



2026

OPEN ENROLLMENT GUIDE

For the coverage period beginning on December 1, 2025

Welcome to Open Enrollment!

Chester Community Charter School strives to offer you and your eligible dependents a competitive and comprehensive benefits package. This year is no exception. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

The Open Enrollment period runs from November 17, 2025 through November 23, 2025. The benefits you elect during Open Enrollment will be effective starting December 1, 2025.

Once you have made your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status. Information on Qualifying Life Events can be found on the following page.

Questions?

If you have any questions about the Open Enrollment process or the information in this guide, please contact Janelle Trigg in Human Resources at **610.447.0400 x 1287** or the Benefits Member Advocacy Center at **800.563.9929** or online at **connerstrong.com/memberadvocacy**.

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What You Need to Know

Open Enrollment

Benefit Highlights

Medical

- There will be no plan design changes to your current Independence Blue Cross plans.
- **The medical plans employee payroll contributions will be increasing slightly for the new plan year.**
- **The Keystone POS single coverage will now have a minor employee contribution applied per pay.**

Dental

- Benefits for both our Delta Dental base and buy-up plans will be staying the same. Employee payroll contributions for both plans will stay the same - **no cost increase!**

Vision

- The VSP Voluntary vision plan levels will remain the same. Employee payroll contributions for both plans will stay the same - **no cost increase!**

NEW! Voluntary Benefits

- Utopia WellCare Functional Nutritional Counseling will now be available!



Enrollment & Making Plan Changes

How to Enroll

Chester Community Charter School will be holding a **PASSIVE** Open Enrollment this year. This means that if you do not make changes to your current plans, each election will rollover to the 2025-2026 plan year.

Please submit the necessary carrier form **no later than November 23, 2025** if:

- You wish to add/terminate dependents from your benefits coverage
 - **Please Note:** *If you are adding a spouse and/or dependents, you must provide Janelle Trigg with a copy of a marriage certificate and/or birth certificate. We cannot add your dependents without substantiation.*
- You are enrolled in benefits for the first time
- You are currently enrolled and you choose to waive benefits
- You are changing your benefit elections

All benefit changes/updates must be made through the AccessAble system. Please visit the Open Enrollment page at www.cccsbenefits.com for instructions on how to change your benefits using the AccessAble system.

- Please note that your employer PIN for AccessAble is **UDVQ7XLC**

*If you currently participate in one of CCCS' medical plans and cover a spouse and/or dependent children, or are adding a spouse and/or dependent children this year, you **MUST** provide Janelle Trigg with a copy of your marriage and/or birth certificates by Wednesday, November 23rd.*

Making Plan Changes

Qualified changes in status are determined by IRS rules. Examples include: Marriage, Legal Separation, Annulment, Divorce, Birth or adoption of a child, Change in child's dependent status, Death of a spouse, child, or other qualified dependent, Commencement or termination of adoption proceedings, or Change in spouse's benefits or employment status.

Please note that voluntarily electing CHIP for a dependent does not count as a qualified life event and current coverage cannot be dropped.

If an eligible dependent had other coverage and such coverage is lost, the eligible dependent may be eligible for enrollment during a "special enrollment period", which is usually the 31-day period following the date that other coverage was lost, due to a qualified change in status.

You must notify Human Resources within 31 days of experiencing a qualified status change.



Benefits At-A-Glance

Chester Community Charter School strives to offer you and your eligible dependents a competitive and comprehensive benefits package.

