

BENEFIT SUMMARY

2017-2018



Welcome!

Philadelphia Redevelopment Authority (PRA) is proud to provide our employees and retirees with a benefits program that offers choices designed to meet their individual needs and lifestyles. Each year we review our benefit plan design to continually provide a comprehensive benefit package for our employees and their families. On the following pages, you will find a brief overview of our benefit plans. Please take the time to familiarize yourself with our benefits.

☑ Benefits and Eligibility

All full-time employees are eligible to participate in the following benefit programs:

- » Medical
- » Prescription Drug
- » Dental
- » Voluntary Vision
- » Flexible Spending Accounts
- » Basic Life/AD&D
- » Voluntary Life Insurance
- » Voluntary Long Term Disability
- » Transportation Benefit

DEPENDENT ELIGIBILITY

Employees who are eligible to participate in PRA's benefit programs may enroll their dependents in the medical, prescription drug, dental and supplemental life programs. For the purposes of our benefit plans, your dependents are defined as follows:

- » Your spouse or domestic partner;
- » **For Medical:** Your children, or children of a domestic partner, who are under the age of 26, regardless of marital or student status;
- » **For Dental:** Your children, or children of a domestic partner, who are under the age of 19 (or under age 23 if a full time student);
- » **For Vision:** Your children, or children of a domestic partner, who are under the age of 26, regardless of marital or student status;
- » **For Supplemental Life:** Your children who are under the age of 26;
- » Your children over age 26 who are mentally or physically disabled and dependent upon you for support (proof of condition and dependence must be submitted); and
- » Your children who are covered by a Qualified Medical Child Support Order (QMCSO).

Please note: health care expenses for domestic partners **are not** reimbursable under the Health Care Flexible Spending Account.

Have Benefit
Questions?



Employee Navigator

Employee Navigator is a web site that gives you and your family quick, easy access to information about benefit programs. Employee Navigator allows you to find information and documents, get assistance in evaluating benefit choices and obtain carrier contact information.

To log in go to:

<https://employeenavigator.com/benefits/Account/Login>

COMPANY IDENTIFIER: **pra**

PIN: **last 4 digits of SSN**

Benefits Support Team

Our employee benefits consulting firm, NFP, provides a dedicated benefits support team who can answer your benefit plan questions and assist you in resolving benefit claim issues. This confidential service is available to you, as well as your family members who are covered by PRA's benefits. You can reach the NFP team at: **855-287-2202** (toll free), between 8:00 a.m. and 5:00 p.m. Eastern Time, Monday through Friday.

Medical & Prescription Drug

To meet the diverse needs of PRA's employees and their families, we offer two different medical options:

KEYSTONE POS 1B

This plan allows you to see the provider of your choice in-network or out-of-network. Members are required to select a primary care physician with this plan and referrals are required for specialist visits.

PERSONAL CHOICE PPO 1B

This plan allows you to see the provider of your choice, in-network or out-of-network, without referrals. You are not required to select a primary care physician.

SUMMARY OF MEDICAL/PRESCRIPTION DRUG COVERAGE

	Keystone POS 1B	Personal Choice PPO 1B
In-Network		
Referrals Required?	Yes	No
Annual Deductible	None	None
Out-of-Pocket Maximum Benefit	\$7,150 (individual) \$14,300 (family)	\$7,150 (individual) \$14,300 (family)
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care	100%	100%
Office Visit Copays	\$15 (PCP) \$30 (Specialist)	\$10 (PCP) \$20 (Specialist)
Emergency Room	\$125 copay, copay not waived if admitted	\$125 copay, copay not waived if admitted
Lab Services	100%	100%
Diagnostic X-Ray	\$30 copay	\$20 copay
Radiology (CAT/MRI/Ultrasound)	\$60 copay	\$40 copay
Hospital Inpatient	\$100/day, \$500 max per admission	\$50/day, \$150 max per admission
Outpatient Surgery	\$50 copay	\$0 copay
Out-of-Network		
Annual Deductible	\$5,000 (individual) \$15,000 (family)	\$1,500 (individual) \$4,500 (family)
Coinsurance	70%	70%
Out-of-Pocket Maximum	\$30,000 (individual) \$90,000 (family)	\$10,000 (individual) \$30,000 (family)
Lifetime Maximum Benefit	Unlimited	Unlimited
Prescription Drug Coverage		
Retail (30-day supply)	\$10 Generic copay \$20 Brand name copay \$35 Non-formulary copay	
Mail Order (90-day supply)	\$20 Generic copay \$40 Brand name copay \$70 Non-formulary copay	

