

2024- 2025

EMPLOYEE BENEFITS GUIDE

Free or discounted Primary, Behavioral & Dental Care is available for you and your family! Additional information can be found on pages 3 – 5.

Woods Services offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit 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.



WOODS SERVICES

2024-2025 Benefits Guide

This guide includes only highlights of the benefit plans. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. If you would like a copy of the official plan documents, please contact the Benefits Office.

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QUESTIONS?

For more information, visit the Benefits Portal at www.woodsbenefits.com.

If you have any questions about your benefits, please contact the Benefits Department at **215.750.4248** or the Benefits Member Advocacy Center at **800.563.9929** (Monday through Friday 8:30 am to 5:00 pm). They can also be reached at cssteam@connerstrong.com or www.connerstrong.com/memberadvocacy.

The Medical Center at Woods

**Schedule an appointment TODAY!
215-750-4004**

One of the most important benefits available to all Woods Services employees is our **Onsite Medical Center**. Our excellent clinicians are available to serve as your **primary care provider**, performing your annual check-ups or diagnosing and treating a variety of symptoms and medical conditions for which you might typically visit an Urgent Care facility.

The Medical Center is also able to treat your family members, regardless of if they are covered by our Homestead insurance. The Medical Center accepts **ALL** insurances!

Earn wellness points!

You can earn Wellness points by having the following completed at the onsite Medical Center:

- Annual physical
- Blood pressure check once a month for 3 months
- Flu vaccination
- COVID-19 vaccination

The Medical Center is open from 7 am to 7 pm every weekday, except Wednesdays when hours are 8 am to 4 pm. Same day appointments are usually available. Medical staff are on call 24/7. Call **215.750.4004** to make an appointment or speak to our medical staff.

The Medical Center is a separate company from Woods Services and all healthcare services are **confidential**, as they are in any medical practice you use.

Below are some of the services you can receive at the onsite medical center at **no cost**:

- Blood work/testing
- Urgent care for:
 - Sprains/strains
 - Colds, flu, earache
 - Allergies
 - Rashes, urinary tract infections
- Onsite instant x-rays
- Well exams and health screenings
- Gynecological care
- COVID-19, flu, strep testing
- Immunizations
- Blood sugar checks
- Smoking cessation

Please take advantage of the array of services that are offered!

Your privacy is as important to us as it is to you. Your confidential information will not be made available to employees of Woods, without your consent.



Penn Dental Medicine at Woods

**Schedule an appointment TODAY!
215-750-4004**

We are excited to share that one of the Country's finest dental schools, the University of Pennsylvania School of Dental Medicine, through our state of the art facility, Penn Dental Medicine at Woods, is now offering dental care for our staff and their family members! Penn Dental Medicine provides world-class comprehensive, compassionate, patient-centered oral health care delivered by faculty dentists and postgraduate dental residents.

Hours of Operation

- **Monday - Friday:** 9:00 a.m. - 5:00 p.m. (last appointment is at 3:45 p.m.)

Insurance and Payments

Please make note that the Woods Delta PPO plan will allow you to take full advantage of Penn Dental Medicine at Woods Services.

Payment is due in full at the time of service and is accepted in the form of personal checks, money orders, credit/debit cards, or CareCredit.



Services Include:

- Oral Examinations
- Cleanings (Dental Prophylaxis)
 - 2 free each year at Penn Dental at Woods
- Oral Cancer Screening
- Digital X-Rays (Reduction in Radiation)
 - 1 free each year at Penn Dental at Woods
- Occlusal Guards (Night Guards)
- Restorations (Fillings Composite, Tooth-Colored)
- Crowns (Caps)
- Bridges
- Dentures (Complete and Partial)
- Root Canals
- Extractions
- Scaling and Root Planning (Deep Cleanings)
- Restoration of Implants Placed at Penn Dental Medicine at 240 South 40th St., Philadelphia
- Teledentistry

To make an appointment, call **215.750.4004**. To cancel or reschedule, please give at least 48 hours' notice.





The Center for Behavioral Health at Woods

**Schedule an appointment TODAY!
215-750-4004**

The team at The Center for Behavioral Health at Woods is excited to announce that it is opening its doors and services to Woods staff and their families, with insurance coverage provided by Homestead. Located on our Langhorne campus, the center's wide range of individualized mental health outpatient services are available for both adults and children. Telemedicine is also available.

Your privacy is as important to us as it is to you. Your confidential information will not be made available to employees of Woods, without your consent.

Hours of Operation

- **Monday – Thursday:** 9:00 a.m. – 9:00 p.m.
- **Friday:** 9:00 a.m. – 5:00 p.m.
- **Saturday:** 9:00 a.m. – 1:00 p.m.

Insurance and Payments

The Center for Behavioral Health at Woods is covered by the Homestead insurance plan. Copays are due at the time of service. *Stay tuned: We anticipate other major insurance plans to add coverage in the coming months.*

Services Include:

- Intake, psychiatric, and diagnostic assessments
- Medication management, review and coordination
- Psychiatric care
- Nurse navigation for complex conditions, if eligible and referred
- Individual, group, and family therapies
- Behavioral health supports
- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Trauma-informed approaches
- Mindfulness
- Motivational interviewing
- Telehealth and Telepsychiatry
- Autism Assessment
 - Assessment and diagnosis of children and adolescents ages 12 months through 21 years of age for autism and intellectual disabilities
 - Treatment recommendations
 - Follow-up visits (as needed)
 - Referral assistance
 - Help navigating the treatment journey

For more information or to schedule an appointment, call **215.750.4004**.



Enrollment & Eligibility

Who is Eligible to Elect Benefits?

If you are an employee who is directly employed and compensated for services by Woods Services and you regularly work 30 or more hours per week, you can enroll in the benefits described in this Guide. Note that newly hired employees must satisfy the applicable waiting period to qualify for benefits.

