UPPER DARBY TOWNSHIP

Non-Bargaining













Open Enrollment will be held from November 2 - 18, 2026

2027

BENEFITS GUIDE

This guide has been developed to assist you in learning about your benefit options. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Welcome to Your Benefits Guide!

Open Enrollment is the period during which you have the opportunity to enroll or make changes to your benefit elections for you and your family without experiencing a Qualifying Life Event.

Questions?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center at **800.563.9929** or via the web at **connerstrong.com/memberadvocacy**.



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What You Need to Know
Open Enrollment

Make Sure You're Getting the Most Out of Your Benefits

During this year's Open Enrollment, you will only need to take action if you wish to make changes to your current benefits elections.

Take a fresh look at your medical, dental, and vision elections and review the new Flexible Spending Account (FSA) plans to confirm they fit your needs and those of your family (see page 13 for more FSA information).

While there will be no changes to these plans for the upcoming plan year, we encourage you to carefully compare the available options and consider whether your current coverage remains the right choice. If you decide to keep your existing coverage, your elections will automatically roll over into the new plan year starting January 1, 2027

- If you plan on changing or adding dependents, or enrolling for the first time, please make your elections or change **directly in Employee Navigator**. For instructions on accessing and making changes to your coverage, please see the following page titled ***"Enroll in Your Benefits: One Step At A Time"***.
- Changes to your medical, dental, and vision elections **must be made no later than November 18, 2026**, unless you experience a Qualifying Life Event.

Information about Employee Navigator can be found on page 4.

Declining Coverage

If you wish to decline medical benefits for the 2027 plan year, please log onto the Employee Navigator to decline. This option does **NOT** apply to an employee who has a spouse that is also employed by the Township.

Life and AD&D Insurance

Life and AD&D Insurance is an employer-sponsored benefit provided at no cost to the employee. As part of a new Employee Navigator feature, all employees must designate a beneficiary in Employee Navigator, even if a beneficiary was previously identified on a paper form. Employees are responsible for completing this designation and for keeping their beneficiary information current. Once a beneficiary has been designated, changes may be made at any time through Employee Navigator.

Making Changes After Open Enrollment: Qualifying Life Events

Typically, you cannot make changes to your benefits until the next Open Enrollment period, unless you experience a Qualifying Life Event, which include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a Qualifying Life Event during the year, log onto Employee Navigator to update your benefit elections.

Contact Human Resources

- Email: **HumanResources@upperdarby.org**
- Phone: **610.734.7642**
- Mailing Address: Human Resources Upper Darby Township, 100 Garrett Road, Room 309 , Upper Darby, PA 19082

Enroll in Your Benefits

Follow These Steps to Access Employee Navigator

Step 1: Log In

- Go to **www.employeenavigator.com/benefits**
- **Returning Users:** Log in with the username and password you created.
- **New Users:** Click on the Registration Link in the email sent to you from your administrator or Register As New User. Create an account and your own username and password. You will be asked to provide:
  - First and last name
  - PIN (last four digits of SSN)
  - DOB (mm/dd/yyyy)
  - **Company Identifier:** **Upper Darby Township**

Step 2: Begin Enrollment Process

After you login, click ***Let's Begin*** to complete your required tasks. Once you have completed any assigned onboarding tasks, click ***Start Enrollment*** to begin your enrollment.

Step 3: Update Personal Info

After clicking ***Start Enrollment***, you will need to provide some personal and dependent information before moving to your benefit elections. To enroll a dependent in coverage you will need their DOB and SSN.

Step 4: Elect Your Benefits

You can now choose to either select or waive each of your benefits. To enroll dependents in a benefit, click the checkbox next to the dependent's name under ***Who am I enrolling?*** You must click ***Save & Continue*** at the bottom of each screen to save your elections.

Step 5: Additional Forms

If you have elected benefits that require a beneficiary or primary care physician designation, or completion of an Evidence of Insurability form, you will be prompted to add those details.

Step 6: Review and Confirm Elections

Review the summary of your select benefits. Click ***Sign & Agree*** if everything looks correct to complete enrollment. You may login and view your online summary at any point during the year.

Mobile App

Returning users can download and use the Employee Navigator Mobile App, available for free on both the Apple App Store and Google Play. Enjoy self-service mobile access to change benefits, access ID cards, find HR contacts, and more.

Note: The Mobile App doesn't support new account registration - first time users need to complete account set up in a web browser prior to downloading the app.