Note: This summary is meant to provide a brief overview of medical benefits. In the event of a conflict, the plan documents will govern. For information on all services covered, see the certificate of coverage posted on Employee Navigator, or contact the Benefits Support Team at 855-287-2202.

Dental

Good dental health is important to your overall well-being. That's why PRA is pleased to offer a plan through Delta Dental. The Delta Dental Premier PPO Plan allows you to receive dental care from participating providers (in-network) and non-participating providers (out-of-network) and you are not required to select a primary care dentist.

Utilizing a participating (in-network) dentist may result in additional savings for you because participating dentists have agreed to accept Delta Dental's discounted fees as payment for covered services. Your out-of-pocket costs are reduced if you use an in-network provider.

Out-of-network (non-participating) dentists are not obligated to accept the insurance carrier's approved costs. If you choose to seek treatment from a non-participating dentist, you may be responsible for paying the balance of that dentist's fees that are above the insurance carrier's approved "usual and customary (U&C)" amount. Additionally, some out-of-network providers may require you to pay the entire billed amount at the time of service and then submit your claims for reimbursement.

Voluntary Vision

The vision program through Vision Benefit of America (VBA) allows you to receive an eye exam every 12 months, and provides a substantial savings on your eye care purchases. The plan is available through thousands of provider locations participating in the VBA network.

For more information or to search for a participating (in-network) provider, go to www.visionbenefits.com or call 1-800-432-4966 / option 5.

SUMMARY OF DENTAL COVERAGE

	In-Network	Out-of-Network
Calendar Year Deductible	\$25 (individual)	\$25 (individual)
Calendar Year Maximum	\$2,000* (individual)	
Preventive Services (e.g., oral examinations, routine cleanings, sealants, bitewing x-rays, fluoride treatment)	100%	100%
Basic Services (e.g., amalgam and composite restorations, periodontics and endodontics, oral surgery)	100%	100%
Major Services (e.g., crowns, inlays and onlays, full and partial bridges, fixed bridges, non-surgical TMJ)	80%	80%
Orthodontia	80% (children only)	80% (children only)
Orthodontic Lifetime Maximum	\$2,000	
Implants	50% after deductible	50% after deductible
Implants Lifetime Maximum	\$1,500 per individual	

Note: This summary is meant to provide a brief overview of dental benefits. In the event of a conflict, the plan document will govern. For information on all services covered, see the certificate of coverage posted on Employee Navigator, or contact the Benefits Support Team at 855-287-2202.

SUMMARY OF VISION COVERAGE

	In-Network	Out-of-Network
Service Type and Frequency	exams: 12 months lenses: 12 months frames: 24 months	
Eye Exam	\$0 copay	up to \$40
Contact Lens Fitting Fee	15% discount; deducted from contact lens allowance	
Lenses (eye glasses)		
Single Vision	\$0 copay	up to \$40
Bifocal	\$0 copay	up to \$60
Trifocal	\$0 copay	up to \$80
Lenticular	\$0 copay	up to \$120
Lens Options		
Polycarbonate (for children under 19)	\$0 copay	not covered
Mr. Scratch Protection	\$0 copay	not covered
Other	schedule / 20% discount	not covered
Frames	approximately \$125-\$150 retail allowance	up to \$50
Contact Lenses (in lieu of glasses)		
Elective	\$110 retail allowance	up to \$110
Medically Necessary	UCR	up to \$320
Laser Vision Correction	discount	N/A

Note: This summary is meant to provide a brief overview of vision benefits. In the event of a conflict, the plan document will govern. For information on all services covered, see the certificate of coverage posted on Employee Navigator, or contact the Benefits Support Team at 855-287-2202.