Please remember that eligible dependents can also be enrolled.

Eligible dependents include:

- Legal spouse or domestic partner
- Dependent children up to age 26
- Dependent children who turned age 26, under the medical plan, while covered and continue to depend on you for support because of a physical handicap, or who are incapable of self-support due to mental illness or intellectual/developmental disability.

Documentation is required for all dependents—you must provide documentation when requested to confirm the eligibility status of your dependents.

Spouses and Domestic Partners

All employees who wish to cover their Spouse or Domestic Partner on their medical plan will also have to complete the Spouse/Domestic Partner Working Affidavit. This form can be found on the Woods Benefits Portal (www.woodsbenefits.com) or by contacting the Benefits Office. This must be completed yearly and submitted to HR within 30 days of enrollment.

Failure to complete and submit the affidavit will result in the loss of coverage for your spouse or domestic partner.

Adding Newborns

A newborn child will be automatically covered for the first 30 days immediately following birth. **If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth.** To enroll this child you must contact the Woods Services Benefits Office at **215.750.4248** within 30 days of the birth.

If you have a qualified life event during the year and wish to make a change in your coverage, you must do so online via Paycom by selecting "Benefits" then "Qualifying Life Event."

ID Cards

You will receive ID cards for your medical, prescription drug and vision coverages.

If you do not receive your new cards in a timely manner, or if there are errors on your card, please contact the Benefits Office or your plan's Member Services Department for assistance. You can also access an electronic copy of your ID card on the provider website.

Questions?

More information is available on the Benefits Portal at www.woodsbenefits.com.



Making Changes & Enrollment Decisions

Making Changes During the Year

Your elections will be in effect until October 31, 2025 unless you experience a status change defined by the IRS, such as:

- Change in legal marital status
- Change in number of tax dependents
- Termination of employment for you or your spouse
- Change in work schedule of either employee or spouse
- Dependent becomes ineligible due to age or termination of student status
- Change in residence or worksite for you or your dependents
- Entitlement to Medicare.

NOTE: Enrollment changes must be made within 30 days of the status change.

Before Enrolling, Consider..

It is important that you put careful thought into the annual enrollment process to make the proper choices based on your individual and family healthcare needs and financial standing.

Determine your healthcare needs up front.

- Evaluate your spouse's health plan to determine the best cost and coverage for you and your family.
- Consider if any of your dependents will remain on your plan in 2024-2025. Remember that adult children are able to be covered under their parent's health plan up to age 26.
- Do you cover a dependent child under age 19 under the Woods Services' plan? If so, you may have alternative coverage options under Medicaid and the Children's Health Insurance Program (CHIP). Please refer to page 30 of this guide for additional information.



Enrollment Instructions

PAYCOM

You must enroll through our online system, Paycom.

How to Enroll with Paycom

1. Go to www.paycom.com.
2. Hover over the Login button in the upper right of the page and then click “Employee.”
3. Enter your username, password and first four digits of your Social Security Number, then click “Log In.”
4. Locate the “Benefits” tile on the second row, then click “2024 Benefits Enrollment.”
5. You will see a pop-up window with a few tips for enrollment. After reviewing those, click “Start Enrollment.”

Note:

Don't forget to submit your life insurance beneficiary form (found on Symetra's website) to the benefits department in Human Resources. You can purchase additional coverage for yourself and life insurance for your Spouse and/or Child(ren) directly with the insurance company during open enrollment every year.

6. Finally, you can click “Review” to see all the benefits you've chosen and how much will come out of each paycheck. You can also make any changes by clicking on the pencil in that benefit's box.
7. Once you are completely done making your choices, click “Finalize.” A pop-up window will ask you to confirm that you want to complete enrollment.
8. Click “Sign and Submit” to continue to the Benefit Confirmation screen. From here, you can print your open enrollment benefit choices for your records.

Enrollment Tip!

You can keep track of your choices as you go by checking the Progress Bar on the right hand side of your screen.

A green check means you have enrolled and a red “X” means you have declined.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead Plan Highlights

- Low Employee Only Contribution
- Subsidized Family Contributions
- Minimal Copays
- No Referrals Required to See Providers

Finding Homestead Providers

You can continue to see your current provider, but if you need a new one please visit

www.homesteadproviders.com

or www.multiplan.com.

On the MultiPlan site, look for providers who participate in the PHCS Practitioner Only Network. Homestead also has an agreement with Penn Medicine, the region's top ranked healthcare system!

To find a Penn Medicine provider or facility, including their multispecialty outpatient medical facility in Yardley, PA, call **215.316.5150** or visit www.homesteadproviders.com.

Facilities or Hospitals

With the Homestead Plan, you have the ability to visit any facility or hospital without needing a referral and without out-of-network penalties. Some services may require pre-authorization which your physician can obtain by contacting Healthcare Strategies (HCS) at **800.764.3433**.

Homestead Customer Service

Not able to find a specific provider? Concerned about an upcoming appointment or how to explain your benefits coverage? Homestead is here and ready to help. We are with you every step of the way — just call us at **855.897.4816**.

Teladoc

You also have access to Teladoc, one of the largest providers of convenient telemedicine services, at **1.800.Teladoc** or www.teladoc.com. Teladoc services are **FREE** for primary care services.



Medical Plan Highlights

HOMESTEAD PLAN

Homestead/Medxoom Online Health Portal

Homestead's Medxoom member portal provides on-demand access on your phone or computer to:

- Coverage information and digital ID cards
- Your profile and paid claims information
- Digital Explanation of Benefits (EOB)
- Automatic tracking of expenses and progress towards deductible and other out-of-pocket costs

To access the portal and register on your mobile device:

- Download the app at the Apple App Store or Google Play Store by searching for “**Medxoom**” and installing on your mobile device as directed.
- Open the app and register entering your email, password, SSN + DOB. (Don't worry, your information is kept private and secure.) Once registered, your app screen will say Homestead, but still say Medxoom on your phone.
- Review your profile information by clicking your name or Settings. Invite your adult dependents to register too.