BENEFITS OVERVIEW

Medical and Prescription Drug	- Employees can choose between a Point of Service (POS) plan and two (2) Personal Choice PPO plans with Independence Blue Cross - With the Keystone POS Plan, you must designate a primary care physician (PCP) and will need referrals to visit a specialists - PPO 1 and PPO 2 allow you to receive treatment from in-network providers and out-of-network providers - With both PPO plans, you do not need to designate a PCP and you need referrals to visit specialists
Dental	- Delta Dental's dental plan allows you to seek treatment from the dentist of your choice - Dental buy-up option increases coinsurance for basic services to 80%, major services to 50%, and covers orthodontia services at 50%
Voluntary Vision	- VSP's voluntary vision plan covers your routine eye exam for a \$10 copay. You also get up to \$180 for materials such as frames or contacts - Employees is responsible for 100% of the premium
Basic Life and AD&D	- Life benefit is 1.5 times Basic Annual Salary to a maximum of \$125,000 - AD&D benefit is equal to your Life Benefit amount - CCCS is responsible for 100% of the premium
Short-Term Disability	- After 7 days of continuous injury or sickness, you receive 60% of your basic weekly wage to a maximum of \$500 a week - Coverage lasts up to 13 weeks - CCCS is responsible for 100% of the premium
Long-Term Disability	- After 90 days of continuous disability, you receive 60% of your basic monthly earnings to a maximum of \$5,300 a month - CCCS is responsible for 100% of the premium
Supplemental Employee Life and AD&D	- Available in increments of \$10,000 to a maximum amount of \$500,000 - Employee is responsible for 100% of the premium - Late entrants enrolling after their original eligibility date will require evidence of insurability
Supplemental Spousal Life and AD&D	- If you purchase Supplemental Employee Term Life, you may purchase Spousal Term life in increments of \$10,000 to a maximum amount of \$500,000 and \$250,000 for AD&D - Employee is responsible for 100% of the premium - Late entrants enrolling after their original eligibility date will require evidence of insurability
Supplemental Child(ren) Life and AD&D	- If you purchase Supplemental Employee Term Life, you may purchase Child(ren) Term Life equal to either \$5,000 or \$10m000 - Employee is responsible for 100% of the premium - Late entrants enrolling after their original eligibility date will require evidence of insurability
Employee Assistance Program (EAP)	24 hour crisis telephone counseling services - Six (6) face-to-face local counseling sessions for each incident

Medical Plans

Independence Blue Cross

Below is a summary of the medical plans available to you December 1, 2025. The benefits represented in this Guide is a brief summary. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

Don't Forget! Preventive Care Services are covered 100% in-network - no copays or coinsurance!

	Keystone POS Plan*	Personal Choice PPO Plan 1	Personal Choice PPO Plan 2
IN-NETWORK BENEFITS			
Annual Deductible <i>Individual/Family</i>	\$1,000 / \$3,000	None	None
Out-of-Pocket Maximum <i>Individual/Family</i>	\$6,000 / \$13,200	\$6,350 / \$12,700	\$6,350 / \$12,700
Coinsurance (% plan pays)	Plan pays 80%	Plan pays 100%	Plan pays 100%
Preventive Care Services	Plan pays 100%	Plan pays 100%	Plan pays 100%
Primary Care Physician (PCP) Office Visits	\$20 copay (no deductible)	\$20 copay	\$10 copay
Specialist Office Visit	\$40 copay (no deductible)	\$40 copay	\$20 copay
Inpatient Hospital	Plan pays 80% after deductible	\$250 copay per day (max 5 days) then Plan pays 100%	Plan pays 100%
Outpatient Surgery	Plan pays 80% after deductible	\$100 copay per visit then Plan pays 100%	\$100 copay then Plan pays 100%
Diagnostic Radiology	\$40 copay (no deductible)	\$40 copay	\$20 copay
Complex Radiology	\$80 copay (no deductible)	\$75 copay	\$40 copay
Emergency Room	Plan pays 80% after deductible	\$100 copay then Plan pays 100%	\$100 copay then Plan pays 100%
Urgent Care	Plan pays 80% after deductible	\$50 copay	\$50 copay
Vision Care (Benefits every 2 years) <i>Exam</i> <i>Hardware Reimbursement</i>	\$40 copay \$65 reimbursement	Plan pays 100% \$65 reimbursement	Plan pays 100% \$65 reimbursement
OUT-OF-NETWORK BENEFITS**			
Annual Deductible <i>Individual/Family</i>	\$5,000 / \$15,000	\$500 / \$1,500	\$500 / \$1,500
Out-of-Pocket Maximum <i>Individual/Family</i>	\$30,000 / \$90,000	\$7,350 / \$13,700	\$7,350 / \$13,700
Coinsurance (% plan pays)	Plan pays 50% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible

* If you are enrolling in the POS plan you must select a Primary Care Physician (PCP) at the time of enrollment. Please provide the name of the PCP as listed on www.ibx.com and also include the Provider ID number (which is generally a 9 or 10 digit number).

