



Allegheny County
Schools Health
Insurance Consortium
(ACSHIC)

Retiree Meeting
April 29, 2022
Monroeville Hilton

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March 14, 2022



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Management Contacts

www.ACSHIC.com

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Vendor Contacts

AMCA Billing /COBRA	Karen Altman – Ext. 605 Lisa Madey – Ext. 602	1-724-934-2270
Teladoc Medical Experts	General Number	1-800-835-2362 (1-800 TELADOC)
LYTLE EAP	Customer Service	1-800-327-7272
Livongo	Customer Service	1-800-945-4355
Teladoc	Customer Service	1-800-835-2362
Start Hearing	Hearing Care Advisor	1-888-706-1459
Your Hearing Network	Customer Service	1-888-790-6244
Highmark Concierge	Customer Service	1-877-258-3123 (Provide ID# & Grp #)
Highmark Transition Team – Find AHN Doctors	Customer Service	1-844-576-1245
Integrity Pharmacy Concierge	Customer Service	1-866-726-1180
Optum (begins 7/1/2022)	Member Services	1-855-798-0776
UCCI (United Concordia)	Customer Service	1-866-604-8512
Davis Vision	Customer Service	1-800-999-5431
VBA	Customer Service	1-800-432-4966

Have a Question?	Number You Should Call
HOP Enrollment or HOP in General	1-800-PSERS25 (1-800-773-7725) 8:00 a.m. to 5:00 p.m., EST, Monday thru Friday HOP Website (www.HOPbenefits.com)
Premium Assistance Program	1-866-483-5509 8:00 a.m. to 5:00 p.m., EST, Monday thru Friday
Retirement	1-800-PSERS4U (1-888-773-7748) 7:30 a.m. to 5:00 p.m., EST, Monday thru Friday PSERS Website (www.psers.state.pa.us)
Prescription Solutions (Prescription Drug Program)	1-888-239-1301 TTY/TDD: 1-800-498-5428 HOP Website (www.HOPbenefits.com)
Medicare	1-800-MEDICARE (1-800-633-4227) TTY/TDD: 1-877-486-2048 Medicare Website (www.medicare.gov)
Social Security - www.socialsecurity.gov	1-800-772-1213
Edward Banaszak MediConnect	412-654-8710 eMail: edward_banaszak@yahoo.com



2022/2023 MEDICAL SCHEDULE OF BENEFITS
Listed below is the Medical Schedule of Benefits Comparison for the
Allegheny County Schools Health Insurance Consortium Health Plans

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Effective July 1, 2022	Performance Flex Blue PPO			Performance Flex Blue EPO	
Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network	In-Network Enhanced Value	In-Network Standard Value
	General Provisions				
Benefit Period (1)	Contract Year			Contract Year	
Deductible (per benefit period)					
Individual	None	\$1,200	\$2,000	None	\$500
Family	None	\$2,400	\$4,000	None	\$1,000
Plan Pays – payment based on the plan allowance	100%	80% after deductible	50% after deductible	100%	80% after deductible
Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period)					
Individual	None	\$4,000	\$8,000	None	\$1,600
Family	None	\$8,000	\$16,000	None	\$3,200
	Office/Clinic/Urgent Care Visits				
Primary Care Provider Office Visits & Virtual Visits					
	100% after \$0 copay	100% after \$20 copay	50% after deductible	100% after \$0 copay	100% after \$20 copay
Specialist Office Visits & Virtual Visits	100% after \$10 copay	100% after \$50 copay	50% after deductible	100% after \$10 copay	100% after \$50 copay
Retail Clinic Visits & Virtual Visits	100% after \$5 copay	100% after \$40 copay	50% after deductible	100% after \$5 copay	100% after \$40 copay
Virtual Visit Provider Originating Site Fee	100%	80% after deductible	50% after deductible	100%	80% after deductible
Urgent Care Center Visits	100% after \$10 copay	100% after \$40 copay	50% after deductible	100% after \$10 copay	100% after \$40 copay
Telemedicine Services (5)	100% after \$0 copay	100% after \$20 copay	not covered	100% \$0 copay	100% after \$20 copay
	Preventive Care (2)				
Routine Adult					
Physical Exams	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Adult Immunizations	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Colorectal cancer screening	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Routine Gynecological Exams, including a Pap Test	100%	100% (deductible does not apply)	50% (deductible does not apply)	100%	100% (deductible does not apply)
Mammograms, Annual Routine	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Mammograms, Medically Necessary	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Diagnostic Services and Procedures	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Routine Pediatric					
Physical Exams	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Pediatric Immunizations	100%	100% (deductible does not apply)	50% (deductible does not apply)	100%	100% (deductible does not apply)
Diagnostic Services and Procedures	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
	Emergency Services				
Emergency Room Services (6)	100% after \$100 copay (waived if admitted)			100% after \$100 copay (waived if admitted)	
Ambulance – Emergency (7)	100%			100%	
Ambulance - Non-Emergency (7)	100%			100%	
	Hospital and Medical / Surgical Expenses (including maternity)				
Hospital Inpatient	100%	80% after deductible	50% after deductible	100%	80% after deductible
Hospital Outpatient	100%	80% after deductible	50% after deductible	100%	80% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	100%	80% after deductible	50% after deductible	100%	80% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100%	80% after deductible	50% after deductible	100%	80% after deductible
	Therapy and Rehabilitation Services				
Physical Medicine	100%	100% after deductible	50% after deductible	100%	100% after deductible
Respiratory Therapy	100%	80% after deductible	50% after deductible	100%	80% after deductible
Speech Therapy	100%	100% after deductible	50% after deductible	100%	100% after deductible
Occupational Therapy	100%	100% after deductible	50% after deductible	100%	100% after deductible
Spinal Manipulations	100% after \$25 copay	100% after \$50 copay	50% after deductible	100% after \$25 copay	100% after \$50 copay
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100%	80% after deductible	50% after deductible	100%	80% after deductible

