



January 1, 2022 Benefits
Open Enrollment

# Agenda

Introduction

Medical/Prescription Drug

Payroll Rates, Ancillary Plans, & Next Steps

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Highmark

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### Why Highmark?

You're covered nationwide and around the globe

Through the BlueCard® program, you have access to the largest physician and hospital networks in the U.S., including over 1.7 million providers and 95% of all hospitals.\*

You're also covered in 190 countries through the Blue Cross Blue Shield Global® Core program.



### Central Pennsylvania

# Access to quality care

We collaborate with like-minded, highvalue provider entities to enhance the member experience and give you access to higher-performing providers. The result: better value for you.

#### Value-based care, delivering quality over quantity:

- · Align incentives, paying providers for value not volume
- · Share data with providers, optimizing quality in care delivery
- Enable member access to higher-performing providers





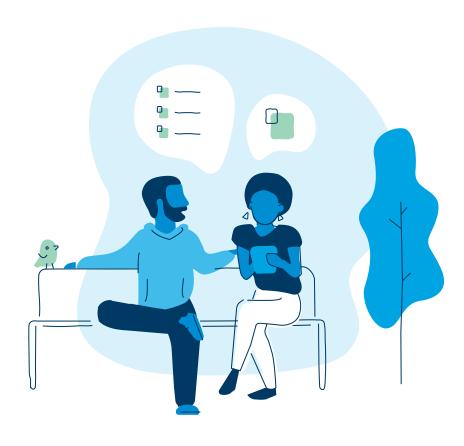




# PPO Blue



### **Basic** insurance terms



- Premium: The monthly amount you or your employer pay so you have health coverage.
- Copayment: The set amount you pay for a health service before your plan starts paying.
- **Deductible:** The amount you pay before your health coverage kicks in.
- Coinsurance: The percentage you owe after your deductible. For example, if your plan pays 80%, you pay 20%.
- Out-of-Pocket Limit: The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

## **PPO Sharing \$0**

Benefit category	In-network	Out-of-network
Deductible (Ind/Fam)	None	\$1,000/\$2,000
Coinsurance	100%	80% after deductible
Out-of-Pocket Limit (Ind/Fam)	None	None
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$8,700/\$17,400	\$8,700/\$17,400
Primary Care Virtual Visit/Primary Care Office Visit	\$10 copay/\$20 copay	80% after deductible
Specialist Office Visit	\$30 copay	80% after deductible
Telemedicine (Amwell)	\$20 Copay	Not covered
Preventive Care	100%	80% after deductible
Urgent Care	\$50 copay	80% after deductible
Emergency Room Services	100% after \$100 copay (waived if admitted)	
Hospital Services Inpatient and Outpatient	100%	80% after deductible

## **PPO Sharing \$250**

Benefit category	In-network	Out-of-network
Deductible (Ind/Fam)	\$250/\$500	\$1,000/\$2,000
Coinsurance	100%	80% after deductible
Out-of-Pocket Limit (Ind/Fam)	None	None
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$8,700/\$17,400	\$8,700/\$17,400
Primary Care Virtual Visit/Primary Care Office Visit	\$10 copay/\$20 copay	80% after deductible
Specialist Office Visit	\$30 copay	80% after deductible
Telemedicine (Amwell)	\$20 Copay	Not covered
Preventive Care	100%	80% after deductible
Urgent Care	\$50 copay	80% after deductible
Emergency Room Services	100% after \$100 copay (waived if admitted)	
Hospital Services Inpatient and Outpatient	100%	80% after deductible

## **PPO Sharing \$500**

Benefit category	In-network	Out-of-network
Deductible (Ind/Fam)	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	100%	80% after deductible
Out-of-Pocket Limit (Ind/Fam)	None	None
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$8,700/\$17,400	\$8,700/\$17,400
Primary Care Virtual Visit/Primary Care Office Visit	\$10 copay/\$20 copay	80% after deductible
Specialist Office Visit	\$30 copay	80% after deductible
Telemedicine (Amwell)	\$20 Copay	Not covered
Preventive Care	100%	80% after deductible
Urgent Care	\$50 copay	80% after deductible
Emergency Room Services	100% after \$100 copay (waived if admitted)	
Hospital Services Inpatient and Outpatient	100%	80% after deductible

### **QHDHP Healthy Savings \$1,400**

Benefit category	In-network	Out-of-network
Deductible (Ind/Fam)	\$1,400/\$2,800	
Coinsurance	100%	80%
Out-of-Pocket Limit (Ind/Fam)	None	None
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$7,050/\$14,100	\$7,050/\$14,100
Primary Care Virtual/Primary Care Office Visit	\$10/\$20 copay after deductible	80% after deductible
Specialist Office Visit	\$30 copay after deductible	80% after deductible
Preventive Care	100% deductible does not apply	80% after deductible
Urgent Care	\$50 copay after deductible	80% after deductible
Emergency Room Services	\$100 copay after deduc	ctible (waived if admitted)
Hospital Services Inpatient and Outpatient	100% after deductible	80% after deductible
Prescription Drugs	Under Pharmacy Exhibit	

# **Choice Blue**



#### Choice Blue and Penn State Health

Working together to deliver cost savings and quality care



- Expanding and improving health care infrastructure throughout the region with more practices, more hospitals, and more access to topquality care closer to home.
- Making it easy for you to see an innetwork specialist with Penn State Health's referral line.