** Out-of-network claims payments are based on usual and customary (UCR) charges; for the specific level reimbursement for out-of-network claims, please see the Summary Plan Description. Out-of-network providers are not contractually obligated to accept the insurance company's reimbursement as payment in full. This means that the out-of-network providers can balance-bill the member for additional charges above the allowed amount paid by the insurance company. Members will realize less out-of-pocket expenses if they seek care from a network provider.

Prescription Drug Plan

Independence Blue Cross

If you are enrolled in one of the medical plans, you are automatically enrolled in the corresponding prescription drug plan through Independence Blue Cross. The benefits represented in this Guide is a brief summary. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

	Keystone POS Plan*	Personal Choice PPO Plan 1	Personal Choice PPO Plan 2
RETAIL (30-DAY SUPPLY)			
Generic	\$20 copay	\$20 copay	\$10 copay
Preferred Brand	\$40 copay	\$40 copay	\$20 copay
Non-Preferred Brand	\$70 copay	\$70 copay	\$35 copay
MAIL ORDER (90-DAY SUPPLY)			
Generic	\$40 copay	\$40 copay	\$20 copay
Preferred Brand	\$80 copay	\$80 copay	\$40 copay
Non-Preferred Brand	\$140 copay	\$140 copay	\$70 copay

* Member must pay the applicable copay only if the physician requires the brand. If the member requests the brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

Save Money With Mail Order

Using the mail-order program for your maintenance medications will save you money. You will receive a 90-day (3-month supply) for the equivalent of two (2) retail copays. In addition, to the savings your prescriptions will be delivered right to your home.

To begin using mail-order, simply complete the mail-order form and send along with your prescription(s) written for a 90-day supply of medication. Forms can be obtained online at www.ibx.com.



Dental Plan

Delta Dental

Below is a summary of the dental plans available to you, effective December 1, 2025. The benefits represented in this Guide is a brief summary. For a more detailed listing of benefits, including exclusions, please visit www.ccsbenefits.com.

	Delta Dental PPO Base Plan	Delta Dental PPO Buy-Up Plan
BENEFITS		
Calendar Year Deductible <i>Individual/Family</i>	None	None
Calendar Year Maximum <i>(per patient)</i>	\$1,000	\$1,500
Preventive & Diagnostic <i>Exams, Cleanings, X-rays, Sealants</i>	Plan pays 100%	Plan pays 100%
Basic Services <i>Fillings/Extractions, Endodontics (root canal), Periodontics, Oral Surgery</i>	Plan pays 25%	Plan pays 80%
Major Services <i>Crowns, Bridgework, Full and Partial Dentures</i>	Plan pays 25%	Plan pays 50%
Orthodontia Benefits <i>(children age 19 and below)</i>	Not Covered	Plan pays 50%
Orthodontia Lifetime Maximum <i>(per patient)</i>	N/A	\$1,500

* Participating dentists will be paid directly by Delta Dental to the extent that services are covered by the contract. Non-Participating dentists will bill the patient directly and Delta Dental will make payment directly to the subscriber.

Patients who select a non-Delta Dental PPO dentist have benefits paid on a Delta Dental PPO schedule of allowances and are responsible for any part of the dentist’s fee which exceeds the allowance except that a Delta Dental participating dentist can only charge up to his/her filed fee or Delta Dental’s maximum plan allowance.

Maximum benefit may be derived by utilizing the services of a participating Delta Dental PPO dentist.

