

2026 - 2027

Employee Benefits Guidebook



EXPLORE YOUR BENEFITS

PLAN YEAR: JULY 1, 2026 THROUGH JUNE 30, 2027

BENEFITS AVAILABLE


Your benefits package includes medical, prescription, health reimbursement account, dental, vision, flexible spending account, life and disability benefits. Use this guide to explore your benefits and weigh your options, to ultimately select the coverage that best meets your needs.

HOW TO ENROLL

All benefit-eligible employees must log in to Employee Navigator to complete their benefit elections. An enrollment email will be sent to each employee's work email address. When registering, please use Company Identifier: **LCHS**.

Employees enrolling a spouse in the medical plan will also be required to complete the spousal verification process in Employee Navigator. Spouses who have access to other employer-sponsored medical coverage are not eligible to enroll in Luzerne County Head Start's medical plan.

Once enrolled, changes can only be made during Open Enrollment unless you experience a qualifying life event (such as marriage, divorce, birth, adoption, or a dependent aging out at 26). Supporting documentation must be submitted within 30 days of the event for changes to be processed.







Summary of Benefits

HEALTH
INSURANCE

Enclosed benefit details are brief summaries only and subject to change. Please refer to plan documents for complete details. If any discrepancies exist between this guide and the plan document, the plan document will prevail. (Legal Notices and Summary of Benefits Coverage are available upon request.)