Now you can:

- Have all details about your medical plan in one place
- Get real-time updates on progress made towards meeting your deductible and out-of-pocket maximums
- See important messages and documents from Homestead
- ...and more! Start maximizing your health benefits experience today

Medical Benefits

DETAILS AT A GLANCE



For the 2024-2025 benefit year, Woods Services is offering a competitive and comprehensive health care plan. Eligible employees have the option of enrolling in the medical plans shown below (full plan details available by contacting the Benefits Office).

Homestead Plan

BENEFIT DESCRIPTION	
PCP Designation/Referrals Required	No
Deductible (Individual/Family)	\$500/\$1,000*
Coinsurance	100%
Medical Out-of-Pocket Maximum (Individual/Family)	\$1,500/\$3,000
Rx Out-of-Pocket Maximum (Individual/Family)	\$1,000/\$2,000
Preventive Care Services	100%
Primary Care Physician Office Visit	\$20 copay
Mental Health Care Visit (Office or Outpatient Setting)	\$20 copay
Retail Clinics	\$10 copay
Specialist Office Visit	\$30 copay
Physical/Speech/Occupational Therapy	\$20 copay
Outpatient Lab/Pathology	\$20 copay
Diagnostic Laboratory	\$20 copay
Diagnostic X-Ray/Imaging	\$20 copay
MRI/MRA, CT Scans/PET	\$50 copay
Inpatient Hospital	\$200 copay after deductible
Outpatient Surgery	\$100 copay after deductible
Emergency Room (waived if admitted)	\$200 copay after deductible
Urgent Care Center	\$30 copay
Durable Medical Equipment	100%

* Deductible applies to inpatient hospital stays, outpatient surgeries and emergency room visits. Preventive and non-preventive colonoscopies will not be subject to the deductible. Outpatient facility copay will apply. Deductible waived at Penn Medicine and Atlantic Health hospitals and facilities.

Note: if you have any family members enrolled, each family member must meet their own deductible and out-of-pocket maximum until the overall family deductible and out-of-pocket maximum is met.



Prescription Benefits

US-RX CARE

If you are enrolled in the Woods medical plan, you are automatically enrolled in the below prescription drug plan.

Homestead Plan

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)

Generic	\$5 copay
Preferred Brand Formulary Drugs	20% coinsurance (\$25 min/\$50 max)
Non-Preferred Brand Drugs	30% coinsurance (\$55 min/\$80 max)

MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)

Generic	<i>2x retail copay</i>
Preferred Brand Formulary Drugs	
Non-Preferred Brand Drugs	

US-Rx Care Member Portal

Search for lowest-cost pharmacies on your US-Rx Care member portal by going to www.usrxcare.com/member and typing in your zip code. You can also view your out-of-pocket cost for any medication, your pharmacy claims history and drug information by registering/logging into your US-Rx Care member portal at www.usrxcare.com/member.

Mail Order/Retail 90 Program (Optional)

You and your family members can conveniently get a 90-day supply of your maintenance medications through Prescription Mart, your mail-order pharmacy provider.

You must register prior to obtaining your medications by either going online at www.presmartinc.com or by mailing a completed form located on www.presmartinc.com, once there click on “Forms” located in the menu on the top right of the webpage and then navigating to “Patient Profile Form”. The mailing address is listed on the form and can also be found on the Benefits Resources page in the back of this guide.

To contact the pharmacy with questions, call **800.630.3206**.



Prescription Benefits

US-RX CARE

Specialty Rx

Specialty medications are high cost drugs used to treat complex conditions (such as HIV and multiple sclerosis). Depending on the medication, it may be obtained through US-Rx Care or Script Sourcing.

Script Sourcing is a third party vendor that integrates with US-Rx Care to assist members in obtaining their specialty medications.

By contacting US-Rx Care, you will be able to determine how to get your specialty medication at the lowest cost to you. The full list of specialty medications impacted by this change is currently available on BenePortal (www.woodsbenefits.com).

CopayAssist Program

If you are taking certain high-cost and specialty medications, you may be eligible for the CopayAssist Program. If you are eligible, you will be contacted by US-Rx Care to enroll you in the program. If you choose not to enroll, your out-of-pocket cost could increase by as much as 100% of the medication cost.

Mandatory Generic Program

Woods Services employees and their dependents **are required to use the mandatory generic program**. This means that **if a member is prescribed a brand name drug when a generic is available, the generic drug will be filled** and the member will be responsible for the applicable generic drug copay.

When a prescription drug is not available in a generic form, the member will receive the brand drug and be responsible for the applicable brand drug copay. **If a brand drug is filled when a generic is available, the member will be responsible for the brand name drug copay plus the difference between the negotiated discount price for the generic drug and the brand drug.**

Please keep in mind that generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications at a lower cost.



Telemedicine

TELADOC

With Teladoc, you have access to primary care doctors anytime, anywhere.

If you are enrolled in the Homestead medical plan, through Teladoc you can access doctors by phone or video 24/7, from wherever you are.

Teladoc Benefits

- You can talk to a doctor from wherever you are—day or night.
- Skip the trip to the ER or urgent care.
- \$0 copay

What can be treated with Teladoc?

- Cold & flu symptoms
- Allergies & Sinus problems
- Asthma
- Acne
- Pink eye
- Ear infection
- Respiratory infection
- And more!

Feel better when you need to, for free!

Call **1.800.TELADOC (835.2362)**, visit **Teladoc.com**, or download the mobile app to get started.



Employee Assistance Program (EAP)

LEGACY TREATMENT SERVICES

Woods offers all eligible employees an EAP administered through Legacy Treatment Services (LTS). Your use of this service is strictly confidential.