Locate participating providers at www.deltadentalins.com.



Voluntary Vision Plan

VSP

Below is a summary of the vision plan available to you, in addition to your IBC vision benefit. This plan is voluntary, which means you will be responsible for paying 100% of the premium. The benefits represented in this Guide is a brief summary. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.

VSP Choice Plan	
IN-NETWORK BENEFITS	
Exam	\$10 copay
Frames	100% after \$20 copay, up to \$180 allowance; 20% off balance above allowance
Lenses	
Single Vision Lenses	\$20 copay
Bifocal Lenses	\$20 copay
Trifocal Lenses	\$20 copay
Lenticular Lenses	\$20 copay
Lens Options	
Tinting	No copay
Scratch-Resistant Coating	\$17 copay
Ultraviolet	\$16 copay
Standard Anti-Reflective	\$41 copay
Polycarbonate	\$34-\$35 copay
Photochromic (i.e., Transitions)	\$70-\$82 copay
Contact Lenses	
Evaluation	Covered 100% after copay, max \$60 copay
Conventional	\$130 allowance
Disposable	\$130 allowance
Frequency	
Vision Exam	12 months
Lenses	12 months
Frames	24 months
Additional Pair of Glasses	20% off retail

Find a Provider

Visit www.vsp.com and select *"Find a Doctor"* under the Member tab. Make sure *"Choice"* is selected under Doctor Network.

Life/AD&D and Disability Insurance

USAbLe

Basic Term Life and AD&D

All active, full-time employees working at least 30 hours per week are eligible for the basic life and accidental death and dismemberment (AD&D) plan. This plan is available at no cost - CCCS pays 100% of the basic life and AD&D premium.

- **Benefit Amount:** 1.5 times your base annual salary rounded to the nearest \$1,000 up to a maximum of \$125,000

Short-Term Disability (STD)

CCCS provides short-term disability insurance to protect a portion of your income in the event you are incapable of working due to a qualified illness or injury. This plan is available at no cost - CCCS pays 100% of the short-term disability premium.

- **Benefits Percent:** 60% of basic weekly earnings rounded to the nearest dollar
- **Benefit Maximum per Week:** \$500
- **Duration:** 13 weeks
- **Elimination Period:** 7 days

Long-Term Disability

All active, full-time employees regularly working at least 30 hours per week are eligible for the long-term disability (LTD) plan. This plan is available at no cost - CCCS pays 100% of the LTD premium.

- **Percentage of Income Replaced:** 60% of basic monthly earnings
- **Minimum Benefit:** \$100
- **Maximum Benefit:** \$5,300

The benefits represented in this Guide is a brief summary. For a more detailed listing of benefits, including exclusions, please visit www.cccsbenefits.com.



Supplemental Life and Disability Insurance

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Please visit www.cccsbenefits.com for premium rates for this voluntary insurance plan. The benefits represented in this Guide is a brief summary. For a more detailed listed of benefits, including exclusions, please visit www.cccsbenefits.com.

Supplemental Employee Term Life and AD&D

All active, full-time employees working at least 30 hours per week are eligible to participate in the supplementary employee term life plan. Since this plan is optional, the employee is responsible for 100% of the premium.

- **Benefit Increments:** \$10,000
- **Maximum Amount:** \$500,000 - subject to Evidence of Insurability (EOI)

Supplemental Spousal Term Life and AD&D

You have the option of purchasing life insurance, for your spouse, at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium.

- **Benefits Increments:** \$10,000
- **Maximum Amount:** \$500,000 for Term Life; \$250,000 for AD&D - subject to Evidence of Insurability (EOI)

Supplemental Child(ren) Term Life and AD&D

You have the option of purchasing life insurance, for your child(ren), at your own expense. Since this plan is optional, the employee is responsible for 100% of the premium.