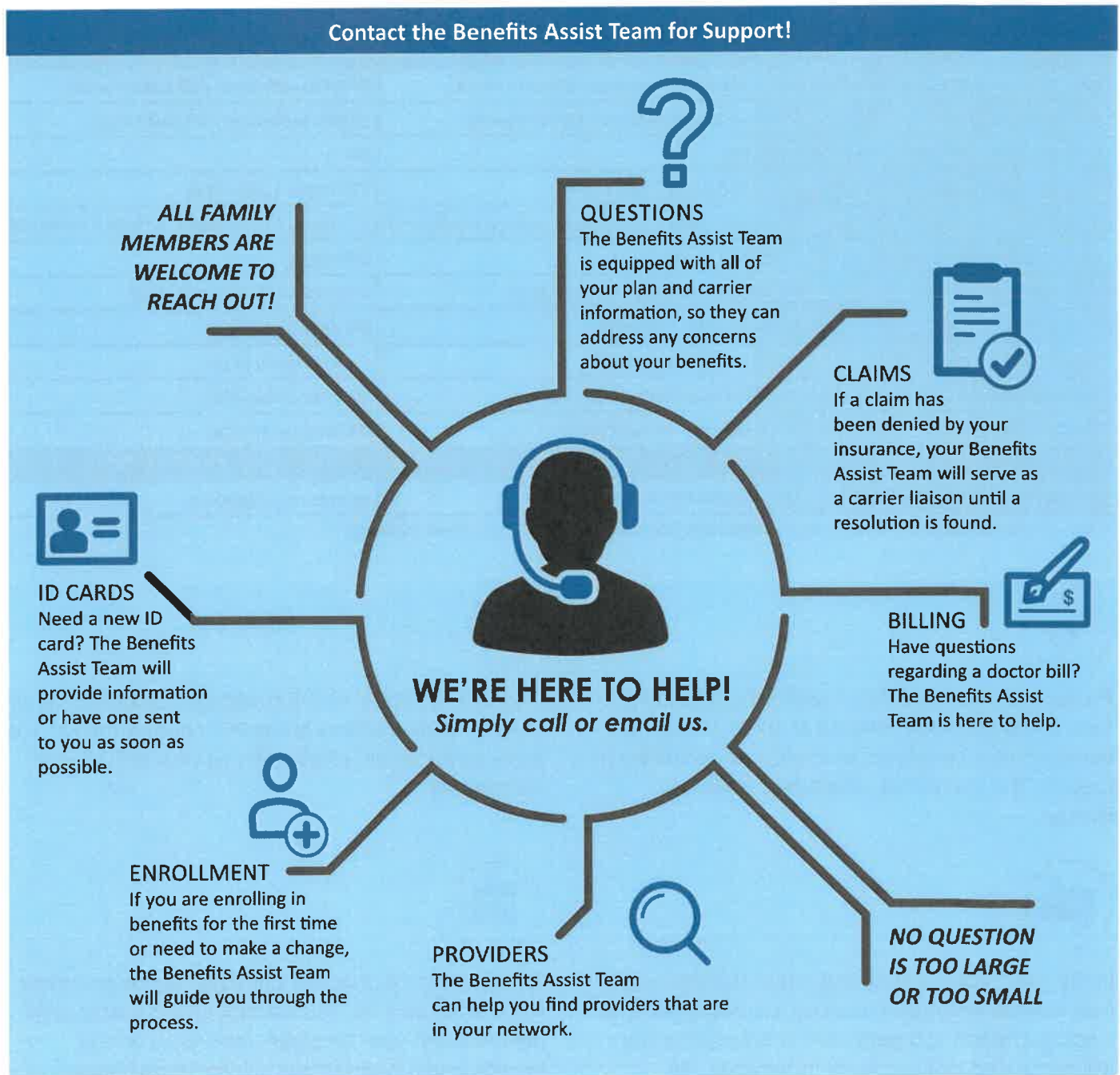
BENEFITS ASSIST TEAM

WE GO TO *BAT* FOR YOU!

-  Available Monday through Friday
-  From 7:30 AM to 6:00 PM EST
-  Phone: 844-231-8414
-  Email: BAT@creativebenefitsinc.com

The Creative Benefits, Inc. **Benefits Assist Team** is available to help with all general inquiries related to your employee benefits program. Prior to calling, please be prepared to provide your information, the subscriber/patient's information, along with any information pertaining to your question.

Contact the Benefits Assist Team for Support!



*In some cases, authorization is required for our team to speak on your behalf in regard to your benefits inquiry. *To provide authorization, you must complete a HIPAA Privacy Authorization form. Please contact the Benefits Assist Team to complete the form.*

MEDICAL

GEISINGER HEALTH PLAN

Website: www.thehealthplan.com
 Phone: 1-800-447-4000

Plan Options:	Base Plan - Choices HMO	
Network	Geisinger Choices HMO	
Referral / Primary Care Physician (PCP)	Not Required / Required	
Funding Account	Health Reimbursement Account - See page 6 for details	
In-Network	Tier 1	Tier 2
Total Out-of-Pocket Maximum*	\$10,600 Individual / \$21,200 Family	\$10,600 Individual / \$21,200 Family
Annual Deductible	\$3,500 Individual / \$3,500 Family	\$7,000 Individual / \$7,000 Family
Coinsurance	0%	0%
Primary Doctor Specialist Visits	\$20 copay \$40 copay	\$50 copay \$90 copay
Urgent Care Emergency Room	\$20 copay \$150 copay (waived if admitted)	\$20 copay \$150 copay (waived if admitted)
Phys, Occ, Speech Therapy	\$40 copay	\$90 copay
Chiropractic Services	\$20 copay (15 visits per year)	\$50 copay (15 visits per year)
Laboratory	0% after deductible	0% after deductible
Radiology Complex Radiology	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible
Inpatient Hospital	0% after deductible	0% after deductible
Out-of-Network <small>*Balance billing may apply should you choose a non-participating provider.</small>		
Annual Deductible Coinsurance	Limited to In-Network	Limited to In-Network

*Total Out-of-Pocket Maximum = the most you pay within a plan year including deductible, coinsurance and copays.



Preventive Care (as defined under the Affordable Care Act) is generally covered at 100%. Office visits, however, may be subject to applicable deductible or copays. The preventive schedule is subject to change.



Outpatient mental health coverage is available for all medical plan enrollees at the PCP copay amount. For more information, please refer to your official plan documents.



In the event you are traveling out of the area and a true medical emergency occurs, services received at a non-participating urgent care or hospital facility will be treated as if you were in-network. An emergency at tier 2 facility would be billed as tier 1.



Create an account on the Geisinger portal by visiting thehealthplan.com. This account allows you to view details about your coverage, review lab or test results, and pay physicians bills for participating Geisinger providers.