The EAP offers comprehensive solutions to help you when faced with a personal crisis such as depression, anxiety, or substance use. **The EAP includes:**

Telephone or In-Person Counseling

Legacy's licensed and professional counselors listen and carefully evaluate your needs and offer short-term counseling focused on coping strategies. LTS professionals provide assistance for:

- Marital difficulties
- Substance abuse (alcohol & drugs)
- Parenting and family conflicts
- Grief counseling
- Stress & anger management
- Depression and emotional problems
- And much more!

Employees in need of long-term counseling and specialized care are referred to the appropriate treatment plans.

Work-Life Services

Legacy offers resources to help employees find a healthy work-life balance.

How does it work?

You can call Legacy at **888.245.6605** to access telephone or in-person counseling and work-life services. If needed, you may be referred to ongoing treatment or specialty care.



Wellness Programs

Woods Services Supports a Culture of Wellness

The Woods Services medical benefit programs offer you support and guidance as you strive to live the kind of life that improves your chances of staying well.

Preventive Care Paid at 100%

The Woods Services medical program covers certain preventive health services at no cost for all medical plans. Preventive services including colorectal cancer screenings, high blood pressure screenings, annual physicals, immunizations, flu vaccinations, mammograms, pap smears and osteoporosis screenings, all of which are covered at 100%, with no out of pocket cost to you. Utilizing guidelines recommended by the U.S. Preventive Services Task Force, Centers of Disease Control and Center for Medicare and Medicaid, all services rendered must be age and gender appropriate.

Covered Women's Health Services

The Woods Services medical and prescription drug program covers women's health services. All of the following women's health services are considered preventive and will generally be covered at 100% with no cost-share:

- Well-women visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Screening for human papillomavirus (HPV)
- Counseling for sexually transmitted infections
- Counseling and Screening for human immunodeficiency virus (HIV)
- Screening and Counseling for interpersonal and domestic violence
- Breastfeeding support, supplies and counseling
- Contraceptive methods and counseling



Wellness Works at Woods

REWARDS PROGRAM



Woods Services truly cares about the well-being of our employees, which is why we are working to promote programs to **encourage, educate,** and **support** employees in making healthy lifestyle choices on a daily basis.

Earn Prizes!

To show your commitment to your own well-being, if you complete eligible wellness activities to reach 125 points, you will earn **\$100**. Earn additional prizes when you achieve a higher points level!

POINTS	PRIZE OPTIONS
125	\$100 added to your Pulse account
150	\$125 added to your Pulse account + Custom Woods T-shirt
175	\$150 added to your Pulse account + Custom Woods T-shirt

Participating in the program is both easy and completely voluntary!

Complete any combination of the eligible wellness activities to reach at least 125 points. You can find the reward tracking form and more detailed information at www.woodsbenefits.com under Wellness. Once you reach your final goal, turn in the tracking form with **all supporting documents** to Human Resources.

The rewards program runs from January 1st through December 31st each year. All submissions are **due by December 31st each year** and prizes will be rewarded in January of the following year.



Visit the Benefits Portal
(www.woodsbenefits.com)
or email wellness@woods.org
for more information.

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please contact the Benefits Member Advocacy Center, provided by Conner Strong & Buckelew, at 800.563.9929 and we will work with you and your doctor to develop another way to qualify for the reward.

Weight Loss Support

NOOM

Noom is a **free** benefit for all Woods Services employees!

Noom is a psychology-based program that empowers you to take control of your health for good: powered by behavioral science, technology, and human coaches.

Noom helps millions of people lose weight and meet their personal goals - from weight management to diabetes prevention to stress reduction.

Why Millions Have Found Success With Noom:

- **Powered by Psychology.** Noom uses evidence-based behavioral therapy (CBT), to teach people the why behind their habits and how to change them.
- **Personalized Program.** Daily lessons are tailored to each individual's personal goals and gives them the knowledge and tools to build long-lasting behaviors.
- **One-on-One Coaching & Peer Support.** Users have access to a personal coach who supports them throughout their experience. They can also join peer support groups based on common attributes to help improve their outcomes.
- **Goes Beyond Weight Loss.** Noom has been cited in 42 clinical studies as helping users better manage their diabetes, hypertension, cholesterol, and blood pressure.

Enrollment Questions?

Email Partnersupport@noom.com.



- **40% of users who use Noom for 4 weeks or more lost 5%+ of body weight**
- **5.5% average weight loss for users who used Noom for 4 weeks or more**
- **11+ lbs average weight loss for users who used Noom for 4 weeks or more**
- **70% of users surveyed report Noom helped with their mental wellness**

Retail Clinics & Urgent Care Centers



If you need medical attention outside the hours of the Medical Center at Woods, you can utilize the following low cost centers for treatment.

Walk-In Retail Clinics

Retail clinics are health care facilities located in high-traffic retail outlets such as pharmacies, grocery stores and big box retailers like Target and Walmart. Retail clinics have flexible hours of operation, with most of them open 7 days a week—up to 12 hours a day during the work week and up to 8 hours on Saturday and Sunday, including most holidays. Services are provided by licensed, highly-educated physician assistants or nurse practitioners, who are qualified to diagnose, treat and prescribe.

Most visits take approximately 15-25 minutes and many of the clinics see patients from ages 18 months through 65+ years old. The services offered in retail clinics include basic primary care, wellness and preventive services and chronic disease care. Retail clinics are a great source of accessible, affordable, high-quality health care.

- In the Homestead plan, there is no network and you are able to choose any retail clinic.
- Woods encourages you to use The Medical Center at Woods as a first choice to save time and avoid co-pays.