#### **Choose Control Over Health Care Costs**

With two levels of in-network coverage

#### **In-Network Access**



#### **Out of Network**

(PPO plans only)



## **Choice Blue Sharing \$500**

Ponofit optogory	In-network le	vel of benefits	Out-of-network	
Benefit category	Enhanced Value	Standard Value	Out-oi-fietwork	
Deductible (Ind/Fam)	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	
Coinsurance	100% after deductible	80% after deductible	60% after deductible	
Coinsurance Out-of-Pocket Limit (Ind/Fam)	None	\$500/\$1,000	None	
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$8,700/\$17,400		\$8,700/\$17,400	
Primary Care Virtual/Primary Care Office Visit	100% after \$10/\$20 copayment	100% after \$20/40 copayment	60% after deductible	
Specialist Office Visit	100% after \$30 copayment	100% after \$60 copayment	60% after deductible	
Preventive Care	100% (deductible does not apply)		60% after deductible	
Emergency Room Services	100% after \$100 copayment (waived if		ed if admitted)	
Hospital Services Inpatient and Outpatient	100% after deductible	80% after deductible	60% after deductible	

## **Choice Blue Healthy Savings \$1,400**

Ponofit optogony	In-network le	vel of benefits	Out-of-network
Benefit category	Enhanced Value	Standard Value	
Deductible (Ind/Fam)	\$1,400/\$2,800	\$2,800/\$5,600	\$5,600/\$11,200
Coinsurance	100% after ded.	80% after ded.	60% after deductible
Coinsurance Out-of-Pocket Limit (Ind/Fam)	None	\$4,250/8,500	None
Total Maximum Out-of-Pocket (TMOOP) (Ind/Fam)	\$7,050/14,100		\$7,050/\$14,100
Primary Care Virtual/Primary Care Office Visit	\$10/\$20 copay after deductible	\$20/40 copay after deductible	60% after deductible
Specialist Office Visit	\$30 after deductible	\$60 after deductible	60% after deductible
Preventive Care	100% (deductible does not apply)		60% after deductible
Emergency Room Services	100% after Enhanced deductible		
Hospital Services Inpatient and Outpatient	100% after deductible	80% after deductible	60% after deductible

### Choose High-Quality, In-Network Care

Closer to home for members living in nine PA counties: Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York.

COUNTY	ENHANCED VALUE LEVEL	STANDARD VALUE LEVEL
Adams	WellSpan Gettysburg Hospital	
Berks	Penn State Health St. Joseph Medical Center	Reading Hospital and Medical Center
Cumberland	Penn State Health Holy Spirit  Penn State Health Hampden Medical Center	UPMC Carlisle UPMC West Shore
Dauphin	Penn State Health Milton S. Hershey Medical Center Penn State Children's Hospital	UPMC Community Osteopathic UPMC Harrisburg
Franklin	WellSpan Chambersburg Hospital WellSpan Waynesboro Hospital	
Lancaster	WellSpan Ephrata Community Hospital  Lancaster General Hospital	UPMC Lititz UPMC Lancaster
Lebanon	WellSpan Good Samaritan Hospital	
York	WellSpan York Hospital WellSpan Surgery and Rehabilitation Hospital OSS Orthopaedic Hospital	UPMC Memorial UPMC Hanover

### Choose High-Quality, In-Network Care

Outside the nine-county region, with Choice Blue you may also enjoy Enhanced Value benefits at:



As part of the BlueCard® Program, you also have access to the largest physician and hospital networks in the U.S. with over 1.7 million providers, including 95% of all hospitals.\*

# Your Health Savings Account (HSA)



# Your Health Savings Account (HSA)

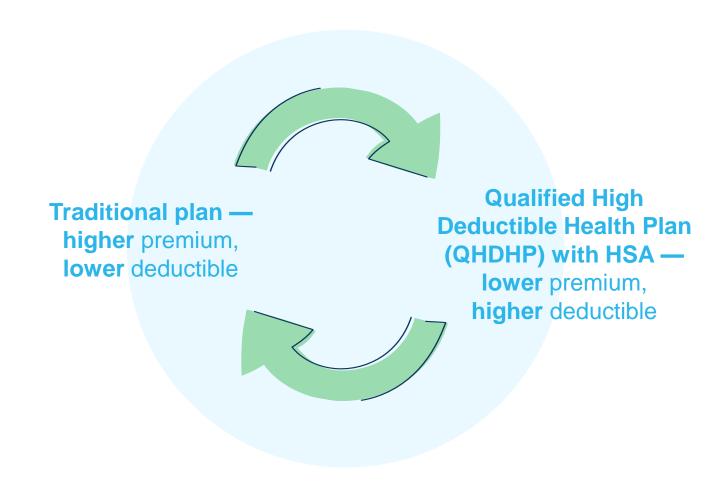
# A powerful savings account with tax advantages



- · Gets triple tax savings.
- Money can go in and come out tax-free.
- Interest and earnings are tax-free.
- Savings tool for medical deductibles, coinsurance, prescriptions, dental, vision expenses, and over-the-counter health products.
- · Balance rolls over each year.
- · Portable.
- · Mutual fund investment option.