- **Benefit Increments - 15 days through 6 months old:** \$1,000
- **Benefit Increments - 6 months old through 18 years old (or 23 if your child(ren) is a full-time student):** \$5,000 or \$10,000

***NOTE:** You must purchase Supplemental Employee Term Life Insurance to participate in Supplemental Spousal Term Life and Supplemental Child(ren) Term Life plans.*



Employee Contributions

Bi-Weekly

The below bi-weekly contributions are effective December 1, 2025 through November 30, 2026.

Medical/Prescription Drug Employee Contributions

ENROLLMENT TIER	KEYSTONE POS	PERSONAL CHOICE PPO PLAN 1	PERSONAL CHOICE PPO PLAN 2
Single	\$46.15	\$125.28	\$157.77
Employee + Spouse	\$313.82	\$572.37	\$640.25
Employee + Child(ren)	\$94.94	\$346.37	\$401.31
Family	\$425.78	\$742.56	\$828.79

Dental Employee Contributions

Your contributions are remaining the same as the current plan year - no price increase if you remain in the same plan/dependent coverage!

ENROLLMENT TIER	DELTA DENTAL PPO BASE PLAN	DELTA DENTAL PPO BUY-UP PLAN
Single	\$0.00	\$5.64
Employee + Spouse	\$7.24	\$19.25
Employee + Child(ren)	\$8.46	\$21.63
Family	\$16.06	\$35.89

Vision Employee Contributions

Your contributions are remaining the same as the current plan year - no price increase if you remain in the same plan/dependent coverage!

ENROLLMENT TIER	VSP CHOICE PLAN
Single	\$4.02
Family	\$8.67



Employee Contributions

21-Pay

The below 21-pay contributions are effective December 1, 2025 through November 30, 2026.

Medical/Prescription Drug Employee Contributions

ENROLLMENT TIER	KEYSTONE POS	PERSONAL CHOICE PPO PLAN 1	PERSONAL CHOICE PPO PLAN 2
Single	\$57.14	\$155.11	\$195.33
Employee + Spouse	\$388.54	\$708.65	\$792.69
Employee + Child(ren)	\$117.54	\$428.83	\$496.86
Family	\$527.16	\$919.35	\$1,026.13

Dental Employee Contributions

Your contributions are remaining the same as the current plan year - no price increase if you remain in the same plan/dependent coverage!

ENROLLMENT TIER	DELTA DENTAL PPO BASE PLAN	DELTA DENTAL PPO BUY-UP PLAN
Single	\$0.00	\$6.98
Employee + Spouse	\$8.96	\$23.83
Employee + Child(ren)	\$10.47	\$26.78
Family	\$19.88	\$44.44

Vision Employee Contributions

Your contributions are remaining the same as the current plan year - no price increase if you remain in the same plan/dependent coverage!

ENROLLMENT TIER	VSP CHOICE PLAN
Single	\$4.02
Family	\$8.67



Employee Assistance Program (EAP)

Carebridge

Life can be complicated at times and, sometimes, we all need a little support. Take advantage of the EAP - a free and 100% confidential service available to you and your family.

The Carebridge Employee Assistance Program (EAP) is a confidential service that provides you and your family members with support services available 24/7. These services include:

- Unlimited telephonic consultations with an EAP counselor
- **Referrals for up to six (6) face-to-face sessions with local counselors - free of charge**
- **Mental Health Support:** Get real support for anxiety, depression, conflict, grief, addiction, and more from licensed clinicians and referrals for long-term care.

Questions?

For more information, please contact Carebridge at **800.437.0911** or visit **myliferesource.com**.



What Can the EAP Assist With?

Mental Health:

- Anxiety
- Depression
- Grief
- Conflict
- Addiction

Work-Life Services

- Childcare
- Eldercare
- Legal
- Financial

Lifestyle and Fitness Management

- Relationship issues
- Divorce and separation
- Health and well-being
- Grief and loss

Legal & Financial

- Budgeting
- Credit and collections
- Savings and investing
- Home buying
- Retirement planning

Emotional Wellbeing & Behavioral Change

- Motivation
- Stress relief
- Mindfulness
- Goal setting assistance
- Provides live training, life coaching, and digital tools

Utopia WellCare

Nutrition Consultations

What is Utopia Wellcare?