Walk-in Clinics Provide or Treat:

- Routine allergies
- Ear infections
- Strep throat
- Colds & flu
- Vaccinations
- Minor insect bites
- Poison ivy
- Sprains
- Diabetes screening
- Heart screenings
- School physicals
- Well-baby exams, and more

Seven Great Reasons to Go Retail

- **You're covered.** All you need is your member ID card.
- **No appointments needed.** The name says it all — just walk right in.
- **Convenient hours.** Some clinics are open 7 days a week, with extended evening and weekend hours.
- **Quicker care.** The average ER visit tops 4 hours, while clinic visits are generally an hour or less.
- **Many locations.** With freestanding and retail-based clinics nationwide, you can find a spot close to your home or job; including inside your neighborhood CVS/pharmacy® or Walgreens®.
- **Skilled staff.** Clinics are overseen by a doctor, with nurse practitioners or physician assistants onsite.
- **Recommendations.** If you ever need more extensive care, clinics can refer you to a local doctor, emergency room or urgent care center.

Have an Urgent Medical Need? Try an Urgent Care Center

If your care need is more than minor, Urgent Care centers give you an affordable alternative to the ER. The sites are staffed with doctors to handle urgent medical matters. **Wait times are usually much shorter than in an emergency room.** And just like retail clinics, evening and weekend hours are available, with no appointments needed.

If your medical need is more than urgent — for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk — you should go straight to your local ER.

Additional Resources

SURGICAL BENEFIT & MEMBER ADVOCACY

Goldfinch Health Surgical Benefit

A Better Approach to Surgery and Recovery.

Woods Services partners with Goldfinch Health to protect you and your family from the pitfalls of surgery. Today, surgery doesn't need to be so invasive to your body, budget and life.

When you're considering surgery, Goldfinch Health's team of surgery experts – **at NO COST to you** – can help you and your family make the best decisions when it comes to surgery and the recovery that follows.

Your personal Goldfinch Nurse Navigator can help you:

- Find a great surgeon
- Get your questions answered every step of the way
- Shorten your recovery time after surgery by 2x or more
- Have a surgery experience that minimizes opioid painkiller use
- Reduce pain and complications
- Enjoy a better surgery and recovery

Did you know?

- >90% of surgeries are more invasive than necessary.
- Invasive surgery extends pain, recovery time and return to normal life by weeks to months.
- Invasive surgery is the #1 gateway to opioid addiction.

Connect with your Goldfinch Nurse Navigator today!

Email Hello@GoldfinchHealth.com or call **833.453.3624** to get started.

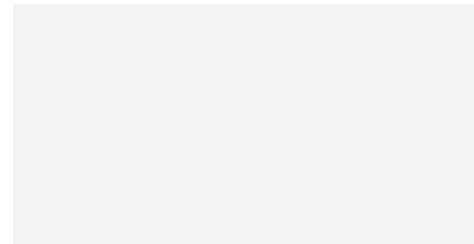
Conner Strong & Buckelew Benefits Member Advocacy Center (MAC)

Woods Services is proud to offer its employees a comprehensive suite of affordable benefits.

Through our relationship with Conner Strong & Buckelew, we are providing you and your family access to the Benefits MAC. This is a team of experienced benefit professionals that you and your family can reach out to with any questions related to your benefits.

You can contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm ET
- Via the web: www.connerstrong.com/memberadvocacy
- Via e-mail: cssteam@connerstrong.com



Additional Resources

HUSK WELLNESS/GOODRX/BENEFIT PERKS

HUSK Wellness

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Gyms and Fitness Centers

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

HUSK Nutrition

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.

On-Demand Fitness

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Mental Health

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

Ready to start saving with HUSK Wellness? Visit marketplace.huskwellness.com/connerstrong.

GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Find out how GoodRx can save on your prescription drugs by visiting goodrx.com.

Benefit Perks Rewards Program

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at connerstrong.corestream.com.



Dental Benefits

DELTA DENTAL

For the 2024-2025 plan year, Woods Services is offering the below dental plan through Delta Dental.



Delta PPO

PPO/PREMIER NETWORK

Annual Deductible Individual/Family	\$50/\$150
Annual Benefit Maximum*	\$1,200
Benefit Basis	Delta Dental's prevailing fee**
Lifetime Ortho Maximum	\$1,000
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a contract year)	100% no deductible
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Posterior Composites, TMJ/Mouth Guards	80%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	50%
Orthodontia Benefits (children age 19 and below)	50%

* Does not apply to Preventive & Diagnostic Services

** Benefit basis used as reimbursement for out-of-network services (premier network level).

Delta PPO Plan

You have the flexibility to receive treatment from any dentist you choose, either in or out-of-network. Please note out-of-network providers will be paid at the Delta Dental usual & customary allowance. You will be responsible for paying the difference between the out-of-network dentists actual charge and the plan allowance, which may result in higher out-of-pocket costs.

To find an in-network dentist, log onto [deltadentalins.com](https://www.deltadentalins.com) and select PPO Network (PPO).

NOTE: New enrollees will not receive a printed ID card. To view/download/print an ID card, please go to www.deltadentalins.com.



Voluntary Vision Plan

NATIONAL VISION ADMINISTRATORS (NVA)

Eligible employees and their eligible family members may enroll in the NVA Vision plan. With NVA, you will get quality care that focuses on your eyes and overall wellness. Vision coverage is fully employee paid.