<highmarkspendingaccounts.com>

## Let's compare plans



### **How HSAs work**



Contribute
Tax-free dollars, up
to the IRS limit



Save
Spendable income
stretches up to
30% further
(based on your tax rate)



**Spend**On qualified medical expenses



**Grow**Save and invest unused funds for future medical expenses

# HSAs have benefits today and into the future

### Use your HSA as a:



Spending Account
Pay for current
medical expenses.



Savings Account
For long-term growth.

Money you use for qualified medical expenses is always tax-free — whether you use the money today, five years from now, or when you retire.

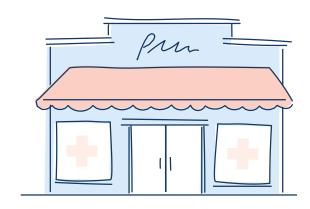
Example of how tax-free contributions could save when paying for qualified healthcare expenses when contributing to an HSA.

	With HSA	Without HSA
Income set aside for annual family health care expenses	\$4,000	\$4,000
27% combined state and federal income taxes	0	-\$1080
Money that can be used for family health care expenses	\$4,000	\$2,920

# Pharmacy



# Rx Benefits: Two ways to get your prescriptions with a PPO plan



### Retail

(31-day supply)\*



### **Mail order**

(90-day supply)\*\*

Deductible: \$25 per member.

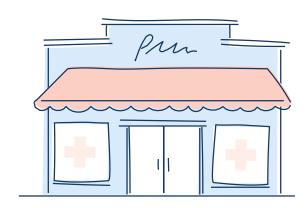
- 25% generic coinsurance
- 25% formulary brand coinsurance
- 45% non-formulary brand coinsurance

- \$25 generic copay
- \$75 formulary brand copay
- \$125 non-formulary brand copay

<sup>\*</sup>If enrolled in Smart90 program, 90-day supply may be requested at a retail pharmacy.

<sup>\*\*90-</sup>day supply mail order is for maintenance drugs only.

## Rx Benefits: Two ways to get your prescriptions with a High-Deductible Health Plan



### Retail

(31-day supply)\*

- 25% generic coinsurance after deductible
- 25% formulary brand coinsurance after deductible
- 45% non-formulary brand coinsurance after deductible
- Preventive Medications Premier List Deductible does not apply



### **Mail order**

(90-day supply)\*\*

- \$25 generic copay after deductible
- \$75 formulary brand copay after deductible
- \$125 non-formulary brand copay after deductible
- Preventive Medications Premier List Deductible does not apply

\*If enrolled in Smart90 program, 90-day supply may be requested at a retail pharmacy. In WV and DE, retail or mail order for 90 days must be at the same cost share or better.

<sup>\*\*90-</sup>day supply mail order is for maintenance drugs only.

### Setting Up Mail-Order Prescriptions



#### How do I get started?

- Sign in to

   .www.highmarkblueshield.com
- Choose Prescriptions and review the prescriptions you have.
- Select Refills & Order Status.

Or call us at the Member Service number on your member ID card.



### Do I need to call my doctor about this?

There's no need. Just get started as described on the left, and we'll follow up with your doctor as needed.



### How long will it take to get my medication?

You should receive your first prescription fill within two weeks. Refills are usually processed within three to five days.

#### **Network Management**

### **National Network with CVS**

Our networks include a number of major pharmacy chains, leading mass merchants, supermarkets, and many independent pharmacies. All pharmacies in our networks meet rigorous credentialing requirements.

**National:** You are enrolled in our midsized network. This provides you with convenience and cost control.

#### To locate a pharmacy easily online:

- Log in to www.highmarkblueshield.com
- Select the Prescriptions tab.
- Scroll down to Find a Pharmacy.
- Select Search Pharmacies.
- Enter your ZIP code, city, or state on the Find a Network Pharmacy page.
- Click Search.



#### Formulary Management

### **Comprehensive Formulary**

## How to save money on your prescription drugs

Your prescription drug benefits are based on our Comprehensive Formulary. By understanding how your formulary works, you can learn how to more effectively manage your prescription drug costs and get the therapy you need.