Scan the QR code for Employee Navigator at your fingertips!

Benefits Plan Overview

As an eligible employee of Upper Darby Township, you have access to a variety of benefit options for yourself and your family. These options are designed to support you throughout the 2027 plan year. You may choose to enroll in the comprehensive Benefits Program as outlined below.

Medical/Prescription Drug Options

- IBX Personal Choice 10/20/70, Rx $3/$5
- IBX HMO 10, Rx $3/$5

Additional Plan Options

- **Dental:** United Concordia Dental plan
- **Vision:** United Healthcare Vision plan

Your Contributions

Non-Bargaining members pay 10% of the cost of medical, prescription, dental and vision premiums for any plans listed above.



Medical Benefits
Independence Blue Cross

Personal Choice 10/20/70

Eligible employees and their eligible family members have the option of the below Independence Blue Cross (IBX) medical plans.

BENEFITS DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family	None	$300 / $600
Out-of-Pocket Maximum Individual/Family	$1,000 / $2,000	$2,000 / $4,000
Preventive Care Services	Plan pays 100%	Plan pays 70%
Primary Care Physician Required?	No	
Primary Care Office Visit	$10 copay	Plan pays 70%
Specialist Office Visit	$20 copay	Plan pays 70%
Diagnostic Laboratory	Plan pays 100%	Plan pays 70%
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	$20 copay	Plan pays 70%
Emergency Room	$40 copay (waived if admitted)	
Urgent Care Center	$28 copay	Plan pays 70%
Inpatient Hospital	Plan pays 100%	Plan pays 70%
Outpatient Surgery	Plan pays 100%	Plan pays 70%
Skilled Nursing Facility	Plan pays 100% 120 days / year	Plan pays 70%
Home Health Care	Plan pays 100%	Plan pays 70%
Outpatient Therapies (PT, OT, Chiro)	1-30 visits: $15 copay 31-60 visits: $25 copay	Plan pays 70%
Restorative Service (Including Chiropractic)	$20 copay (30 visits/year)	Plan pays 70%
Chemo/Radiation/Dialysis	Plan pays 100%	Plan pays 70%
Inpatient Mental Health/Substance Abuse	Plan pays 100%	Plan pays 70%
Outpatient Mental Health/Substance Abuse	$20 copay	Plan pays 70%
Maternity Care	$10 copay	Plan pays 70%
Durable Medical Equipment	$20 copay	Plan pays 70%
PRESCRIPTION DRUG BENEFITS		
Retail Generic Preferred Non-Preferred	 $3 copay $5 copay $5 copay	50% reimbursement
Mail Order Generic Preferred Non-Preferred	 $3 copay $5 copay $5 copay	Not Covered

Medical Benefits
Independence Blue Cross

IBX HMO 10

Eligible employees and their eligible family members have the option of the below Independence Blue Cross (IBX) medical plans.

BENEFITS DESCRIPTION	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual/Family	$0	Not covered
Out-of-Pocket Maximum Individual/Family	$1,000 / $2,000	Not covered
Preventive Care Services	Plan pays 100%	Not covered
Primary Care Physician Required?	Yes	Not covered
Primary Care Office Visit	$10 copay	Not covered
Specialist Office Visit	$15 copay	Not covered
Diagnostic Laboratory	Plan pays 100%	Not covered
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	Plan pays 100%	Not covered
Emergency Room	$35 copay (waived if admitted)	$35 copay (waived if admitted)
Urgent Care Center	$24 copay	Not covered
Inpatient Hospital	Plan pays 100%	Not covered
Outpatient Surgery	Plan pays 100%	Not covered
Skilled Nursing Facility	Plan pays 100%; 180 days/ year	Not covered
Home Health Care	Plan pays 100%	Not covered
Outpatient Therapies (PT, OT, Chiro)	Plan pays 100%; 60 consecutive days/ year	Not covered
Restorative Service (Including Chiropractic)	Plan pays 100%; 60 consecutive days/ year	Not covered
Chemo/Radiation/Dialysis	Plan pays 100%	Not covered
Inpatient Mental Health/Substance Abuse	Plan pays 100%	Not covered
Outpatient Mental Health/Substance Abuse	Not covered	Not covered
Maternity Care	Plan pays 100%	Not covered
Durable Medical Equipment	Plan pays 100%	Not covered
PRESCRIPTION DRUG BENEFITS		
Retail Generic Preferred Non-Preferred	 $3 copay $5 copay N/A	Not covered
Mail Order Generic Preferred Non-Preferred	 $6 copay $10 copay N/A	Not covered

Dental Benefits
United Concordia

Concordia Flex Dental Plan

Upper Darby Township offers a dental plan that encourages preventive care. Below are the in-network costs of your dental plan. To save on out-of-pocket costs, please choose a participating ***United Concordia Advantage Plus Provider***.