NVA Vision Plan

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$10 copay	Up to \$40 reimbursement
Retinal Screening	Up to \$39 copay	N/A
Frames	\$150 allowance; 20% discount on amount over allowance	Up to \$105 reimbursement
Lenses		
Standard Lenses – Single Vision	\$20 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$20 copay	Up to \$50 reimbursement
Lined Trifocal or Lenticular Lenses	\$20 copay	Up to \$70 reimbursement
Lens Enhancements		
Standard Progressives	\$70 copay	Up to \$50 reimbursement
Premium Progressives	\$100 copay	Up to \$50 reimbursement
UV Treatment/Tint/Scratch Resistant Coating	\$12 copay / \$10 copay / \$10 copay	N/A
Standard Polycarbonate	\$25 copay (Single vision); \$30 copay (Bifocal/Trifocal lenses)	N/A
Contact Lenses		
In Lieu of Eyeglasses	\$150 allowance; 15% discount on amount over allowance	Up to \$105 reimbursement
Contact Lens Exam (fitting and evaluation)	\$20 copay	N/A
- Daily wear	\$20 copay	
- Extended wear	\$30 copay	
- Specialty contact fitting	\$50 copay	
Frequency		
Vision Exam	12 months	12 months
Lenses	12 months	12 months
Frames	12 months	12 months

To get the most out of your benefits and to reduce your out-of-pocket costs, make sure you visit an in-network provider or retailer. For a complete list of in-network providers near you, go to www.e-nva.com or call **800.672.7723**.

You will also receive a Welcome Packet from NVA which will contain two ID cards, a listing of 10-12 providers near your home zip code, a benefit summary, information on contact lens mail order, and information on LASIK surgery discounts.



Life & Disability Benefits

SYMETRA

Life, AD&D and Long-Term Disability Insurance is **100% paid** by Woods Services.

Group Life & AD&D Insurance

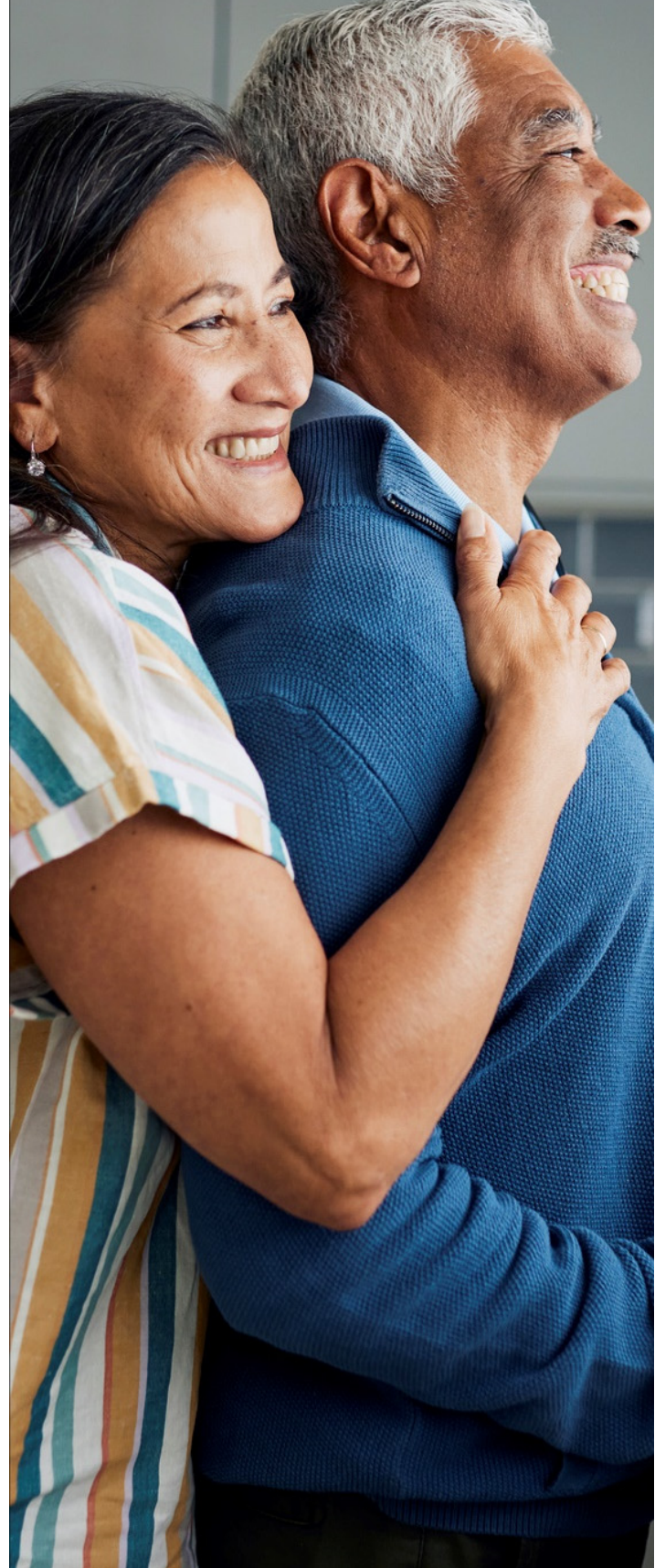
Life Insurance benefits are paid to a beneficiary(ies) you designate in the event of your death. **AD&D benefits** are paid to your beneficiary(ies) upon your accidental death or to you for a covered loss (such as the loss of a limb, eyesight or hearing).

GROUP LIFE AND AD&D	
Eligible Employees	1st of the month after 60 days following date of hire
Benefit Amount	
Life Insurance	2x Annual Base Salary up to \$50,000
AD&D	2x Annual Base Salary up to \$50,000
Age Reduction Rules	Benefit reduces by 35% at age 65; 50% at age 70
Taxation of Benefits	None

Group Long-Term Disability Insurance

For enduring, serious non-work related illnesses or injuries that prevent you from working longer than 90 days.

GROUP LONG-TERM DISABILITY	
Eligible Employees	Employees working or scheduled to work at least 30 hours per week following 12 months of continuous active employment
Elimination Period	90 days
Benefit Duration	Benefit duration to age 65 with graded ADEA
Benefit Multiple	60% of base monthly salary up to \$5,000 per month
Pre-Existing Conditions	3 months prior/12 months after
Taxation of Benefits	None



Voluntary Life & Disability Benefits

SYMETRA

Voluntary Life and AD&D and Voluntary Short-Term Disability Insurance are **100% employee paid**.

