are employed (i.e. Tier 1 CKHS Network), you may access care through the BCBS BlueCard PPO Network (Tier 2). Tier 2 benefits apply when services are rendered by a Tier 2 provider.
- Please contact Keenan Customer Service at 877.853.3626 before services in the Tier 2 Network are rendered. If utilizing a PMH National Network provider, benefits will be paid based on your covered benefits and services where you are employed.
- The PMH Preferred EPO Network provider directory is available in the Benefitsolver Reference Center.
- Benefit Changes

Plan Benefit	2019 (Current)	2020 (New)
Plan Year Deductible (Individual / Family)	\$200 / \$600	\$250 / \$750
Annual Out-of-Pocket Maximum (Individual / Family)		
• Medical	\$2,500 / \$7,500	\$2,750 / \$8,250
• Pharmacy	\$2,500 / \$5,000	No change

Limited PPO

- Benefit Changes

Plan Benefit	2019 (Current)		2020 (New)	
	Tier 1	Tier 2	Tier 1	Tier 2
Plan Year Deductible (Indiv / Family)	\$200/\$600	\$1,550/\$4,650	\$250/\$750	\$1,600/\$4,800
Annual Out-of-Pocket Maximum (Indiv/Fam)				
• Medical	\$2,500/\$7,500	\$4,750/\$9,500	\$2,750/\$8,250	\$5,000/\$10,000
• Pharmacy	\$2,500/\$5,000		No change	
Inpatient Facility Services	No charge after ded	20% after ded	\$600/admit+10% after ded	No change
Outpatient Services				
• Surgery	No charge after ded	20% after ded	\$300/service+10% after ded	No change
• Ambulatory Surgical Center	No charge after ded	20% after ded	\$300/admit+10% after ded	No change

Standard PPO

- Benefit Changes

Plan Benefit	2019 (Current)			2020 (New)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Plan Year Deductible (Indiv / Family)	\$200/\$600	\$1,550/\$4,650	\$5,000/\$15,000	\$250/\$750	\$1,600/\$4,800	\$5,050/\$15,150
Annual Out-of-Pocket Max (Indiv / Fam)						
• Medical	\$2,500/\$7,500	\$4,750/\$9,500	\$8,400/\$25,200	\$2,750/\$8,250	\$5,000/\$10,000	\$8,650/\$25,950
• Pharmacy	\$2,500 / \$5,000		N/A	No change		N/A
Inpatient Services	No charge after ded	20% after ded	40% after ded	\$600/admit+10% after ded	No change	No change
Outpatient Services						
• Surgery	No charge after ded	20% after ded	40% after ded	\$300/service+10% after ded	No change	No change
• Ambulatory Surgical Center	No charge after ded	20% after ded	40% after ded	\$300/admit+10% after ded	No change	No change

Premier PPO

- Benefit Changes

Plan Benefit	2019 (Current)			2020 (New)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Plan Year Deductible (Indiv / Family)	\$500/\$1,000			\$550/\$1,100		
Annual Out-of-Pocket Max (Indiv / Fam)						
• Medical	\$2,000/\$5,000	\$2,400/\$6,000	\$4,400/\$13,200	\$2,250/\$5,625	\$2,650/\$6,625	\$4,650/\$13,950
• Pharmacy	\$2,500 / \$5,000		N/A	No change		N/A
Inpatient Services	No charge after ded	10% after ded	30% after ded	10% after ded	No change	No change
Outpatient Services						
• Surgery	No charge after ded	10% after ded	30% after ded	10% after ded	No change	No change
• Ambulatory Surgical Center	No charge after ded	10% after ded	30% after ded	10% after ded	No change	No change

Value Plan

- Benefit Changes

Plan Benefit	2019 (Current)			2020 (New)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Annual Out-of-Pocket Max (Indiv / Fam)						
• Medical	\$5,900/\$11,800		\$30,000/\$60,000	No change		No change
• Pharmacy	\$2,000/\$4,000		N/A	\$2,250/\$4,500		N/A

Telemedicine

Talk to a doctor anytime! Teladoc provides 24/7 access to U.S. board certified doctors by phone or video for many non-emergency illnesses, including flu, allergies, sinus infections, and more. Teladoc doctors are licensed internists, family doctors, and pediatricians. Teladoc doctors can prescribe medication when medically necessary. See enclosed information regarding Teladoc.