## What is the Comprehensive Formulary?

A formulary is a list of FDA-approved prescription drugs. The drugs on the formulary are divided into major categories, depending on the medical condition they are used to treat. You can manage your prescription drug costs more effectively with the Comprehensive Formulary by:

- Using generic drugs.
- Asking your doctor to prescribe preferred products if possible.

# Here are two ways you can take advantage of the Comprehensive Formulary to save money:

### Use the online formulary to find lower-cost medications

It's easy to learn which tier your prescription falls into and find other lower-cost drugs that you and your physician may want to consider. Log into the member website <a href="www.highmarkblueshield.com">www.highmarkblueshield.com</a>, click the Prescriptions tab, and then select See a list of drugs your plan covers. Once you open the formulary, you can search for a specific drug by name or select a category, such as antibiotics, to look through the various drugs in this category. You'll also see the tier for each drug, so you'll know how your cost for this drug compares with other drugs in this category.

#### Consult with your physician

Ask your doctor, when medically appropriate, to prescribe a generic or preferred product from the formulary list. Drugs categorized in the generic or preferred tiers typically cost a lot less than brand-name or non-preferred counterparts.

### Programs to keep you safe and drug costs down.

Prior Authorization
We double-check to make sure you're getting safe, effective, necessary medications.
\* 90 Day Delayed Implementation

Quantity Limits

To keep you safe and make sure you get the right dosage.

Step Therapy
 To keep costs down, you'll receive safe, lower-cost equivalents before we cover name-brand drugs.
 \* 90 Day Delayed Implementation



### CVS Smart90<sup>®</sup> Pharmacy Network

#### How it works

For 90-day maintenance medications, choose between CVS retail pharmacy or home delivery with Express Scripts®.

#### **Benefits**



Freedom to choose between retail and mail order.



Delivered medicine sets you up for success to take your prescriptions on time and as directed.



Access to 9,100 retail locations in the CVS/Smart90 network.



24/7 access to pharmacists, including experts in chronic and complex conditions, with home delivery.



#### **Questions?**

Call Member Service at the number on the back of your ID card.

#### Formulary Management

### **Comprehensive Formulary**

## How to save money on your prescription drugs

Your prescription drug benefits are based on our Comprehensive Formulary. By understanding how your formulary works, you can learn how to more effectively manage your prescription drug costs and get the therapy you need.

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# Resources



#### Resources

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### **Member Website**

Why	View your benefits, claims, find doctors, and more.
Where	www.highmarkblueshield.com
When	24/7

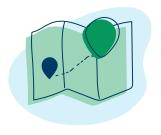


### **Highmark Plan app**

Why	Get instant access to your digital member ID card, care-finding tools, and claims updates — right on your mobile device.
Where	Download the Highmark Plan app from the Apple App Store or Google Play and set up your profile.
When	24/7

### Resources





Why	Locate providers, transfer medical records, and make informed decisions.
Where	MyCareNavigator.com 1-800-345-3806
When	Mon – Fri, 8 a.m. – 5 p.m. ET

### **Virtual Health**



Need to see a doctor but can't get to their office? Get a diagnosis, treatment plan, or prescription any time, right from your phone or computer.
Register at amwell.com or via the mobile app, or over the phone using the Member Service number on the back of your member ID card.
24/7

## Blues On Call<sup>SM</sup>



Why	Medical concerns during off hours? Just call to get support from a registered nurse or help from a health coach to quit smoking, lose weight, etc.
Where	1-888-BLUE-428 or from the Highmark Plan app
When	24/7





Why	From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle.
Where	blue365deals.com
When	Mon – Fri, 8 a.m. – 5 p.m. ET



## **Baby BluePrints**®

Why	Maternity education program for mom-to-be questions and over-the-phone support from a nurse health coach that's available at no additional cost.
Where	Call 1-866-918-5267 to enroll.
When	Mon – Fri, 8 a.m. – 5 p.m. ET



## **Member Service**

Why	Questions on your benefits, claims, finding doctors, and more.
Where	Please see the number on the back of your identification card or call 1-800-345-3806 or from the Highmark Plan app.
When	Mon – Fri, 8 a.m. – 5 p.m. ET

## How to connect with Highmark



## **Telephone:**

Call the toll-free Member Service number on the back of your Highmark member ID card.



## Website:

www.highmarkblueshield.com
Don't forget to register.