Flexible Spending Accounts

PRA allows you redirect a portion of your pay through payroll deduction into Flexible Spending Accounts (FSAs). Money deposited into your FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated), which decreases your taxable income and potentially increases your spendable income.

HEALTH CARE FLEXIBLE SPENDING ACCOUNTS

You can set aside an annual amount up to \$1,500 on a pre-tax basis to use towards health care purchases. These purchases include medical copays, prescription drug copays, dental and vision costs not covered by insurance, as well as other items.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

You can set aside an annual amount up to \$5,000 on a pre-tax basis to use towards day care expenses, before/after school care and summer camp for a qualified dependent, disabled parent or spouse.

Basic Life and AD&D

PRA provides Life Insurance at no cost for a benefit amount of one times annual earnings, rounded to the next highest \$1,000 to a maximum \$100,000 without evidence of insurability. PRA also provides AD&D Insurance for a benefit amount of one times annual earnings, rounded to the next highest \$1,000 to a maximum \$100,000.

Voluntary Life

You may purchase additional amounts of life insurance for yourself, your spouse and your dependent child(ren). You may elect coverage for yourself in amounts of \$10,000 increments up to \$300,000. You are able to elect up to \$100,000 without Evidence of Insurability (health questionnaire) when you are first eligible. You may elect or change your amounts at any other time, but all amounts requested will require completion of a health questionnaire.

You may elect coverage for your spouse in amounts of \$5,000 increments to a maximum of \$150,000. Amounts may not exceed 100% of employee supplemental life coverage. You are able to elect up to \$10,000 for your spouse without Evidence of Insurability (health questionnaire) when you are first eligible. You may elect or change your spouse's amounts at any other time, but all amounts requested will require completion of a health questionnaire. Coverage for your child(ren), from live birth through age 20 (through age 26 if a full-time student) is also available in units of \$2,000 to a maximum of \$10,000, but not to exceed 100% of the employee's Supplemental Life coverage.

Voluntary Long-Term Disability

You may select a monthly benefit amount in \$100 increments (based on the table and guidelines within plan documents). The monthly benefit amount must not exceed 60% of your monthly earnings. The maximum monthly benefit is \$6,000; the minimum benefit is \$200.

You may also elect a benefit waiting period, which is the period of time that you must be continuously disabled before benefits become payable. The waiting period options are listed to the right.

If you do not elect this benefit when you are first eligible, you will be able to elect or make changes during open enrollment which takes place with a 12/1 effective date.

VOLUNTARY LTD WAITING PERIODS

Accidental Injury	Other Disabilities
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Employee Assistance Plan (EAP)

Horizon Health provides a free, confidential Employee Assistance Plan (EAP) to guide you through life's challenges. A master's level member advocate will provide you with consultation, resources, an action plan and information to help you address your issue, ranging from child and elder care, to alcohol and drug abuse, to stress and work anxiety.

You can contact the EAP online at www.horizoncarelink.com or call **888-293-6948** (toll free). Available 24 hours a day, 365 days a year.

Transportation Benefit

PRA provides a Transportation Benefit through Discovery Benefits. The transportation benefit allows employees to pay for qualified parking, transit and vanpooling expenses using pre-tax dollars.

- » Pay for transit passes with Debit card
- » Out-of-pocket expenses for parking passes can be reimbursed
- » IRS sets a monthly maximum amount for the pre-tax payments:
 - » \$255 / month for parking
 - » \$255 / month for transit or vanpool