MEDICAL

GEISINGER HEALTH PLAN

Website: www.thehealthplan.com
 Phone: 1-800-447-4000

Plan:	Buy-Up Plan - All Access Extra HMO
Network	Geisinger All Access Extra HMO
Referral / Primary Care Physician (PCP)	Not Required / Required
Funding Account	Health Reimbursement Account - See page 6 for details
In-Network	
Total Out-of-Pocket Maximum*	\$10,600 Individual / \$21,200 Family
Annual Deductible	\$3,000 Individual / \$3,000 Family
Coinsurance	0%
Primary Doctor Specialist Visits	\$15 copay PHN / \$30 copay Non-PHN \$40 copay
Urgent Care Emergency Room	\$30 copay \$300 copay waived if admitted
Phys, Occ, Speech Therapy	\$40 copay
Chiropractic Services	\$30 copay (15 visits per year)
Laboratory	0% after deductible
Radiology Complex Radiology	0% after deductible
Outpatient Surgery	0% after deductible
Inpatient Hospital	0% after deductible
Out-of-Network <i>*Balance billing may apply should you choose a non-participating provider.</i>	
Annual Deductible Coinsurance	Limited to In-Network

*Total Out-of-Pocket Maximum = the most you pay within a plan year including deductible, coinsurance and copays.



Telemedicine benefits are available for all medical plan enrollees and their dependents. For more information, please refer to your official plan document.



Your medical coverage also includes a **routine eye exam** once every 12 months.



Utilize participating hospital and doctors within your network! Visit Geisinger's website to find in-network providers near you. For assistance, contact the Benefit Assist Team.



Get rewarded for taking small steps every day that benefit your overall health and wellness. Visit Geisinger's website to learn more about their Accessories program which includes discounts for fitness centers, massage therapy and more.

PRESCRIPTION

GEISINGER HEALTH PLAN



Website: www.thehealthplan.com

Phone: 1-800-988-4861

Plan Options:	Choices HMO	All Access Extra HMO
Formulary	Triple Choice	Triple Choice
Retail Pharmacy — 34 Day Supply		
Tier 1	\$0 / \$25 copay	\$20 copay
Tier 2	\$50 copay	\$40 copay
Tier 3	\$70 copay	\$60 copay
Mail Order Pharmacy — 90 Day Supply		
Tier 1	\$0 / \$50 copay	\$40 copay
Tier 2	\$100 copay	\$80 copay
Tier 3	\$140 copay	\$120 copay
Specialty		
Select High-Cost Specialty Drugs	\$150 copay per injection	\$150 copay per injection

- **ID Card** — You will use the same ID card for your medical and prescription benefits.
- **Pre-Authorization/Step Therapy** — Some prescriptions require prior authorization or step therapy, which means you will need to try other medications before the prescribed medication can be approved. All prescriptions that require prior authorization or step therapy are reviewed annually. Your doctor will need to call-in after each 12 month period to extend the authorizations that are currently on file.
- **Contraceptive Coverage** — This plan allows for access to zero-cost contraceptives. Please note not all brands are covered at the no cost level
- **Mail Order** — Mail Order is available for maintenance drugs. Maintenance medications are those prescribed for an extended period of time to treat a chronic condition (e.g. high blood pressure). The Mail Order program allows for up to a three month supply of medication to be delivered directly to your door. To get started with Mail Order, ask your physician to write a new 90-day prescription for each maintenance medication, with up to 3 refills
- **Formulary** — Check your medication on the formulary list, so you know how it will be covered. Remember the formulary is subject to change.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

 Website: www.optumfinancial.com
 Phone: 1-877-292-4040
 Claims Email: BAT@creativebenefitsinc.com

GEISINGER HEALTH PLAN / OPTUM FINANCIAL

A Health Reimbursement Account (HRA) is an account funded by your employer to cover some out-of-pocket medical expenses for you and your family. Please reference the chart below to understand what your responsibility is and what the HRA will cover. All employees enrolled in the medical plan are eligible to utilize the HRA benefit.

	Total Annual Plan Deductible	Initial Member Responsibility	HRA Responsibility	Remaining Member Responsibility
Choices HMO	Tier 1: \$3,500 Tier 2: \$7,000	First \$1,500	Next \$2,000	Tier 1: \$0 Tier 2: Last \$3,500
All Access Extra HMO	\$3,000	First \$1,500	Next \$1,500	\$0

WHAT IS AN HRA?

Health Reimbursement Account (HRA) is an account funded by Luzerne County Head Start to cover a portion of the in-network deductible for you and your family. This account is managed by Optum Financial.