Effective July 1, 2022	Performance Flex Blue PPO			Performance Flex Blue EPO	
Benefit	In-Network Enhanced Value	In-Network Standard Value	Out of Network	In-Network Enhanced Value	In-Network Standard Value
Mental Health / Substance Abuse					
Inpatient Mental Health Services	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Inpatient Detoxification / Rehabilitation	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Outpatient - includes virtual behavioral health visits	100%	100% (deductible does not apply)	50% after deductible	100%	100% (deductible does not apply)
Other Services					
Allergy Extracts and Injections	100%	80% after deductible	50% after deductible	100%	80% after deductible
Assisted Fertilization Procedures	100% benefit maximum of \$5,000/family/lifetime	80% after deductible benefit maximum of \$5,000/family/lifetime	50% after deductible benefit maximum of \$5,000/family/lifetime	100% benefit maximum of \$5,000/family/lifetime	80% after deductible benefit maximum of \$5,000/family/lifetime
Dental Services Related to Accidental Injury	100%	80% after deductible	Not Covered	100%	80% after deductible
Diagnostic Services					
Advanced Imaging (MRI, CAT, PET scan, etc.)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100%	80% after deductible	50% after deductible	100%	80% after deductible
Home Health Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Hospice	100%	100% after deductible	50% after deductible	100%	80% after deductible
Infertility Counseling, Testing and Treatment (3)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Private Duty Nursing		100%			100%
Skilled Nursing Facility Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Transplant Services	100%	100% after deductible	50% after deductible	100%	80% after deductible
Precertification/Authorization Requirements (4)	Yes	Yes	Yes	Yes	Yes
Questions? Call 1-800-215-7865	Reference Code: P0040222 (Please have your reference code ready when you call.)			Reference Code: P0050222 (Please have your reference code ready when you call.)	

(1) Your group's benefit period is based on a Contract Year. The contract year is a consecutive 12-month period, beginning July 1st and ending June 30th.

(2) Services are limited to those listed on the Highmark Preventive Schedule. (Women's Health Preventive Schedule may apply).

(3) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Treatment does not include Assisted Fertilization Procedures.

(4) Highmark Healthcare Management Services (HMS) must be contacted prior to a planned inpatient admission or within 48 hours of a maternity related inpatient admission. Some facility providers will contact HMS and obtain precertification of the inpatient admission on your behalf. Be sure to verify that your provider is contacting HMS for precertification. If not, you are responsible for contacting HMS. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.

(5) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health benefit.

(6) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.

(7) Benefits for Ambulance Services provided by air and rendered by an Out-of-Network provider and/or Emergency Ambulance Services rendered by an Out-of-Network Provider, will be paid at the network level and are subject to the deductible amount, if any, that is applicable to network services. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.

The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, and any qualified medical expense.

The terms "enhanced value" and "standard value" are not descriptors of the provider's ability. This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy / plan documents, as limitations and exclusions may apply. The policy / plan documents control in the event of a conflict with this benefit summary. The benefit grid has numerous benefits listed at 100% paid. This can include: hospitals, doctors, ambulance, therapies/physical medicine, mental health, durable medical equipment, etc. to name a few. However, that 100% paid is 100% of Highmark's allowance. The important fact is Highmark is paying 100% of an allowance not 100% of the billed charge. If your provider is participating in-network at the Enhanced tier they should accept our 100% payment as payment in full minus any benefit copay. However, if your provider is out of network or non-participating, they may bill you for balance bills which you will be responsible for. You pay the least if you use a provider in the Enhanced Network. You pay more if you use a provider in the Standard Network. You will pay the most if you use an out-of-network provider, and you may receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).

Special COVID-19 Coverage Variations.

To the extent required by law your program will provide the following at no cost to you:

- Coverage for items and services furnished during healthcare provider office visits (which includes in-person visits and telemedicine visits) that result in an order for or administration of an in vitro diagnostic product, but only to the extent the items and services relate to the furnishing or administration of the product or to the evaluation of the individual for purposes of determining the need for such product.
- Coverage for the above required items and services that are furnished by providers that have not agreed to accept a negotiated rate as payment in full (i.e., out-of-network providers).
- Coverage for the above required items and services in both traditional and non-traditional health care settings; including telehealth.

In addition, your plan will cover in-patient care at an in-network hospital for COVID-19 treatment without member cost-sharing. This benefit is subject to change at the determination of the ACHSHC Board of Trustees.

Please note, that Performance Blue products including Performance Flex Blue, are high performing network products and those products do not provide full access to all UPMC providers. Please reference separate materials, the Highmark website, or call Highmark Concierge 1-877-258-3123 to determine which UPMC providers are in and out of network.

Optum

July 1, 2022 Prescription Drug Coverage PPO and EPO

	34 Days Retail Pharmacy (Mandatory Generic)	90 Days Home Delivery* (Mandatory Generic)	Specialist Medications Home Delivery Only** 30 Days Max Security
Generic Drugs	You Pay \$8	You Pay \$12	You Pay \$8
Brand-Name Preferred Drugs	You Pay \$35	You Pay \$50	You Pay \$35
Brand-Name Non-Preferred Drugs	You Pay \$60	You Pay \$90	You Pay \$60

Your plan uses the Optum Standard Pharmacy Network

The Network INCLUDES

- Giant Eagle
- Rite-Aid
- Costco
- Sam's Club
- Weis Market
- Kroger
- K-Mart
- Medicine Shoppe
- Savon
- Walmart

Excludes

- CVS
- Walgreens
- Target

*Mail Order is Optum: 1-800-356-3477

** Optum Specialty: 1-855-427-4682

Optum Phone begins 7/1/2022

1-855-798-0776

IPA Phone Number

1-866-726-1180

Members can make an appointment at: <https://calendly.com/acshic/appointment>

Integrity Pharmaceutical Advisors are a group of independent pharmacists who are able to help answer questions about medications, potential formulary changes and options for formulary appeals.