To find a provider in the United Concordia network, please visit: **www.unitedconcordia.com/find-a-dentist/#/**

BENEFIT CATEGORY*	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible Individual/Family	None	None
Calendar Year Maximum (per patient)	$2,000 Excludes Orthodontics and Some Surgical Procedures	
Preventive & Diagnostic Services Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19)	Plan pays 100%	Plan pays 100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants	Plan pays 100%	Plan pays 100%
Major Services Crowns, Gold Restorations, Bridgework, Full and Partial Dentures	Plan pays 100%	Plan pays 100%
Orthodontia Lifetime Maximum (for dependents up to age 19)	$2,000	$2,000

* Out-of-Network providers may bill you the difference between UCCI contract rate and their charges.
** Dependent children covered to age 23.

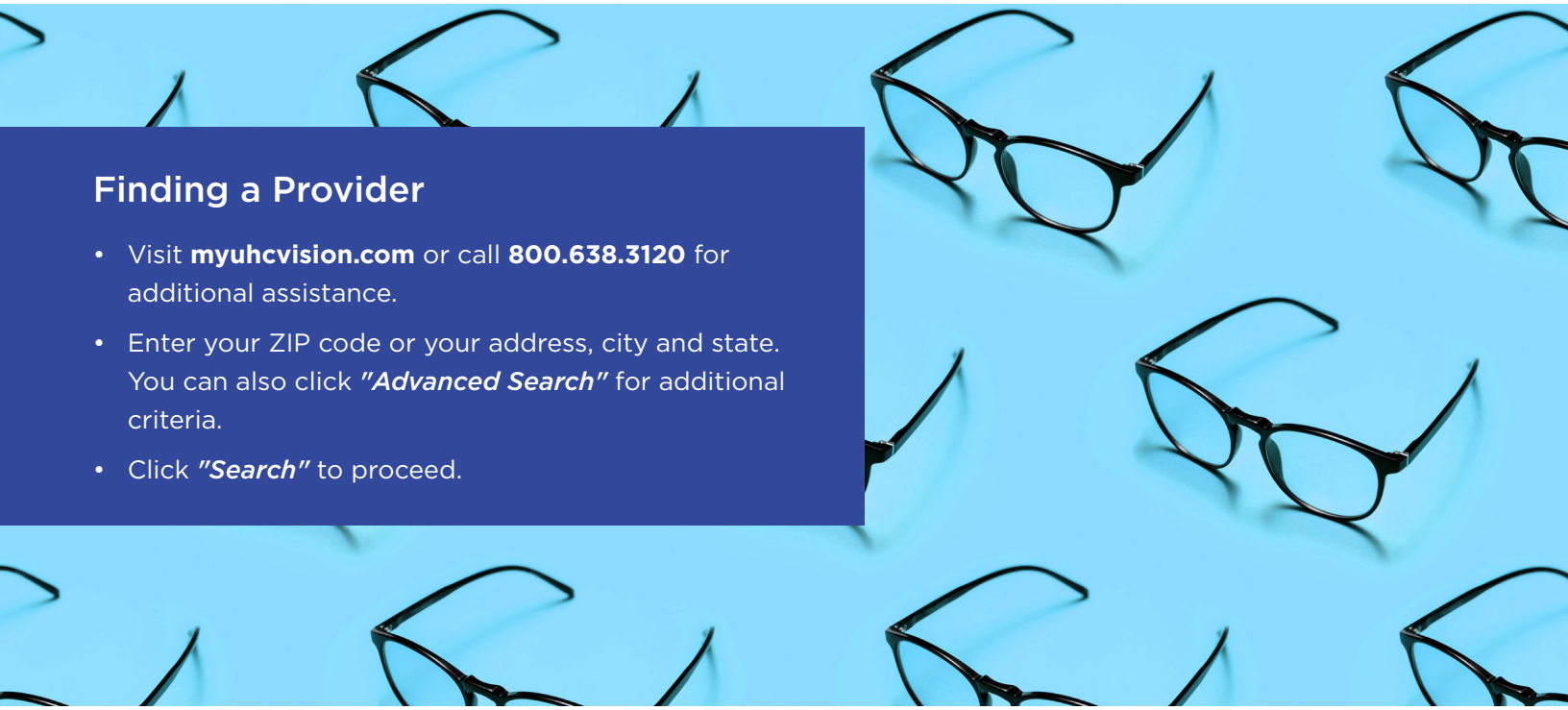


Vision Plan
United Healthcare

United Healthcare Vision Program

The United Healthcare Vision Program offers comprehensive benefits, including routine eye care, frames, and lenses.

BENEFITS	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT
Exam	Plan pays 100%	Up to $40 reimbursement
Frames	$130 retail frame allowance	Up to $45 reimbursement
Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	 Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	 Up to $40 reimbursement Up to $60 reimbursement Up to $80 reimbursement Up to $80 reimbursement
Elective Contact Lenses (in lieu of eyeglasses)	Plan pays 100%	Up to $105 reimbursement
Frequency Vision Exam Lenses Frames	 Once every 12 months Once every 12 months Once every 24 months	



Finding a Provider

- Visit **myuhcvision.com** or call **800.638.3120** for additional assistance.
- Enter your ZIP code or your address, city and state. You can also click ***"Advanced Search"*** for additional criteria.
- Click ***"Search"*** to proceed.

Employee Contributions
Bi-Weekly

Below are the bi-weekly employee contributions for the 2027 benefits coverage.

Bi-Weekly Employee Contributions:

	Individual	Employee & Child	Employee & Child(ren)	Employee & Spouse	Employee & Family
Medical					
Personal Choice 10/20/70 Rx $3/$5	$67.77	$123.93	$134.93	$153.46	$164.46
HMO Rx $3/$5	$31.60	$57.75	$62.71	$71.04	$76.00
Vision					
United Healthcare	$0.21	$0.21	$0.21	$0.21	$0.21
Dental					
United Concordia	$0.83	$2.33	$2.33	$2.33	$2.33