Utopia WellCare's goal is to help you develop a better overall relationship with your health via comprehensive Functional Nutrition services provided by Board Certified Registered Dietitians.

How it Works

Utopia WellCare provides one-on-one virtual consultations with dietitians at no cost to you. Consultations are covered under preventive care through your insurance carrier and offers six (6) FREE visits.

Utopia WellCare captures your complete patient history and health status to leverage diet and nutrition counseling to assist with your overall health and wellbeing. Not only can you take advantage of Utopia WellCare, but your dependents can also schedule a visit with one of their Board Certified Registered Dietitians.

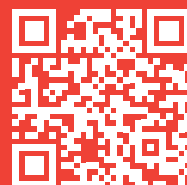
Services Include:

- **Mood Regulation:** Depression, PMS, PMDD
- Stress and Anxiety: Brain/gut imbalance
- **Body Composition:** Weight loss, build muscle
- **Cardiovascular Issues:** High blood pressure, cholesterol, heart disease, low platelets, etc.
- **Endocrine Imbalance:** Diabetes, hormone resistant weight loss
- **Kidney Imbalances and Cancer**
- **Autoimmunity:** Lupus, Hashimoto, Psoriasis, Parkinsons
- **Allergies and Environmental Exposures:** Mast cell activation
- **Gastro-Intestinal Disorders:** Gas, bloating, constipation, IBS, IBD, food sensitivity issues, GERD
- **And more!**



Have Questions?

- Email: info@utopiawellcare.com
- Visit utopiawellcare.com or Scan the QR code



Benefits MAC

Conner Strong & Buckelew

Need help navigating your benefits? Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

Contact the Benefits MAC to:

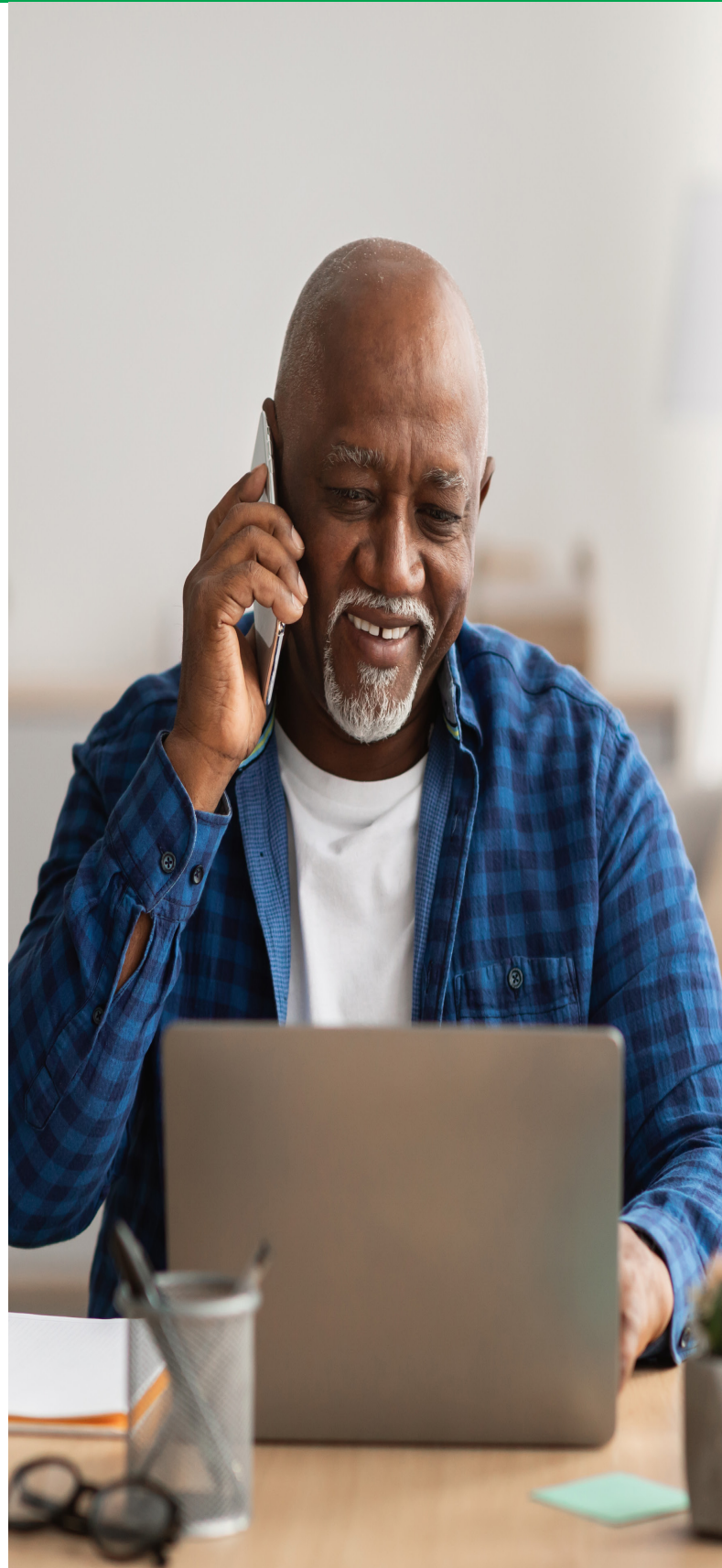
- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