Optum Rx specialist in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum* company – leading provider of integral health services. Learn more at optum.com. All Optum trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners. ©2022 Optum, Inc. All Rights Reserved.

UNITED CONCORDIA® DENTAL

Protecting More Than Just Your Smile®

Dental Benefits Summary for ACSHIC with All Riders

Effective July 1, 2022

Network: Concordia Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100% UCR*
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Two per July 1-June 30 contract year)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings, Including Posterior Resins)	100%	100% UCR*
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80% UCR*
Complex Oral Surgery		
Surgical Periodontics	50%	50% UCR*
Prosthetics (Bridges, Dentures)		
Implants	\$1,000 Allowance per implant/3 per lifetime	
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50% UCR*
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none">• Covers 1 additional cleaning during pregnancy• Covers 1 additional periodontal maintenance• Scaling and root planing• 4 periodontal surgery procedures	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none">• Covers 1 additional periodontal maintenance per year and all are covered at 100%• Scaling and root planing are covered at 100%• 4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	Unlimited	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Reimbursement Inside Pennsylvania	Concordia Advantage	Concordia Advantage
Reimbursement Outside Pennsylvania	Concordia Advantage	90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. *Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.

EEM-0142-0514

UnitedConcordia.com • 1-866-604-8512



davisvision.com | 1 (877) 923-2847, 4230

Allegheny County Schools Health Insurance Consortium

your vision plan

Client code: 4230

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 24 mos.
Contacts, evaluation & fitting: 12 mos.



Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



Exams & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:

Conventional lens	Specialty lens
\$0 copay	\$0 copay
Covered in full	Covered in full



Frame

Allowance:

Other locations	Visionworks ¹
\$100	\$150

+Additional 20% off any overage.²

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	\$20	\$40



Lenses

Lens copay:
\$0



Contacts³ in lieu of glasses

Allowance:
\$80 for disposable
\$110 for specialty and non-disposable

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.



Expert Solutions. Exceptional Service.

Allegheny County Schools Health Insurance Consortium

VBA# 6000's

Effective: 7/1/21 – 6/30/23
\$0 Exam / \$0 Materials Copay

FREQUENCY OF SERVICE: Last Date of Service		DEPENDENT AGE: 26	
	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$35
Clear Standard Lenses (Pair):		
Single Vision	100%	\$30
Bifocal	100%	\$40
Blended Bifocal	100%	\$40
Trifocal	100%	\$60
Progressives	Partially Covered ^A	\$60
Lenticular	100%	\$80
Polycarbonate	100% ^B	N/A
Scratch Coat-1 Yr	100%	N/A
Frame	100% ^C	\$40
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$125 ^D	\$125
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts	100% ^E	\$250
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$750	\$500

A Participation may vary by location. Check with your Provider for details.

B Available In-Network at no charge for children under age 19.

C Up to the program's \$50 wholesale allowance.

D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

Member Website and Highmark Plan App

OUR ONLINE TOOLS MAKE NAVIGATING YOUR PLAN SIMPLE

Both our member app and website give you fast, easy access to all your plan information. Use both to:

- Find in-network care or compare costs of procedures.
- See recent claims activity.
- View covered family members' plan information.

Plus, our app lets you view your virtual member ID cards, so you always have them handy.

Are you registered?

Visit highmarkbcbs.com or download the Highmark Plan app from the app store or Google Play. Use your login credentials from the member website to sign in or, if you're a new member, click Login and then Register to set up your account.

Highlights

New ID Cards: You will be receiving a new member ID card for July 1, 2022. Be on the lookout for your new ID card to arrive in the mail and begin to use your new card.

Through your health plan you'll continue to have:

- **High quality care** close to where you live and work.
- **Nationwide coverage** for wherever life takes you.
- **Out-of-pocket savings** when you go to providers participating at the Enhanced Value Level of Benefits.

Open Enrollment Dates: May 1-27.



Tools and Resources to Manage Your Health

Looking to lose weight? Quit smoking? Be more active? Need help navigating a health condition? Get guidance and resources to lead a healthier life through these benefits:

- **Sharecare**
- **Wellness Coaching**
- **Diabetes Prevention Program**
- **Nurse Case Management**
- **And More**

For more information about available programs and services you can visit highmarkbcbs.com or call the Highmark Concierge at 1-877-258-3123.

FIND A PCP

A key step to staying healthy is having a primary care provider (PCP) you see regularly. They'll provide your health essentials — like routine vaccinations, physical exams, and preventive screenings.

Visit highmarkbcbs.com, click the **Find a Doctor** tab and follow the on-screen prompts.



Important Contacts

ACSHIC Website
acshic.com

Highmark Concierge
1-877-258-3123
highmarkbcbs.com

United Concordia Dental
1-866-604-8512
ucci.com

Davis Vision Member Service
1-800-999-5431
davisvision.com

Mental Health Resources

Mental health issues are different for everyone, which is why it's important to find the care option that's right for you. Whether you're considering medication, want to learn more about self-care, or just want to talk to someone, Highmark is here to help. Below are some of the support systems, services, and care options available to you.

Sharecare® – Personalized health programs and resources, plus Sharecare Windows for access to videos to help reduce stress and improve relaxation.

WholeHealth Living™ – Discounts through the largest alternative medicine network in the nation.

Bright Heart Health – Substance use counseling and treatment through telemedicine.