Medical Plan Tobacco-Free Declaration for Waiver of the 2020 Tobacco Use Premium

The tobacco status that you chose during your 2019 benefit enrollment or that rolled forward from prior enrollments will roll over into the 2020 benefit plan year. If your tobacco status changed and you would like to update it for the 2020 benefit plan year, visit www.benefitsolver.com. If you indicate that you currently use tobacco, you will pay an additional \$50 per month tobacco premium toward your medical coverage. Tobacco products include cigarettes, cigars, chewing or pipe tobacco, any other tobacco products (including electronic cigarettes or “vapes”), regardless of the frequency or method of use.

IMPORTANT: Current tobacco users may become eligible to waive the tobacco premium by completing six sessions of tobacco cessation coaching within 90 days of January 1, 2020 or the effective date of health insurance coverage. This is a great time to “kick the habit” once and for all!

Wellness Incentive Program 2020

To earn a \$50 per month lower Wellness Participant medical premium rate in 2021, you must meet the following criteria during plan year 2020:

- Complete a biometric screening (at a free onsite screening event or with your personal physician).
- Complete an online health assessment on the Healthy Prospects site.
- Earn 60 wellness points on the Healthy Prospects site.

Refer to your 2020 Employee Benefits Guide for additional information.

Medical Expense Reimbursement Plan (MERP) – Annual Maximum Increase

The plan maximum for 2020 is \$8,150 per year for single coverage and \$16,300 per year for family coverage (up from \$7,900/\$15,800 for 2019). This plan is voluntary and is available to all current employees and their eligible dependent child(ren) who are **currently enrolled** in a PMH Medical Plan and who enroll in a qualified, alternate group Medical Plan for 2020 (this excludes participation in Medicare, Tricare Retirees or a Health Savings Account). This plan is not available to new hires. MERP provides reimbursement for qualified deductibles, co-pays, coinsurance or other out-of-pocket expenses for medical and prescription drug services up to the plan maximum. See enclosed information regarding the MERP program.

Prescription Drugs

Prescription drug copays will not change for 2020. Express Scripts will continue as your Rx provider. Please refer to the Benefitsolver Reference Center for the 2020 Express Scripts Prescription Drug High Performance Formulary. See change to the Value PPO plan Out-of-Pocket Maximum above.

IMPORTANT: The CKHS Employee Pharmacy, located near the Crozer Cafeteria, continues to offer the lowest copays and a convenient way to fill 30- and 90-day prescriptions, as well as specialty drug prescriptions. The Employee Pharmacy offers free courier service to the DCMH, Springfield and Taylor inpatient pharmacies. Fill 90-day maintenance medication prescriptions and pay less than using mail order! Call the Employee Pharmacy at 610.447.2850 (15-2850) to learn how to transfer your prescriptions today.

Dental Plans

No change for 2020. Delta Dental will continue as your dental provider.

Vision Plan

No change for 2020. VSP will continue as your vision provider.

Life and AD&D

No change for 2020. Unum will continue as your provider. During Open Enrollment, you have the opportunity to elect or increase additional optional term life insurance for you and your covered dependents. You may increase your current coverage by one increment up to the Guarantee Issue amount without Evidence of Insurability (EOI). EOI is required for new elections or any amount above the Guarantee Issue amount.

Short-Term Disability (STD)

No change for 2020. Unum will continue as your provider. This benefit is voluntary (employee paid). Visit the Benefitsolver Reference Center at www.benefitsolver.com to view coverage details.

If you are a late entrant or enrolling in STD for the first time, you will be subject to Evidence of Insurability (EOI) and pre-existing condition limitations. You have a pre-existing condition if: you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.

Please refer to your 2020 Disability insert for plan benefits and the contribution rate flyer for cost information.