## **Highmark Plan app:**

Download the Highmark Plan app from the Apple App Store or Google Play and set up your profile

Also, follow Highmark on social media for the latest news and information:













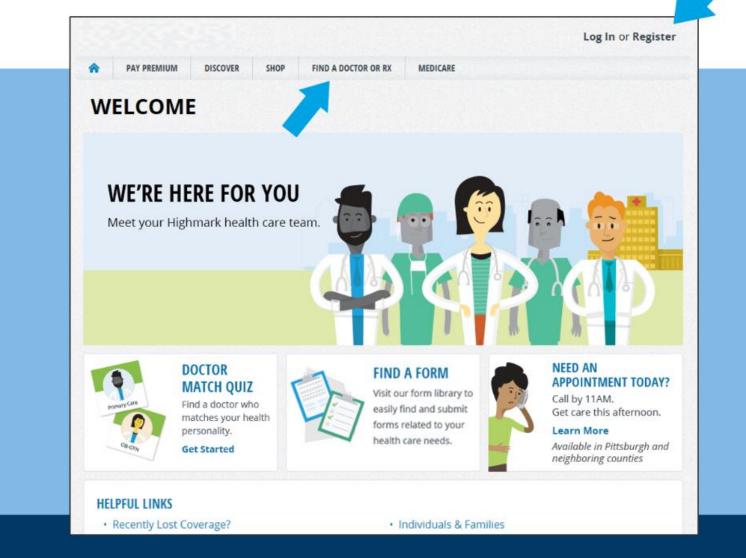
## Finding a Provider

Contact your Highmark Member Engagement for assistance:

- Finding an Enhanced Level Provider
- Scheduling an appointment and transferring medical records
- Ensure you are getting the most out of your plan

1-844-576-1245

## Accessing the Provider Search Tool – highmarkblueshield.com



Accessing the Provider Search Tool (continued)



# Accessing the Provider Search Tool (continued)

Your Account 
COVERAGE CLAIMS & SPENDING FIND A DOCTOR WELLNESS

MEMBER HOME

## **FIND A DOCTOR**

#### FIND IN-NETWORK DOCTORS & SAVE

Use our tools to find doctors, hospitals, labs, diagnostic and imaging centers, urgent care, retail clinics, medical supplies, pharmacies, and more.

#### **Start Your Search**

Medical

Pharmacy 2





#### DOCTOR MATCH QUIZ

Find a doctor who matches your health personality.

Get Started



#### YOU'RE PROTECTED

Your plan now includes identity theft protection. See how it works.



### TAKE CHARGE & SAVE

Make the best decision for your care and budget with the Care Cost Estimator. Search now.



### MY CARE NAVIGATOR

Find doctors, schedule appointments, transfer medical records and more. Get help now.

# Accessing the Provider Search Tool (continued)

\*

COVERAGE

CLAIN

**MEMBER HOME** 

## **FIND A DOCTOR**

#### **FIND IN-NETWORK DOCTORS &**

Use our tools to find doctors, hos labs, diagnostic and imaging centurgent care, retail clinics, medical supplies, pharmacies, and more.

#### Start Your Search

Medical

Pharmacy 2

## YOU ARE ABOUT TO VISIT THE SAPPHIRE **3** DIGITAL SITE.

By clicking "CONTINUE" below, you will be redirected to the Sapphire Digital website. Your health plan has contracted with Sapphire Digital to provide members with access to the Sapphire Digital website. Sapphire Digital is responsible for the Sapphire Digital website, including any terms of use, privacy policies, and/or other applicable conditions of use. If you continue to the Sapphire Digital website, you will be subject to the website's terms of use, privacy policies and other applicable conditions of use. Your health plan makes no representations or warranties regarding the correctness, accuracy, performance or quality of any content, software, service or application found at the Sapphire Digital Website. If you decide to access the Sapphire Digital website, you do so at your own risk.

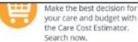
#### Your Account



## CONTINUE



See how it works.



### MY CARE NAVIGATOR

Find doctors, schedule appointments, transfer medical records and more. Get help now.



DOCTOR

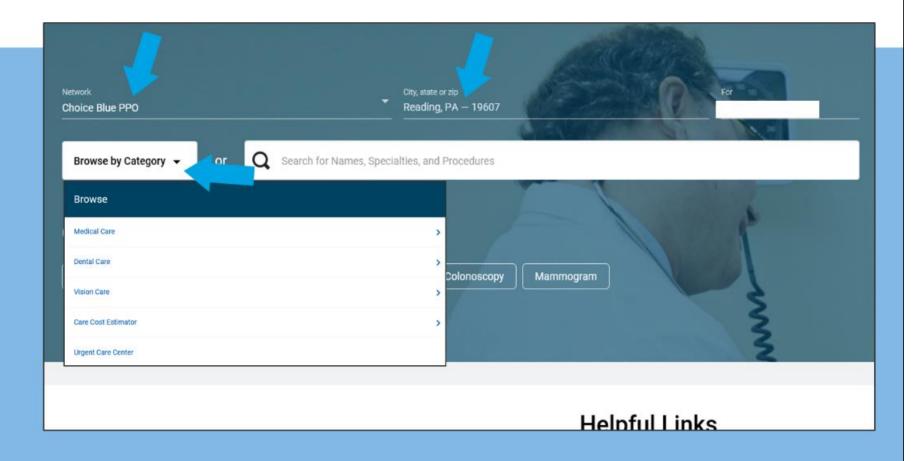
personality.