Highmark Blue Shield Community Support – A tool that connects people seeking help with local nonprofits and services in their communities. Visit highmarkcommunitysupport.com.

Telemedicine through your doctor's office – Get access to a doctor you know and trust from your phone, tablet, or computer. Keep in mind that your doctor's office may not offer this option, so make sure to check with your health care provider.

How can I find the care that's right for me?

- Download the Highmark Plan app to quickly and conveniently find in-network care nearby.
- Call **1-877-258-3123** and request to speak with a behavioral health specialist.
- Speak with a wellness coach at **1-800-650-8442**, Monday-Friday 8:30am - 7:30pm ET for help with stress or sleep management.

Where can I go to learn more? For more information about available services and your specific benefits and costs for care, you can visit highmarkbcbs.com or call the Highmark Concierge at **1-877-258-3123**.

COVID-19 Resource Center

[HIGHMARKANSWERS.COM](https://highmarkanswers.com)

Visit highmarkanswers.com for the most up-to-date information on COVID-19 and COVID-19 vaccine options. You'll find information about the virus, including basics, a symptom checker, and tips on protection and exposure. Additionally, you can find information about purchasing over-the-counter (OTC) Covid-19 test kits with no upfront out of pocket expense and for reimbursement of qualified kits.

Questions about benefits?

Call **1-800-215-7865**

Performance Flex Blue EPO Reference Code: P0050222

Performance Flex Blue PPO Reference Code: P0040222

(Please have your Reference Code ready when you call.)



United Concordia is a separate company that does not provide Highmark Blue Cross Blue Shield products or services.

Davis Vision is a separate company that does not provide Highmark Blue Shield products or services.

Sharecare is a registered trademark of Sharecare, Inc., an independent and separate company that provides a consumer care engagement platform for your health plan. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

Bright Heart Health is an independent and separate company that provides behavioral health services for Highmark members living in Pennsylvania, West Virginia and Delaware. Bright Heart Health is solely responsible for its programs and services, professional medical advice, diagnosis and treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable Highmark benefit agreement.

WholeHealth Living is an independent and separate company that provides wellness resources for Highmark members. WholeHealth Living is solely responsible for its programs and services, professional medical advice, diagnosis and treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable Highmark benefit agreement.

Highmark Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

HIPPA Notice

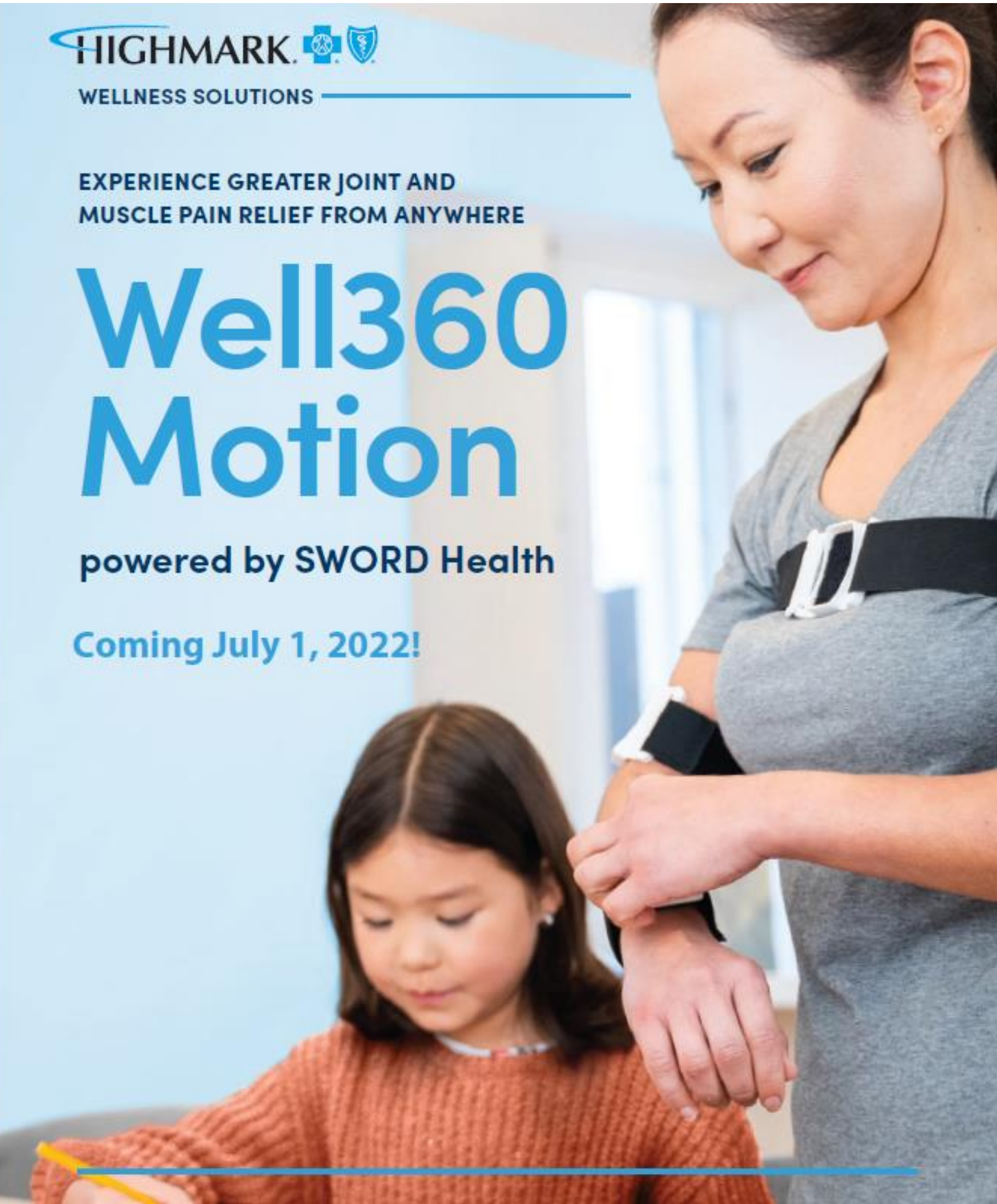
For a detailed, up-to-date copy of the Allegheny County Schools Health Insurance Consortium HIPAA (Health Insurance Portability and Accountability Act of 1996) notice, please feel free to contact ACSHIC at 412-263-6365 or view the notice at acshic.com.