Voluntary Life and AD&D Insurance

Supplemental Life Insurance benefits that are paid to a designated beneficiary(ies) you designate in the event of death. Individual Term Life and AD&D is a sensible and affordable way to provide your family and loved ones with the money they may need in the event of an untimely death or accident.

VOLUNTARY LIFE AND AD&D	
Eligibility	Available to elect annually at open enrollment
Employee Coverage	The lesser of 5x Annual Salary or \$500,000 in increments of \$5,000. Guaranteed issue amount is \$150,000
Spouse Coverage	If the employee elects coverage, amounts from \$5,000 to \$250,000 in increments of \$5,000. Guaranteed issue amount is \$50,000. Not to exceed 100% of employee amount.
Child(ren) Coverage	Flat amount of \$10,000
Guaranteed Issue	Applies to any employees who enroll within 31 days of becoming eligible
Age Reductions	
Employee	Benefit reduces to 35% at age 70; 50% at age 75;
Spouse	Spouse life will reduce by the same percentage and at the same time EEs like insurance reduces
Child(ren)	Coverage terminates at age 26

Voluntary Short-Term Disability Insurance

Voluntary Short-Term Disability continues a percentage of your regular pay if you become injured or ill due to a non-occupational illness or injury and cannot work. Most people insure their material possessions—their homes and cars, for example. But many of these same people don't insure what is probably their most valuable asset — their ability to work and earn income. If you become sick or are injured and can't work, will you be able to pay your bills and maintain your standard of living?

If you depend on your income to pay the bills, you need to seriously consider buying disability income insurance. It can help you maintain your current lifestyle and help protect you and your family from going into serious debt.

VOLUNTARY SHORT-TERM DISABILITY	
Eligibility	Available to elect annually at open enrollment
Definition of Disability	Own Occupation
Earnings Definition	Annual earnings, excluding bonus & commission
Elimination Period	14 days (Accident and Sickness)
Benefit Duration	11 weeks
Benefit Amount	60% of base weekly salary from \$100 up to a maximum of \$1,200 per week. (Elections can be made in \$50 increments)

Voluntary Benefits

SYMETRA

NOTE: These benefits are available to elect at each open enrollment.

Accident Insurance

Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly. For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. Also, if you or a covered dependent should die as a result of an accidental injury within 365 days while the coverage remains in force, a death benefit is payable.

Key Advantages of this Plan

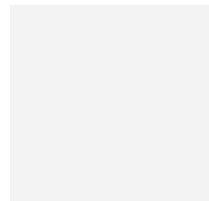
- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, such as:
 - Certain blood tests
 - Pap smear
 - Skin cancer screening
 - Lipid panels
 - Cardiac exercise stress test
 - Electrocardiogram (ECG)
 - Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations

Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed after your coverage effective date. Covered illnesses include but are not limited to cancer, heart attack, stroke, and paralysis. This insurance can help cover out-of-pocket medical and non-medical expenses. It does not have to be used to pay for treatment.

Key Advantages of this Plan

- Benefits are payable directly to you to be spent any way you choose. You can elect the following amounts for you and your dependents
 - **Employee:** \$5,000, \$15,000, \$20,000, or \$30,000
 - **Spouse:** \$2,500, \$5,000, or \$15,000 (not to exceed 50% of employee coverage)
 - **Child(ren):** \$2,500 or \$5,000 (not to exceed 50% of employee coverage)
- \$50 wellness screening
- Pays in addition to any other coverage you may have
- Flexible coverage options to meet your individual needs
- Fast and accurate claims service
- Coverage is fully portable — if you change jobs you can take your coverage with you



Identity Theft Protection

ALLSTATE

NOTE: These benefits are available to elect at each open enrollment.

Woods Services partners with Allstate to provide you with the opportunity to purchase Identity Theft Protection for you and your family. Here are some of the features Allstate offers with the Pro Plus Identity Theft plan:

Reimbursement

If you fall victim to fraud, Allstate will reimburse your out-of-pocket costs and up to \$1 million in stolen funds from accounts such as your 401(k), COVID stimulus payments or tax returns.

Comprehensive monitoring and alerts

A proprietary monitoring platform that detects high-risk activity to provide rapid alerts at the first sign of fraud, so you can detect fraud at its earliest sign, enabling quick restoration for minimal damage and stress.

High-risk transaction monitoring

Allstate will send alerts for non-credit-based transactions like student loan activity and medical billing.

Account activity

You're alerted when unusual activity on your personal banking accounts could be a sign of account takeover.

Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.

Social media monitoring

Monitor social accounts for everyone in your family, with monitoring for vulgarity, threats, explicit content, violence, and cyberbullying. Now, you can even add your YouTube accounts and Allstate will monitor comments for questionable content.

Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. You will be immediately alerted if you have been compromised.

How much does it cost?

The per month cost for the plan is:

- Employee only: \$7.95
- Family: \$13.95

Have questions?

For more information, call **800.789.2720** or email **customer@aip.com**.



Woods Educational Benefits

Professional Development

Woods is invested in the professional and personal growth of its employees. With this goal in mind, Woods has developed career paths in six professional areas to highlight the advancement opportunities at Woods. In addition to the initial and ongoing training provided by the Woods Employee Education and Development Center, Woods offers several education benefits.

Over 950 staff members have taken advantage of the many education benefits we provide!

Accelerated Associates Degree Program in Human Services

Through our partnership with Harcum College, Woods offers an on-site, highly discounted degree cohort program.

The Harcum accelerated Associates Degree Program in Human Services and/or Behavior Health Science is offers a 37% discount off of the school's tuition fees and are offered in the evenings at Woods.

Student Loan Payment Program

Woods enhanced its tuition reimbursement program to include payment assistance for eligible full-time employees who are paying off student loans. Each year Woods will earmark funds out of its budget to pay for this benefit and therefore the disbursement amounts depend upon the availability of funds and the number of recipients. This benefit will be paid directly to the financial institution.