Life and AD&D Insurance
The Standard

Basic Life and AD&D Insurance

Upper Darby Township provides full-time, active employees with Basic Life and Accidental Death and Dismemberment (AD&D) Insurance **at no cost to the employee**. You are automatically enrolled in this coverage.

LIFE AND AD&D INSURANCE	
Life Insurance Benefit Amount**	$55,000
AD&D Benefit Amount**	$55,000
Age Reduction Schedule* Life and AD&D	Age 65: $36,000 / Age 70: $28,000

*Life and AD&D Insurance benefits are subject to age-based reductions. Coverage for both Life and AD&D Insurance benefits will decrease to $36,000 when an employee reaches age 65 and decrease to $28,000 when an employee reaches age 70.
**Elected Officials Life and AD&D benefit is $50,000

Employees can log onto the Employee Navigator at any time during the year to create or assign a beneficiary. Please reach out to your HR department for instructions on how to access the Navigator.



Employee Assistance Program (EAP)
Uprise Health

Employee Assistance Program (EAP) Overview

The EAP, provided by Uprise Health, offers 100% confidential support to help resolve problems affecting you or your family's well-being.

Upper Darby Township EAP includes:

- **Counseling Sessions** - 6 per incident, per year
- **Coaching Sessions** - 6 per year
- Access to the **Uprise Health app**
- **Financial Wellness Support & Coaching** - unlimited 1:1 coaching

The EAP can assist with issues including:

- Depression
- Substance abuse
- Managing stress and anxiety
- Coping with grief and loss

EAP Platform and Services

Some benefits offered by your EAP include:

- Counseling
- Work/life and wellness resources
- 24/7 crisis support
- Self-guided courses
- Online peer groups



Contact Uprise Health

To get started, please reach out to Uprise at your convenience through the following outlets:

- Phone number: **800.395.1616**
- Website: **www.uprisehealth.com**
- Access Code: **upperdarby**

Value-Added Services
Conner Strong & Buckelew

The following programs offer you support for living a healthy life and preventing illness. These programs are available at no cost to all employees.

GoodRx

GoodRx is a prescription drug price comparison tool which allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use Goodrx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan - you may even find savings versus your typical copayment.