EXPERIENCE GREATER JOINT AND
MUSCLE PAIN RELIEF FROM ANYWHERE

Well360 Motion

powered by SWORD Health

Coming July 1, 2022!



Get better. And stay better too.

Well360 Motion is a virtual physical health program offered by Highmark and powered by SWORD. Combining personalized care with the latest digital tools, it gives you the freedom to overcome joint and muscle pain anytime, anywhere.



Using a tablet and motion sensors that track and guide your movement, you're matched with a physical therapist who creates a customized, self-guided care plan, then monitors your progress while providing ongoing support.

Included at no cost to you, Well360 Motion may also help you avoid surgery or reduce your need for medication.

Wherever it hurts, Well360 Motion can help relieve:

- Lower back pain
- Shoulder pain
- Neck pain
- Knee pain
- Elbow pain
- Hip pain
- Ankle pain

Live life with a greater range of motion. To get started, visit join.swordhealth.com/highmarkbcbs.



Scan this QR code to view a short video that explains more about how Well360 Motion works.

* SWORD Health Financial Outcomes Report 2020.

SWORD Health, Inc. does not provide health care services. SWORD Health, Inc. is an independent company that provides wellness services for your health plan. SWORD Health Professionals provides its services through a group of independently owned professional practices consisting of SWORD Health Care Providers, P.A., SWORD Health Care Providers of NJ, P.C., and SWORD Health Care Physical Therapy Providers of CA, P.C.

The Well360 Motion program is made available with support from SWORD Health.

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01/22 MX928063

Get VIP treatment.

Highmark Concierge service – your one-call resource for help with coverage questions.

Sometimes understanding your health benefits can be a challenge. But as a ACSHIC member, you've got a direct line to the answers you need —your personal Highmark Concierge service.



**Call your Highmark Concierge at 1-877-258-3123 to
discuss your benefits and answer your coverage
questions on these and other topics:**

**Understanding Explanation of Benefits statements and
other plan documents**

**Receiving preventive checkups at work and
personalized recommendations**

Exploring member discounts

We're your lifeline.

Please contact the number on the back of your Highmark
Blue Cross Blue Shield ID card and enter your
identification number from your ID card when prompted.
By entering that number, you will be routed directly into
our Concierge member service area.



Modern Diabetes Management, At No Cost to You



Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



GET STARTED



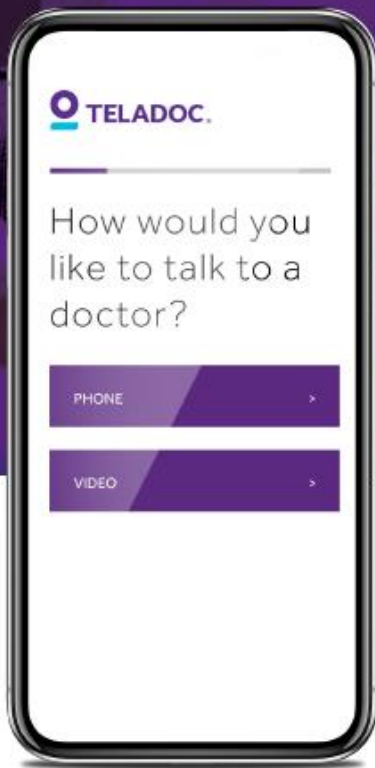
Text **"GO ACSHIC"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/ACSHIC/register or call **(800) 945-4355** and use registration code: **ACSHIC**

The program is offered at no cost to you and your family members with diabetes and coverage through the Allegheny County School Health Insurance Consortium health plan.

The Diabetes Management Program affiliation between Livongo and Highmark is structured to encourage members to have a greater hand in their health while still receiving the medical care and advice that can only be provided by their doctor. To ensure that there is no interruption in this benefit, it is important to continue to maintain regular office visits with your doctor. If you have any questions or concerns regarding this requirement, please contact Highmark customer support.

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Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor

Request a time and a Teladoc doctor will contact you




Feel better

The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor

Visit [Teladoc.com/Enter](https://www.teladoc.com/Enter)

Call 1-800-TELADOC (835-2362) | Download the app  

Due to COVID-19, some employers have elected to waive member cost sharing. To obtain information about your cost sharing, please contact Highmark member service at the telephone number on the back of your ID Card. © 2021 Teladoc Health, Inc. All rights reserved. Teladoc and the Teladoc logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulation and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

10E-101_413370312_11062019

Group ID: 270535



Expert advice when you need it most

Our leading Medical Experts can help you make confident medical decisions about a diagnosis, treatment option or the need for surgery.