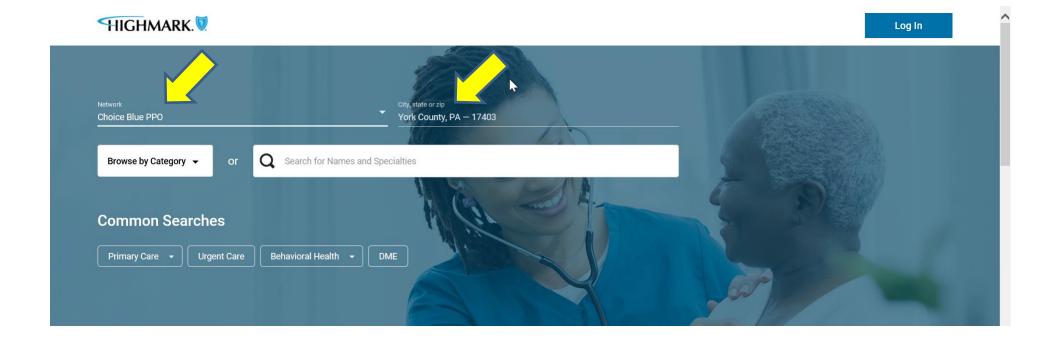
Get Started

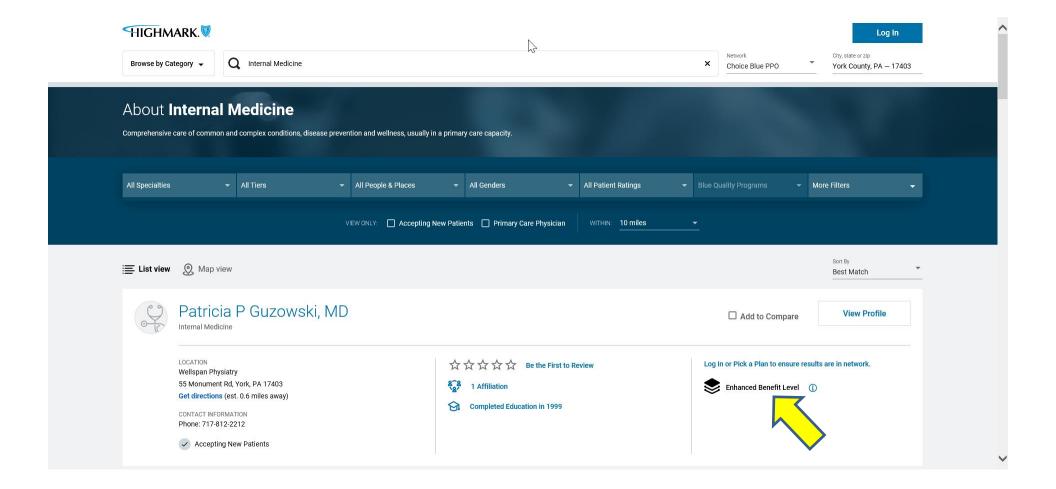
MATCH QUIZ

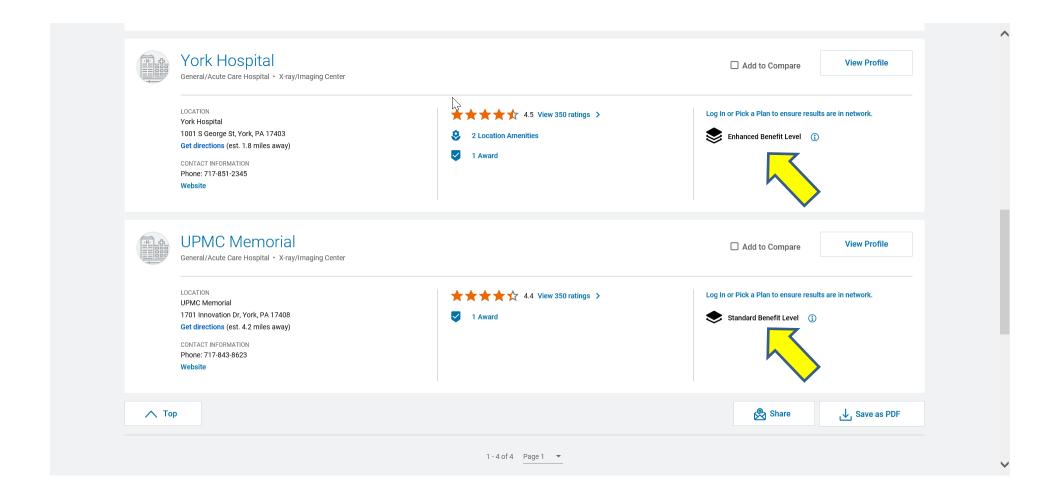
natches your health

## **Layout and Search Functionalities**









# **Payroll Contributions**



## **Employee Payroll Deductions**

Plan Rates	PPO \$0 payroll deduction		PPO \$250 payroll deduction		PPO \$500 payroll deduction		Healthy Savings \$1,400 payroll deduction					
	Employee 24- Pay	Employee Monthly	Annual with deductible	Employee 24- Pay	Employee Monthly	Annual with deductible	Employee 24- Pay	Employee Monthly	Annual with deductible	Employee 24- Pay	Employee Monthly	Annual with deductible
Employee Only	\$128.56	\$257.13	\$3,085.51	\$107.96	\$215.93	\$2,841.13	\$82.55	\$165.10	\$2,481.21	\$30.26	\$60.52	\$2,126.27
Employee/Spouse	\$376.57	\$753.13	\$9,037.59	\$280.54	\$561.08	\$6,982.99	\$205.32	\$410.63	\$5,427.56	\$145.21	\$290.42	\$4,885.02
Employee + Child	\$345.83	\$691.66	\$8,299.92	\$249.81	\$499.61	\$6,245.33	\$161.00	\$322.00	\$4,364.00	\$122.21	\$244.43	\$4,333.14
Employee + Children	\$392.81	\$785.61	\$9,427.37	\$315.17	\$630.34	\$7,814.14	\$190.29	\$380.58	\$5,066.99	\$151.90	\$303.80	\$5,045.55
Family	\$423.54	\$847.09	\$10,165.03	\$345.91	\$691.82	\$8,551.80	\$261.51	\$523.03	\$6,776.32	\$174.89	\$349.79	\$5,597.43

Plan Rates	Choice Blue \$500 payroll deduction			Choice Blue Healthy Savings \$1,400 payroll deduction		
r iair reacco	Employee 24- Pay	Employee Monthly	Annual with deductible	Employee 24- Pay	Employee Monthly	Annual with deductible
Employee Only	\$74.32	\$148.64	\$2,283.74	\$27.24	\$54.47	\$2,053.65
Employee/Spouse	\$152.36	\$304.72	\$4,156.66	\$130.34	\$260.67	\$4,528.05
Employee + Child	\$111.48	\$222.97	\$3,175.60	\$95.37	\$190.73	\$3,688.82
Employee + Children	\$141.21	\$282.42	\$3,889.09	\$120.80	\$241.60	\$4,299.19
Family	\$219.25	\$438.50	\$5,762.02	\$157.40	\$314.81	\$5,177.69