WHAT HEALTH SERVICES DOES THE HRA COVER?

Any service to which the in-network deductible applies. Any expenses that do not apply towards the deductible will not be eligible under the HRA.

HOW DO I ACCESS MY HRA ONLINE?

With a computer or any mobile device, you can register and log into your member website at www.optumfinancial.com. In one safe and convenient location you can:

- View your HRA balance
- Track payments
- View educational materials

HOW DOES THE HRA WORK?

With an integrated HRA, there is no need to file claims. When Geisinger receives notice of the claim, they will automatically send it to Optum Financial and process it against your HRA. If an HRA payment is applicable, any payment will be automatically sent to your provider.

DO I HAVE TO DO ANYTHING TO FILE A CLAIM?

No, claim filing is handled between Geisinger, Optum Financial and the provider. All you have to do is show your doctor your ID card at the time of service.

KNOW YOUR BENEFITS

URGENT CARE VS. EMERGENCY ROOM

DID YOU KNOW YOU CAN SAVE MONEY AND TIME BY USING URGENT CARE RATHER THAN GOING TO THE EMERGENCY ROOM?

The advantages of urgent care include:

Shorter wait times! Lower co-payments than ER costs! Evening & weekend hours! No appointments!



GO TO AN URGENT CARE FACILITY WHEN...
you need immediate medical attention but the symptoms are not life-threatening. See examples below.



Minor Burns or Injuries



Allergic Reactions



Sprains and Strains



Fever or Flu



Coughs, Colds, Sore Throat



Rash or Skin Irritations



Ear Infection



Mild Asthma



GO TO THE EMERGENCY ROOM WHEN...
you experience a life-threatening symptom such as chest pain or sudden severe pain. See examples below.



Chest Pain



Loss of Consciousness



Difficulty Breathing



Loss of or Blurred Vision



Severe Bleeding or Head Trauma



Sudden Numbness or Loss of Speech

HEALTHY REWARDS

GEISINGER HEALTH PLAN

Website: www.thehealthplan.com
Phone: 1-800-447-4000

Get rewarded for taking small steps every day that can add up to big changes in your health.

Geisinger's Healthy Rewards reimbursement program offers you:

- Annual reimbursement up to \$100/single and \$200/family for qualified fitness activities.
- Activities considered for reimbursement include: Fitness center memberships, exercise classes, race fees, school athletic fees, swimming lessons, gymnastics, sports camps, sports fees, karate and more.
- Members (policyholder only) must also complete the online wellness assessment to be eligible.

How to do it?

Visit go.geisinger.org/healthy-rewards or scan the QR code.



- Log into your member account or sign up for one.
- Complete the online form and upload your receipt(s).
- Allow 4 to 6 weeks for reimbursement after submission.

Questions about Healthy Rewards?

Call the customer care team at the number on the back of your member ID card.



DENTAL GUARDIAN

Website: www.guardianlife.com
Phone: 1-888-482-7342

Plan Options:	Base Plan - 100/80/50	Buy-Up Plan - 100/100/50
Network	DentalGuard Preferred	DentalGuard Preferred
In-Network		
Annual Benefit Maximum	\$1,000 + Maximum Rollover	\$1,250 + Maximum Rollover
Deductible	\$50 / \$150	\$0 / \$0
Preventive Diagnostic ¹	0%	0%
Basic Services ²	20% after deductible	0%
Major Services ³	50% after deductible	50%
Orthodontia (Dependents to Age 19)	50% after deductible	50%
Ortho Lifetime Max	\$500	\$1,000
Out-of-Network		
Deductible	Combined with In-Network	Combined with In-Network
Benefits	Matches In-Network Benefits	Matches In-Network Benefits



Services include but are not limited to:

¹Diagnostic: Bitewing X-rays, Cleanings, Sealants

²Basic: Fillings, Simple Extractions, Endodontics, Periodontics

³Major: Crowns, Inlays, Onlays, Bridges, Dentures

- **In-Network vs. Out-of-Network** — You may select dentists in- or out-of-network. If you utilize a participating dentist, you will receive greater discounts and lower out-of-pocket expenses.
- **Balance Billing** — You may be balanced billed the difference between the carrier's allowance and the provider's charge for all out-of-network services.
- **Limitations** — Benefits may be subject to age or frequency limitations.
- **Benefit Basis** — All benefits are based on the plan year.
- **Maximum Dental Rollover** — Guardian will increase your annual maximum by rolling over a portion of a member's unused max amount. Visit www.guardiananytime.com to see your balance.