Member Advocates are available Monday - Friday, 8:30 am to 5:00 pm, ET. 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 in any of the following ways:

- Via phone: **800.563.9929** (Mon-Fri, 8:30 am to 5:00 pm ET)
- Via web: **www.connerstrong.com/memberadvocacy**
- Via fax: **856.685.2253**
- Via email: **cssteam@connerstrong.com**



BenePortal

Online Benefits Resource

Your benefits information in one place!

BenePortal is Chester Community Charter School's virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

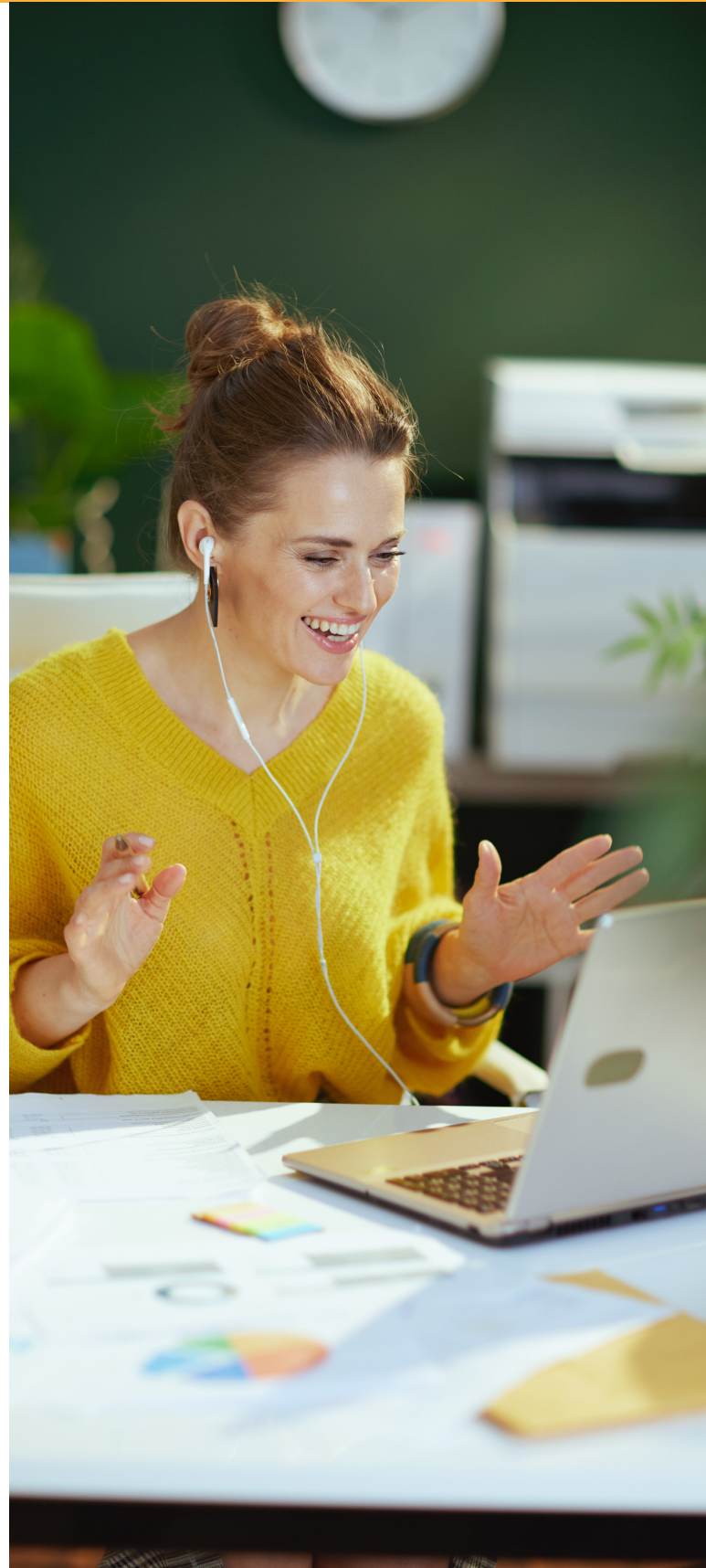
BenePortal is available 24/7 to CCCS employees and their eligible dependents.