Expert Medical Opinion

Help to either confirm or modify a diagnosis or treatment option

Find a Doctor

Help finding a doctor who specializes in your condition

Critical Case Support

Get expert guidance when a critical medical event has happened

Medical Records eSummary

Gather all your medical records and history and put onto a USB drive

Ask the Expert

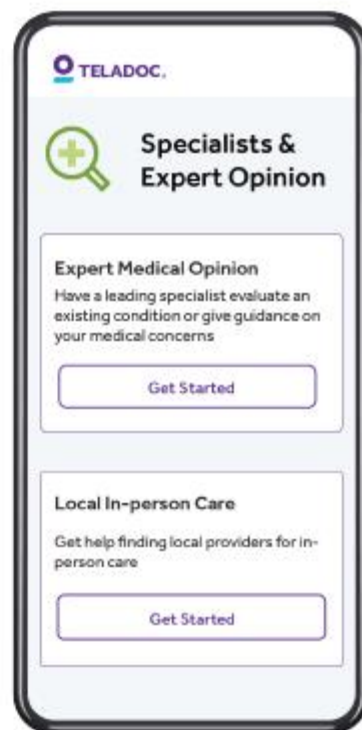
Get answers from experts about medical questions or concerns

Mental Health Treatment Review

Provide guidance on a mental health condition or treatment that isn't improving

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Get clarity on treatment options to make the best decision for your health



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Fitness Your Way

by Tivity Health™

Get access to nearly 9,500 fitness locations

Enroll Now

Whether you want to lose weight and maximize your energy or manage stress and improve your mood, here's a great, low-cost way to meet your goals. Fitness Your Way allows you to join a network of fitness facilities for a discounted rate, so you can work out anywhere when it's convenient for you — at a cost that doesn't stretch your budget.

How It Works

Fitness Your Way gives you access to nearly 9,500 fitness locations, including select national chains. As a Fitness Your Way member, you can visit any participating fitness location — anytime, anywhere — as often as you like.

Pay only **\$29 a month***, plus a low **\$29 enrollment fee**, and make a three-month commitment. Do it all online. Then put your fitness plan into action.

How to Enroll

Log in to highmarkbcbs.com (or follow instructions to register).

- Select **Member Discounts**.
- Scroll to **Discounts & Rewards** and select **Blue365 Discounts**.
- Select **Login** (or register for Blue365 by following the instructions).
- Once registered or logged in, select **Browse All Deals** and select **Fitness Your Way**.
- Select **Redeem Now** to enroll.
- Start using your membership right away! Print your card or download it to your smart phone and present it at any participating facility.

*Note: You will be billed for \$29 monthly. If you prefer, you can call 1-888-242-2060 to enroll. For member web support, please call 1-877-298-3918. The fitness center discount is separate and distinct from your health benefits plan.





EMPLOYEE ASSISTANCE PROGRAM

Financial worries, aging parents, job stress, health issues - Everyone faces challenges from time to time, with your EAP you don't have to face these things alone.

This includes solutions such as:

ANYTIME, ANYWHERE

Reducing barriers to access through technology
INCLUDES: 24/7/365 Telephone Support,
Mobile App with Chat Functionality, Video
Counseling and Web Portal

PERSONAL ASSISTANT

Our Personal Assistant helps individuals with their "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. We help lighten the load through researching the best options to benefit you and your loved ones.

SERVICES INCLUDE: Entertainment & Dining, Travel & Tourism, Household Errands, Service Professionals

COACHING

We help employees and their household members achieve their personal and professional goals by providing coaching that meets needs in many of life's domains. A coach works actively to help individuals assess their current situation then develop goals to meet their stated expectations. A coach is an accountability partner and helps individuals overcome obstacles to achieve goals. **COACHES HELP WITH:** Life Transitions, Work/Life Balance, Goal Setting, Improving Relationships, & More.

MEDICAL ADVOCACY

Medical Advocacy is a new approach to maneuvering through the healthcare system. It offers strategies to promote employee health, productivity, and well-being by serving patient populations throughout the entire lifespan and by addressing health problems in every category of disease classification and in all disease stages.

WE HELP WITH: Insurance Navigation, Doctor Referrals, Specialist Referrals, Care Transition, Discharge Planning, Adult Care Coach

MENTAL HEALTH COUNSELING

When overwhelmed with personal, work or life stressors, mental health counseling can be a lifesaver. Our licensed master's level counselors support you and your household members through difficult times providing confidential assistance 24/7.

WE HELP WITH: Family Conflict, Couples/Relationships, Substance Abuse, Anxiety, Depression

WORK/LIFE RESOURCES

Navigating the practical challenges of life, while handling the demands of your job can be stressful. Work/Life resources and referral services are designed to provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles.

RESOURCES INCLUDE: Home Safe Services, Adoption, Elder/Adult Care, Parenting, Child Care, Special Needs Support, Wellness

LEGAL/FINANCIAL RESOURCES

Legal and Financial resources and referrals are available to connect employees with experienced, vetted professionals in their topical area of legal and financial needs.

RESOURCES INCLUDE: Divorce/Custody, Bankruptcy, Budgeting, Estate Planning/Wills, Personal Injury/Malpractice, Major Life Event Planning

PRIVATE, CONFIDENTIAL, & AT NO COST TO YOU FOR YOU AND YOUR HOUSEHOLD MEMBERS

Your participation with your EAP is voluntary and strictly confidential. We do not report back to your employer about the things you discuss in private counseling conversations.

MY LIFE EXPERT

Feeling Connected & Supported 24/7/365

To access this portal you can call our toll-free number or download the app to the home screen of your mobile device without even visiting an app store, by simply visiting mylifeexpert.com or scanning the QR code at the bottom of this page.

TO LOGIN:

- Click "create a new account with your company code"
- Insert your company code
- Follow instructions included in the activation e-mail
- Play, learn, and discover!

TELEPHONE, CHAT, & VIDEO ACCESS

Our professionally trained consultants are available 24/7/365 days-a-year to help you instantly with a multitude of issues including mental health and Work/Life balance.



WORK & LIFE RESOURCES:

Life Expert provides access to thousands of up-to-date topic-related articles, videos and worksheets. Some topics include: Financial & Legal, Family, Education, Health, Wellness, Career, Military, everyday living and much more.