Learn more at: **connerstrong.goodrx.com**

HUSK Marketplace

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 the HUSK Marketplace.

Learn more at: **marketplace.huskwellness.com/connerstrong**

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straight-forward manner. The HealthyLearn On-Demand Library features all the health information you need to be well and stay well.

Learn more at: **healthylearn.com/connerstrong**

Benefit Perks

This feature provides a broad array of services, discounts and special deals on:

- Automotive
- Beauty
- Computer and Electronics
- Gifts and Flowers
- Health and Wellness
- And much more!

Simply access the site and register and you can begin using it now.

Learn more at: **connerstrong.corestream.com**



Flexible Spending Accounts (FSA)
IBX (Administered Through Wealthcare)

Upper Darby Township is happy to implement Flexible Spending Accounts (FSAs) for all eligible employees, effective January 1, 2027. A flexible spending account lets employees set aside pre-tax dollars to pay for eligible expenses like health care and/or dependent care, depending on plan type.

At the beginning of the plan year, your account is pre-funded, and your full contribution is immediately available for use. Your election amount is then deducted from your paycheck in equal installments throughout the year.

Healthcare FSA

Employees can pay for eligible health care expenses on a pre-tax basis, which reduces the amount paid for federal income tax, FICA tax, and, as applicable, their state income taxes. The maximum you can contribute to the Healthcare FSA is $3,400 for 2026. Rates for 2027 are not yet available.

Eligible expenses include:

- Copays, deductible payments, and coinsurance
- Doctor office visits, exams, lab work, and X-rays
- Hospital charges
- Prescription drugs
- Dental exams, X-rays, fillings, crowns, and orthodontia

Dependent Care FSA

Dependent Care FSAs (DCFSA) gives employees the ability to pay for work-related dependent care expenses with pre-tax dollars, which allows them to save on federal income tax, FICA tax, and, as applicable their state income taxes.

The maximum that you can contribute to the Dependent Care FSA is $7,500 if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is $3,750.

Eligible expenses include:

- Au pair
- After school programs
- Baby-sitting/dependent care to allow you to work
- Day camps and preschool
- Adult/eldercare for adult dependents



Benefits Member Advocacy Center (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**



Carrier Contacts

The resources identified below are available to assist you with any questions that you may have about your benefits. Information on Voluntary Benefits will be provided in a separate supplemental packet.

BENEFIT	CARRIER	NUMBER	WEBSITE/EMAIL
Benefits Member Advocacy Center	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy
Medical and Prescription Drug	Independence Blue Cross	800-275-2583	www.ibx.com
Dental	United Concordia	800-332-0366	www.unitedconcordia.com
Vision	United Healthcare	800-638-3120	www.myuhcvision.com
Employee Assistance Program (EAP)	Uprise Health	800-395-1616	www.uprisehealth.com
Benefits & Life Insurance	Upper Darby Township Human Resources	610-734-7642	ckeck@upperdarby.org
Flexible Spending Accounts (FSA)	Independence Blue Cross Administered by Wealthcare	800-275-2583	www.ibx.com
Life and AD&D Insurance	The Standard	610-989-4118	www.standard.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 have any questions, please speak with Human Resources.

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, 2026. 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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

Illinois – Medicaid
Illinois Medicaid Premium Assistance Information
Medicaid application website: https://abe.illinois.gov
HIPP Hotline Number: 217-524-8268
HIPP Email: hfs.boc.hipp@illinois.gov

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: https://hhs.iowa.gov/medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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: HHSHIPPProgram@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:
https://www.nj.gov/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

Legal Notices

OREGON – Medicaid
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)

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-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: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2026, 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.

Mental Health Parity and Addiction Equity Act of 2008

In accordance with the law, mental health and substance abuse benefits are provided in the same manner as medical and surgical benefits. The UDT medical plans meet the requirements for equity between medical benefits and mental health/substance abuse benefits in:

- Financial requirements, including deductibles, copays, coinsurance and out-of-pocket expenses;
- Treatment limits, including number of visits and days of coverage; and
- Out-of-network coverage

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and UDT may use aggregate information they collect to design a program based on identified health risks in the workplace, the UDT Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Legal Notices

Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with UDT and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or a PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- UDT has determined that the prescription drug coverage offered by the UDT Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect Part D coverage and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back only at the next Open Enrollment

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact your HR Department at UDT for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if the UDT coverage changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep the Medicare Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Upper Darby Township 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 Human Resources.