Long-Term Disability (LTD)

No change for 2020. Unum will continue as your provider. Full-time employees receive an employer-paid core monthly benefit and have the option to purchase additional buy-up coverage. Coverage is voluntary for part-time employees. Benefits may vary for weekend employees and employees covered by Collective Bargaining Agreements. If you are a late entrant or increasing your LTD option to a richer benefit level, you will be subject to Evidence of Insurability and pre-existing condition limitations (see above).

Visit the Benefitsolver Reference Center at www.benefitsolver.com to view coverage details.

Employee Assistance Program

No change for 2020. This employer-provided benefit is offered through Unum's Work-Life Balance at no cost to you. Call 800.854.1446 or visit www.unum.com/lifebalance to access the great resources that are available to you, your spouse, dependent children, parents and parents-in-law.

Travel Assistance

No change for 2020. This service is offered through Unum's Work-Life Balance at no cost to you.

Identity Theft Recovery Service

This separate benefit through Unum will no longer be offered in 2020.

Flexible Spending Accounts – Annual Maximum Increase

The Health Care FSA annual maximum for 2020 will increase from \$2,650 to \$2,700. The Dependent Care FSA will remain at \$5,000. The FSA program will continue to be administered by TRI-AD. **You must re-enroll each benefit plan year to participate in one or both FSAs.** If you participated in the Medical FSA in 2019, you may continue to use your current debit card. New enrollees will receive a welcome packet with a new debit card to use.

If you are currently enrolled in the 2019 Health Care FSA, you must incur expenses by December 31, 2019 and submit claims to TRI-AD by April 15, 2020, to avoid the "use it or lose it" penalty.

Tuition Reimbursement Changes

Crozer-Keystone will no longer offer a pre-payment tuition option for voluntary certifications or pre-approved courses that begin on or after January 1, 2020. Employees will be eligible for tuition reimbursement upon submitting proof of successful completion to Employee Benefit Services. **The maximum tuition reimbursement amount will not change.** In the event a Collective Bargaining Agreement (CBA) defines pre-payment, the plan reimbursement will follow requirements of the CBA. This change is effective January 1, 2020, to ensure Crozer-Keystone is **only** paying tuition benefits for successfully completed courses. Fall 2019 is the final semester Crozer-Keystone will honor tuition pre-payments.

Important Notices and Additional Information

Important Notices

This packet includes Important Notices that provide information regarding your health plans and your legal rights:

- Discrimination is Against the Law
- Newborns and Mothers Health Protection Act (NMHPA)
- Women's Health and Cancer Rights Act (WHCRA)
- COBRA Continuation Coverage
- Medicare Part D – Creditable Coverage Notice
- Health Insurance Marketplace Coverage Options and Your Health Coverage

The Affordable Care Act (ACA) requires health plans to provide to those insured under the plan a Summary of Benefits and Coverage (SBC) that accurately describes the benefits and coverage under the applicable plan or coverage, including uniform definitions of standard insurance terms. Medical plan SBCs are available in the Benefitsolver Reference Center at www.benefitsolver.com. To access SBCs and detailed information regarding all employee benefit plans, please log on to Benefitsolver. If you are unable to access the Website or would like a hardcopy of the SBCs, please call the Benefit Answer Line at 610.447.6300 (15-6300), option 9.

Summary Annual Report (SAR)

The SAR of the Prospect Medical Group Employee Benefit Plan for the plan year January 1, 2018 through December 31, 2018 is enclosed. The annual report was filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Additional Information

If you have any questions regarding Open Enrollment, please:

- Visit a Benefits Fair or employee information table. The information table schedule will follow.
- Call Keenan Customer Service at 877.853.3626 with medical plan and participating provider questions.
- Call Express Scripts at 877.849.5523 with prescription drug questions.
- Call Delta at 800.765.6003 with dental questions.
- Call VSP at 800.877.7195 with vision questions.
- Call J&K Consultants at 877.872.4232 with MERP questions.
- Call TRI-AD at 888.844.1372 with Medical Care and/or Dependent Care Flexible Spending Account questions.
- Call the Benefit Answer Line at 610.447.6300 (15-6300) and select option 9.