HEALTH & LIFESTYLE ASSESSMENTS:

Surveys are provided to you with a quick assessment on financial, health and addiction issues. These surveys are designed to deliver targeted resources and information to meet your needs. You can save these assessments and recommendations to your profile for future use.



INTERACTIVE CHECKLISTS:

Life Expert provides you with interactive tools to help with issues such as family, health, and other life situations. You can save these checklists to your personal profile for future use.



WEBSITE: www.lytleap.com

- Click on the green box that says My Life Expert Login
- COMPANY ACCESS CODE: [acshic](#)
- For COVID-19 Resources, visit: allonehealth.com/covid-19-resources/

TOLL-FREE: 800-327-7272

LYTLE EAP PARTNERS
An AllOne Health Company



Save more. Worry less.

Are you or your family stressed over college costs? You're not alone. The debt it takes to pay for a degree is the biggest concern of parents and students.* In fact, 99% of families think they'll need financial aid to afford tuition.*

Earn Tuition Rewards® through your dental plan

At United Concordia Dental, we care as much about your mental well-being as your oral well-being. That's why your dental plan includes the College Tuition Benefit® savings program.

Much like a frequent flier program, you earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges and universities nationwide.

Share the savings with your family

You can participate even if you don't have kids. Points can be shared among any eligible students in your extended family. You must register students and allocate their points before August 31 of the year they begin 12th grade.

- 1 Tuition Rewards point = \$1 in tuition discounts.
- Earn 2,000 points when you sign up. Then earn 2,000 points each year you're covered by United Concordia.
- Transfer points to your children, grandchildren, nieces, nephews, stepchildren, godchildren and adopted children.
- Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.

Sign up for Tuition Rewards

1. Log into your **MyDentalBenefits** account at **UnitedConcordia.com**.
2. Verify your email address is correct by **clicking your name** in the upper right corner. SAGE Scholars will use this email address to contact you.
3. Click the **More** tab and select **College Tuition Benefit**.
4. Click on the **Get Started** button and consent to participate.
5. Look for an email from SAGE Scholars to complete your sign up.

Don't have a MyDentalBenefits account? Create one at UnitedConcordia.com

Rate History - ACSHIC Standard Programs

	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)		(2021-2022)		(2022-2023)	
National Trend Factors	10.73%	11.89%	12.56%	12.51%	11.60%	10.80%	14.30%	10.60%		10.70%		10.3%	
	Select Blue POS & PPO			Community Blue Flex PPO								Performance Blue PPO	
	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)		(2021-2022)		(2022-2023)	
									Rates for Schools joining ACSHIC prior to 6/30/2015		Rates for Schools joining ACSHIC prior to 6/30/2015		Rates for Schools joining ACSHIC prior to 6/30/2015
Individual	\$517.60	\$547.36	\$562.41	\$575.06	\$585.99	\$600.05	\$611.45	\$626.74	\$623.68	\$658.07	\$654.87	\$710.72	\$707.26
Parent/Child	\$1,160.47	\$1,227.20	\$1,260.95	\$1,289.32	\$1,313.81	\$1,345.34	\$1,370.90	\$1,405.17	\$1,398.31	\$1,475.43	\$1,468.24	\$1,593.46	\$1,585.70
Parent/Children	\$1,276.51	\$1,349.91	\$1,387.03	\$1,418.24	\$1,445.19	\$1,479.87	\$1,507.99	\$1,545.69	\$1,538.15	\$1,622.98	\$1,615.06	\$1,752.82	\$1,744.26
Employee & Spouse	\$1,406.09	\$1,486.94	\$1,527.83	\$1,562.21	\$1,591.89	\$1,630.10	\$1,661.07	\$1,702.60	\$1,694.28	\$1,787.73	\$1,779.00	\$1,930.75	\$1,921.32
Family	\$1,461.90	\$1,546.01	\$1,588.53	\$1,624.27	\$1,655.13	\$1,694.85	\$1,727.05	\$1,770.23	\$1,761.59	\$1,858.74	\$1,849.67	\$2,007.44	\$1,997.64
Percentage Change	7.00%	5.75%	2.75%	2.25%	1.90%	2.40%	1.90%	2.50%	2.50%	5.00%	5.00%	8.00%	8.00%
	Keystone HMO			Community Blue Flex EPO								Performance Blue EPO	
	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)		(2021-2022)		(2022-2023)	
									Rates for Schools joining ACSHIC prior to 6/30/2015		Rates for Schools joining ACSHIC prior to 6/30/2015		Rates for Schools joining ACSHIC prior to 6/30/2015
Individual	\$486.53	\$511.33	\$525.39	\$537.21	\$547.42	\$560.56	\$571.21	\$585.49	\$582.63	\$614.76	\$611.76	\$663.94	\$660.70
Parent/Child	\$1,084.56	\$1,146.92	\$1,178.46	\$1,204.98	\$1,227.88	\$1,257.35	\$1,281.24	\$1,313.27	\$1,306.85	\$1,378.93	\$1,372.19	\$1,489.24	\$1,481.97
Parent/Children	\$1,193.00	\$1,261.60	\$1,296.29	\$1,325.46	\$1,350.64	\$1,383.06	\$1,409.34	\$1,444.57	\$1,437.51	\$1,516.80	\$1,509.38	\$1,638.14	\$1,630.13
Employee & Spouse	\$1,313.55	\$1,389.08	\$1,427.28	\$1,459.39	\$1,487.12	\$1,522.81	\$1,551.74	\$1,590.53	\$1,582.78	\$1,670.06	\$1,661.91	\$1,803.66	\$1,794.86
Family	\$1,365.82	\$1,444.35	\$1,484.07	\$1,517.46	\$1,546.29	\$1,583.40	\$1,613.48	\$1,653.82	\$1,645.75	\$1,736.51	\$1,728.04	\$1,875.43	\$1,866.28
Percentage Change	5.00%	5.75%	2.75%	2.25%	1.90%	2.40%	1.90%	2.50%	2.50%	5.00%	5.00%	8.00%	8.00%