## Payroll Deductions Cost Comparison

Annual Cost Comparison Between PPO \$500 and Choice Blue Sharing \$500					
Employee Costs	PPO \$500 Annual Cost w/ Deductible	Choice Blue \$500 w/ Deductible	Savings by choosing Choice Blue \$500 Plan		
Employee Only	\$2,481.21	\$2,283.74	\$197.48		
Employee/Spouse	\$5,427.56	\$4,156.66	\$1,270.90		
Employee + Child	\$4,364.00	\$3,175.60	\$1,188.40		
Employee + Children	\$5,066.99	\$3,889.09	\$1,177.90		
Family	\$6,776.32	\$5,762.02	\$1,014.30		

Annual Cost Comparison Between Healthy Savings \$1,400 and Choice Blue Healthy Savings \$1,400				
Employee Costs	Health Savigns \$1,400 Annual Cost w/ Deductible	Choice Blue Healthy Savings \$1,400 w/ Deductible	Savings by choosing Choice Blue Healthy Savigns \$1,400 Plan	
Employee Only	\$2,126.27	\$2,053.65	\$72.63	
Employee/Spouse	\$4,885.02	\$4,528.05	\$356.96	
Employee + Child	\$4,333.14	\$3,688.82	\$644.32	
Employee + Children	\$5,045.55	\$4,299.19	\$746.36	
Family	\$5,597.43	\$5,177.69	\$419.74	

# Claims Comparison: PPO \$500 vs. Choice Blue \$500 (using **Enhanced Value** Providers).

	PPO \$500	Choice Blue \$500
Mary is enrolled with her spouse. She is on a maintenance formulary S. Hershey Medical Center.	brand mail order prescription. In December	she has outpatient surgery at Penn State Health Milton
Mary fills formulary Brand Rx.	\$75 copay	\$75 copay
Mary's hospital bill: contracted rate is \$5,000	\$500 applies to deductible (deductible is now met)	\$500 applies to Enhanced Value deductible (deductible is now met)
Mary's surgeon's contracted rate is \$800	\$0	\$0
Mary's anesthesiologist's contracted rate is \$400	\$0	\$0
Mary's pathologist's contracted rate is \$120	\$0	\$0
Mary sees an Enhanced Value specialist for another issue.	\$30 copay	\$30 Enhanced Value copay
Mary fills her Formulary Brand Rx again.	\$75 copay	\$75 copay
TOTAL OUT-OF-POCKET COST:	\$680	\$680
Annual Payroll Cost:	\$4,927.56	\$3,656.64
Total Cost:	\$5,607.56	\$4,336.64