VISION

VISION BENEFITS OF AMERICA (VBA)

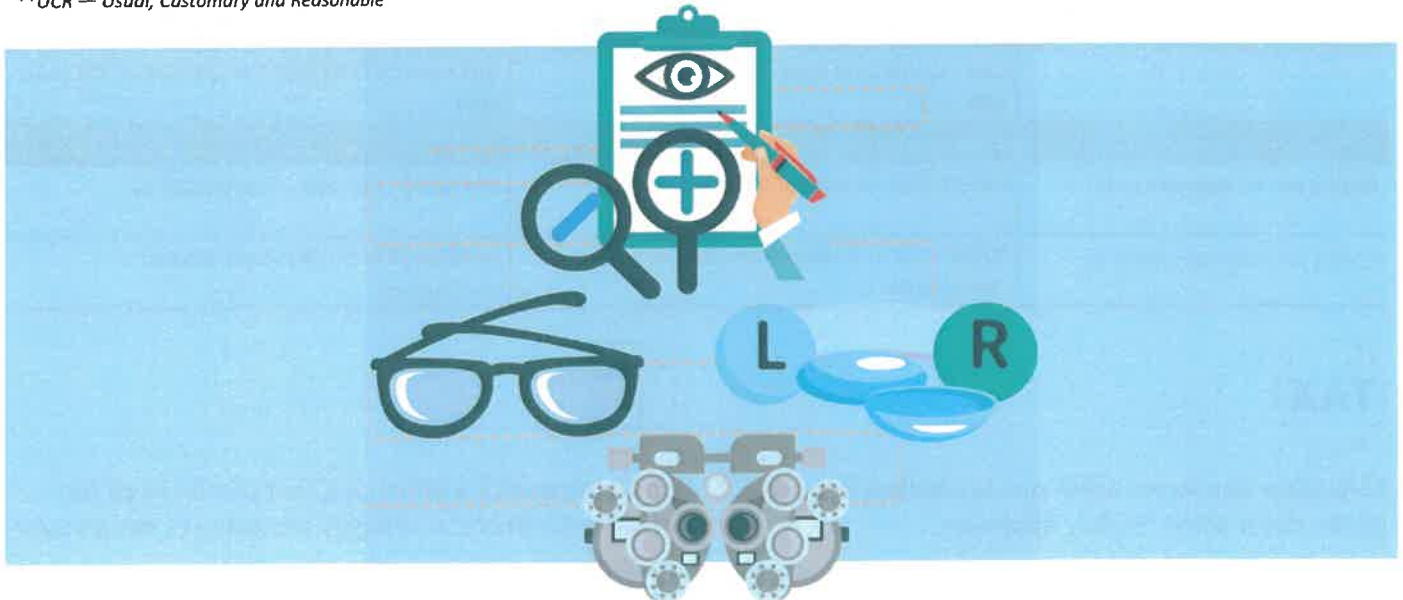
Website: www.vbaplans.com

Phone: 1-800-432-4966

Plan:	VBA PPO
Network	PPO Network
In-Network	
Exams/Refractions	
Frequency	12 months
Exam	\$10 copay
Lenses	
Frequency	12 months
Single, Bifocal, Trifocal	\$10 copay
Contact Lenses, Evaluation & Fitting (in lieu of glasses)	
Frequency	12 months
Covered Allowance	No Copay / Up to \$130 Allowance
Fitting	No Copay / 15% off UCR*
Frames	
Frequency	24 months
Covered Allowance	\$130 allowance
Out-of-Network	
	Reimbursements available

A \$10 copayment is applied to the vision exam and a \$10 co-payment is applied to the total cost of the lenses and/or frames ordered from a VBA Member Doctor only. Co-payments do not apply to the contact materials.

**UCR — Usual, Customary and Reasonable



FLEXIBLE SPENDING ACCOUNT (FSA)

FLEX FACTS

 Website: www.flexfacts.com
 Phone: 877-943-2287
 Email: support@flexfacts.com

Designate an amount of money to be withheld pre-tax from each paycheck to pay for eligible healthcare or dependent care expenses. Visit www.irs.gov for a full list of eligible expenses.