BenePortal features include:

- Secure online access - with NO login required
- Mobile optimized site
- Plan summaries
- Carrier contact information
- Wellness resources
- Downloadable forms and plan summaries
- GoodRx
- Benefit Perks Discount Program
- And more!

Access BenePortal Today!

Accessing BenePortal is easy! Simply go to **www.cccsbenefits.com** to access your benefits information anytime, anywhere!



Carrier Contacts

The resources identified below are available to assist you with any questions that you may have about your benefits.

BENEFIT	CARRIER	NUMBER	WEBSITE
Medical & Prescription Drug	Independence Blue Cross	800-275-2583	www.ibx.com
Dental	Delta Dental of Pennsylvania	800-932-0783	www.deltadentalins.com
Voluntary Vision Plan	VSP	800-877-7195	www.vsp.com
Employee Assistance Program (EAP)	Carebridge	800-437-0911	https://myliferesource.com
Life and Disability	USABLE	800-370-5856	www.usablelife.com
Nutrition Consultations	Utopia WellCare	N/A	www.utopiawellcare.com



Legal Notices

Notice Regarding Special Enrollment

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 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.

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 (CHIP) 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 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 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, please contact your employer.

Newborns' and Mothers' Health Protection Act

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 would like more information on WHCRA benefits, please contact your Plan Administrator.

Premium Assistance Under Medicaid & 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.

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 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.askebsa.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, 2025. Contact your State for more information on eligibility -

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

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 Website: <http://dhcs.ca.gov/hipp>

Phone: 916-445-8322

Fax: 916-440-5676

Email: 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

Legal Notices

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.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/fssa/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:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
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: KIHIPPPROGRAM@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 or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/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: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@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: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

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

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
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/
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: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

Legal Notices

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
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: 1-800-250-8427

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>
Medicaid/CHIP Phone: 1-800-432-5924

Washington – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

West Virginia – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIP (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: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice

This Guide is intended to provide you with the information you need to choose your benefits for the plan year including details about your benefits options and the actions you need to take. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your benefits or the enrollment process, contact your employer's Human Resources or Benefits Department. The information presented in this Guide is not intended to be construed to create a contract between your employer and any one of its employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Your employer reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.



Chester Community Charter School 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.