# Claims Comparison: PPO \$500 vs. Choice Blue \$500 (using **Standard Value** Providers).

	PPO \$500	Choice Blue \$500
Mary is enrolled with her spouse. She is on a maintenance formulary k	orand mail order prescription. In Decemb	per she has outpatient surgery at UPMC Lancaster.
Mary fills formulary Brand Rx.	\$75 copay	\$75 copay
Mary's hospital bill: contracted rate is \$5,000	\$500 applies to deductible (deductible is now met)	\$1,000 applies to Standard & Enhanced Value deductible (deductible is now met on both tiers)  Plan pays 80%: \$3,200, Mary pays 20% up to the \$500 out-of-pocket (OOP) max: \$500
Mary's surgeon's contracted rate is \$800	\$0	Plan pays 80%: \$640, Mary met her OOP max
Mary's anesthesiologist's contracted rate is \$400	\$0	Plan pays 80%: \$320, Mary met her OOP max
Mary's pathologist's contracted rate is \$120	\$0	Plan pays 80%: \$96, Mary met her OOP max
Mary sees a Standard Value specialist for another issue.	\$30 copay	\$60 Standard Value copay
Mary fills her Formulary Brand Rx again.	\$75 copay	\$75 copay
TOTAL OUT-OF-POCKET COST:	\$680	\$1,710
Annual Payroll Cost:	\$4,927.56	\$3,656.64
Total Cost:	\$5,607.56	\$5,366.64

# Ancillary Plans

## No change in rates for:

- Dental (Delta & Guardian)
- Vision (Davis Vision)
- Life/LTD (Unum)

NVA Vision Discount Plan Replaced with

Blue365 Vision Discount Plan



## Blue365° Vision

Prices represent maximum patient charges at network locations for the items

	Service	Patient Price
Eye Examinations	Routine Eye Exam	15% off Usual & Customary <sup>1</sup>
	Refraction Only (when examination is covered by Medicare)	\$20
	Retinal Imaging	\$39
Frames <sup>2</sup>	Retail Frame	35% off Usual & Customary
Lenses	Single Vision	\$45
(Uncoated Plastic) <sup>2</sup>	Bifocal	\$65
,	Trifocal	\$95
	Lenticular	\$120
Lens Options	Standard Progressive	\$65
(Add to Lens Prices	Premium/Ultra Progressive	20% off Usual & Customary
Above) <sup>2</sup>	Polycarbonate Lenses	\$35
	Scratch-Resistant Coating	\$15
	Anti-Reflective (AR) Coating (Standard)	\$45
	Anti-Reflective (AR) Coating (Premium/Ultra)	20% off Usual & Customary
	Ultraviolet Coating	\$15
	Tinting of Plastic Lenses (Solid/Gradient)	\$15
	Polarized Lenses	\$75
	High-Index Lenses	\$65
	Plastic Photochromic Lenses	\$75
Contact Lenses	Contact Lens Evaluation, Fitting & Follow-Up Care (in lieu of eyeglasses)	15% off Usual & Customary
	Conventional Lenses	15% off Usual & Customary
	Disposable/Planned Replacement Lenses	15% off Usual & Customary
	Contact Lens Replacement Program <sup>3</sup>	Up to 15% off Retail Prices

# Envision a world with better hearing

Hearing tests are simple, painless, and widely available. This hearing health care plan is accessible to you and your family members through your Highmark vision plan.



## Recognizing the signs of hearing loss

The signs of hearing loss can be vague and develop slowly, or they can be obvious and begin suddenly. Regardless, struggling to hear certain sounds or syllables is a telltale symptom of hearing loss.

If you recognize any signs of hearing loss in yourself or a loved one, its important to seek help. Get started by scheduling your free hearing exam with a Your Hearing Network Provider in your area today.

## Start your hearing health journey today

Exclusive discounts can get you started on your way to better hearing.

Hearing Exam	FREE
Trial Period	60-day money back guarantee
Follow-up care	1-year
Warranty	4-year service, including 1-year of loss and damage
Batteries	4-year supply, including with each hearing aid purchase



## Quality

Our highly skilled network of credentialed hearing care professionals provide you with quality care.



### Savings

Significant savings, including up to 40% off premium hearing aids.



### Accessibility

Your Hearing Network is a national network with licensed hearing care providers near you.

## **Next Steps**

- Fill open prescriptions before December 31<sup>st</sup>
- Current prescription drug authorizations and/or open prescriptions will not transfer to Highmark
- Present your new I.D. card to all providers and pharmacies with services starting January 1<sup>st</sup>
- If you need an electronic copy of your Highmark I.D. card for a service in January, please feel free to contact the HR department
- Share the Highmark Preventive Schedule with your primary care physician
- For claim, benefit and provider questions call Highmark's Member Services phone number on the back of your I.D. card
- If you enroll in the Choice Blue Sharing \$500 or the Choice Blue Healthy Savings \$1,400 plan, check your providers' in-network level. Are they Enhanced Value or Standard Value?

# Questions?