Additionally, Woods offers a Tuition Assistance Plan of up to \$2,000 per year

For information on any of these opportunities and programs, please contact Valerie Durden at Valerie.Durden@woods.org or **215.750.4234**.

Educational Support Programs

Woods encourages the growth and professional development of employees through educational advancement. Employees are eligible for discounted tuition through several educational institutions and educational support programs including:

- Capella University - 10% discount on all programs, plus guaranteed scholarship
- Wilmington University - 10% discount on all programs
- Drexel University - 10-54% discount (discount varies by program) for all employees and immediate families
- Rider University - 20% discount on all programs
- LaSalle University - 40% discount on tuition for the M.A. in Education or Pennsylvania Certification programs and 30% discount on an Associates & Bachelor degree in Education

Employee Development Services

The Employee Development Center offers support in various areas. There is a list of some of the services provided:

- Exploration of colleges/degrees and advisement to help employees make college decisions
- Support in all aspects of the college application & enrollment process
- Support with obtaining credential evaluations
- FAFSA and financial aid assistance
- Scholarship search and application process
- Appeal letters for grant denial & financial aid denial
- Writing skill development
- Basic computer skills and the use of Microsoft programs
- Facilitation of mento pairs and tutoring groups to support employees in courses
- Accessing benefits and assistance programs available to employees and their families

Woods Enhanced Benefits



Special Discounts on Fios by Verizon and Verizon Wireless Accounts

Employees are now eligible to save \$120 per year on Verizon Internet, TV, and HomePhone Triple Play bundles, and \$60 per year on a combination of Verizon Internet + TV OR Verizon Internet + HomePhone, DoublePlay bundles.

This discount applies to both new and existing Verizon customers. In addition, if a Woods employee has a Verizon Wireless cell phone account, Verizon will apply an 18% service discount to the monthly bill with proof of employment at Woods.

Friends & Family New Car Discounts with all Ciocca Dealerships

Ciocca now offers Woods employees a Friends & Family discount on a new car or truck at any of their dealership locations. Please contact Woods Services Human Resources for further details.

Benefit Resources

WOODS SERVICES



RESOURCE	CONTACT	WEBSITE/EMAIL	CLAIMS ADDRESS
Woods Medical Center	215-750-4004	N/A	N/A
Medical Homestead	Member Services: 855-897-4816 Find A Provider: 855-897-4816 Surprise Bills: 844-307-6755 Pre-Authorization: 800-764-3433	www.woodsindecs.com https://hs-plans.com/woods www.homesteadproviders.com www.teladoc.com	Homestead PO Box 46511, Cincinnati, OH 45246
Prescription US-Rx Care	Member Services: 877-200-5533 Prescription Mart Pharmacy: 800-630-3206	www.usrxcare.com/member	Prescription Mart P.O. Box 12607, Beaumont, TX 77726
HSA Health Equity	866-346-5800	www.healthequity.com	Health Equity, Attn Member Services 15 W. Scenic Pointe Dr, Ste 100, Draper, UT 84020
Surgical Benefit Goldfinch	833-453-3624	Hello@GoldfinchHealth.com	N/A
Dental Delta Dental	PPO Plan: 800-932-0783	www.deltadentalins.com	Delta Dental of PA P.O. Box 2105, Mechanicsburg, PA 17055
Vision National Vision Administrators (NVA)	800-672-7723	www.e-nva.com	N/A
Group Life Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Group Long-Term Disability Symetra	877-377-6773	www.symetra.com	Life & Disability Claims Department PO Box 1230-06083 Enfield, CT 06083
Accident/Critical Illness Symetra	800-497-3699	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
Short-Term Disability Symetra	877-377-6773	www.symetra.com	Voluntary Benefits Claims Department PO Box 3245 Milwaukee, WI 53201
Identity Theft Protection Allstate	800-789-2720	customercare@aip.com	N/A
EAP Legacy Treatment Services	888-245-6605	N/A	N/A
Member Advocacy Conner Strong & Buckelew	800-563-9929	cssteam@connerstrong.com	www.connerstrong.com/memberadvocacy
COBRA Flores	704-335-8211	www.flores247.com	N/A

Benefit Contacts

WOODS BENEFITS OFFICE	PHONE	FAX	EMAIL/WEBSITE
Lauren Young Manager, Employee Benefits	215-750-4586	215-891-8751	lyoung@woods.org
Benefits Office	215-750-4248		

Legal Notices

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.

Woods Services offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

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 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.

Loss of eligibility 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, contact Human Resources.

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.

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).

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.

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, 2024. 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
<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

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

Legal Notices

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: 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: 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: 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: 1-573-751-2005

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: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.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: 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: <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 Rlte 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: 1-800-562-3022

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
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

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 our 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 2013 for coverage starting as early as January 1, 2014.

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.¹

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/>.

¹ 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.

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 Woods Services, Inc.		4. Employer Identification Number 23-1322002	
5. Employer Address 40 Martin Gross Drive		6. Employer phone number (215)-750-4000	
7. City Langhorne	8. State Pennsylvania	9. Zip Code 19047	
10. Who can we contact about employee health coverage at this job? Lauren Young	11. Phone number 215-570-4586	12. Email Address lyoung@woods.org	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to all employees. Eligible employees are:

- If you are an active employee who is directly employed and compensated for services by Woods Services and you regularly work 30 or more hours per week, you can enroll in benefits.

With respect to dependents, we do offer coverage. Eligible dependents are:

- Legal spouse or domestic partner
- Dependent children up to age 26
- Dependent children who turned age 26, under the medical plan, while covered and continue to depend on you for support because of a physical handicap, or who are incapable of self-support due to mental illness or intellectual/developmental disability.

Note: This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.



Woods 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. If you have any questions about your Guide, contact the Benefits Office.