	Healthcare FSA	Dependent Care FSA
How much can I contribute?	\$3,400	\$7,500 (\$3,750 if married & filing separately)
When are funds available?	Annual elected amount is available on the 1st day of the plan year	Funds are available when deducted from your paycheck
How can I withdraw funds?	Via your healthcare FSA debit card or you can submit a claim	You must submit a claim
What can I use the funds for?	<p>Examples of qualified expenses covered by an FSA are as follows:</p> <ul style="list-style-type: none"> • Copayments • Prescriptions • Laser eye surgery / Eyewear • Hearing aids • Orthodontics / dental expenses • Menstrual products 	<p>Supervisory care for your dependents up to age 13 or the care of a mentally or physically disabled dependent. A general rule is that dependent care must be necessary so that you and/or your spouse can work outside the home. For example:</p> <ul style="list-style-type: none"> • Day care • In-home or Away-From Home Daycare
What happens to the remaining balances at end of plan year?	You can roll over up to \$680 into new plan year.	Any balance is forfeited at the end of the plan year.
What is the time frame for incurring and submitting claims?		
Claims can be incurred until:	06/30/2027 or date of termination.	06/30/2027 or date of termination.
Claims must be submitted by:	9/30/2027 or 90 days from date of termination	9/30/2027 or 90 days from date of termination



FSA's allow you to set aside pre-tax dollars from your pay to cover some eligible expenses.



You will receive a debit card that can be used for eligible expenses. It is highly advisable to retain your receipts.

**Weight loss drugs and vitamins are NOT eligible for your Healthcare FSA. School fees and overnight camps are not eligible expenses for your Dependent Care FSA.*

LIFE & DISABILITY BENEFITS

NEW YORK LIFE

Outlined below are employer paid benefits offered to all eligible employees.

Life and AD&D Insurance - Please remember to keep your beneficiary information updated!

For all eligible employees — 100% employer paid

Benefit	The Life and AD&D benefits are 1 X your annual earnings to a maximum of \$100,000.
Conversion	Included
Waiver of Premium	Included
Portability	Not Included
Age Reduction	Benefits reduce to 65% at age 65; 50% at age 70.

Long Term Disability Insurance

For all eligible employees — 100% employer paid

Benefit	The monthly benefit is 60% up to \$4,000 of basic monthly earnings.
Pre-Existing Limitation	Pre-Existing Limitation is 3/12 and defined as a condition you sought treatment for 3 months prior to being covered and for which disables you in the first 12 months that you are covered under the plan.
Elimination Period	Benefit starts after the elimination period when the 90th day is satisfied for an illness or accident and payable as approved until Social Security Normal Retirement Age.

Employee Assistance Program

ALWAYS BY YOUR SIDE

24/7 confidential support available to all eligible employees, their spouses and domestic partners, dependent children, parents and parents-in-law.

Call: 1-800-344-9752

Visit: www.guidanceresources.com

EAP CAN ASSIST WITH:

Stress, depression, anxiety, relationship issues, divorce, job stress, work conflicts, family and parenting problems, anger, grief, loss, child care, elder care, legal and financial questions, identity theft, reducing medical bills and more. Online, phone and in-person support options are available.

Whatever life throws at you throw it our way. Employee Assistance & Wellness Support.

Life: just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, New York Life Group Benefit Solutions is there for you with our Employee Assistance & Wellness Support program¹. It can help you and your family find solutions and restore your peace of mind. This is just another example of how we are committed to Putting Benefits To Work For PeopleSM.



Our suite of value-add resources includes:

› Employee Assistance Program¹

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three sessions, per issue, per year.

› **GuidanceResources⁰¹** When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching¹

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

[See additional information on next page ›](#)



› **FamilySource**^{®1}

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

Contact Info:

Employee Assistance and
Wellness Support 24/7



Phone: (800) 344-9752



Website: guidanceresources.com

Web ID: NYLGBS

1. These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych[®] Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. These programs are not available under policies issued by New York Life Group Insurance Company of NY.

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All programs are effective for the member/participant on the first day of coverage.

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New York Life Insurance Company

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