Average increase since 2013 is 3.74% (10 years)

Allegheny County Schools Health Insurance Consortium

Active Dental & Vision Rates

United Concordia		
2021 - 2022		2022 - 2023
\$28.87/Individual		\$29.74/Individual
\$94.94/Family		\$97.79/Family
Percent Change 7%		Percent Change 3%

Davis Vision		
2021 - 2022		2022 - 2023
\$5.98/Individual		\$6.16/Individual
\$14.59/Family		\$15.03/Family
Percent Change 7%		Percent Change 3%

Vision Benefits of America (VBA)		
2021 - 2022		2022 - 2023
\$5.61/Individual		\$5.78/Individual
\$13.25/Family		\$13.65/Family
Percent Change 7%		Percent Change 3%

Act 110

Group Health Insurance

Important Notice for School Retirees Under Age 55

The Pennsylvania General Assembly has recently enacted legislation which requires school districts, Intermediate Units, and area Vocational-Technical schools to permit certain retirees to purchase continuing coverage in the school's group health insurance plan. Retirees who qualify for this continuing coverage are those who are under age 65 and:

- 1) Retired under normal retirement, or
- 2) Retired under disability retirement, or
- 3) Retired with 30 or more years of service.

It is the eligible retirees' responsibility to contact their former public school employer with written notification of their decision to enroll in the group health insurance plan.

Persons who are covered or eligible to be covered as an employee or dependent in any other employer provided group health insurance plan are not eligible to purchase coverage from their former school employer. The right to continue in the school group coverage extends until the retiree reaches age 65.

Because this legislation amends the school code and not the retirement code, PSERS is unable to rule on the intent of the legislation. We are asking that you refer all questions concerning this legislation to your former school employer.

If you do not qualify for the law stated above, you may take advantage of COBRA, a federal law. This law requires that all reporting units offer group health insurance for a period of 18 months to any employee who leaves their employment.

The group health insurance is paid by the employee at the school district's rate plus two percent for administrative cost.

Any questions regarding either law should be directed to your business office.



Allegheny County School
Health Insurance Consortium

AON

Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program

2022

Personalized Statement



Open Enrollment for 2022

The Health Options Program is expanding the usual Option Selection Period to be an open enrollment this fall. This means you can make changes for 2022 that typically require a Qualifying Event. For example, you can add your spouse and/or eligible dependents, add medical or prescription drug coverage if you don't already have it, or enroll in dental and vision coverage. In addition, if you have a spouse who is not already enrolled, this is an opportunity to ensure his or her coverage in the event of your death. See "Adding Dependents During Open Enrollment" at the end of this *Personalized Statement* for more information.

This is your opportunity to consider all the plan options and make any changes you'd like. For your reference, your current coverage is shown in the box below.

YOUR CURRENT COVERAGE

Option: **HOP Medical + Enhanced Rx**
Persons Covered: **1**
2021 Monthly Premium: **\$309**
Your Date of Birth: **11/22/1953**

You are eligible for up to \$100 per month in Premium Assistance for medical coverage.

YOUR 2022 COVERAGE IF YOU DO NOT MAKE AN ELECTION

If you do nothing at this time, your 2021 coverage will automatically carry over effective January 1, 2022, and your 2022 monthly premium will be **\$309**.

Option Selection Period Versus Open Enrollment

- **Option Selection Period (OSP)** is an annual opportunity for members who are currently enrolled in the Health Options Program to change their plan options, as applicable. OSP typically takes place in the fall.
- **Open enrollment (OE)** is a special enrollment period declared by the PSERS Board that allows all eligible PSERS members, including current members, to elect or change coverage in the Health Options Program without the need for a Qualifying Event.

Your Options for 2022

It's time to review your Health Options Program choices for 2022. All your available options and premium costs for 2022 are listed in the chart on page 5, and side-by-side comparisons of the plans are on the pages that follow. If you want to change your coverage for 2022, you have until November 15, 2021, to do so. However, you do not have to take any action during open enrollment. If you do not make a new election by November 15, 2021, you will have the coverage and pay the premiums shown in the box on the previous page.

As a member who is currently enrolled in the **HOP Medical Plan** or the **Value Medical Plan**, open enrollment provides you the opportunity to elect the **MetLife Dental and EyeMed Vision Option**. The dental and vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the pages that follow for more information about the benefits and premiums. As a reminder, dental and vision coverage is not available on a stand-alone basis or with a Medicare Advantage plan. Please note, if you **do not** enroll for 2022, you may not be able to enroll in the future, unless there's another open enrollment.

Please review this Statement carefully to make sure you understand your options for 2022, how the plans work, and how much each will cost. If you need more information, call the HOP Administration Unit at 1-800-773- 7725, or visit **HOPbenefits.com** .

What's Changing in 2022

The HOP Medical and Value Medical Plans

There are no changes in the benefit coverage for 2022. This means the amounts you pay for services, such as a doctor's visit, a hospitalization, or a visit to the emergency room, are not changing in 2022.

As a reminder, the HOP Medical Plan includes access to the SilverSneakers fitness program at no additional cost. This includes SilverSneakers On-Demand, which gives you access to 200+ online workout videos. Log in to SilverSneakers.com (or create an account) to view on-demand workouts like SilverSneakers Classic, Yoga, etc. You may also want to download the app at the Apple or Google stores.

The Medicare Advantage Plans

Depending on where you live, there may be changes to how much you pay under the Medicare Advantage plans that are available to you. These changes may include premium updates, benefit changes, or new copays. Be sure to review the side-by-side comparisons of the plans that are included in this Statement.

Enhanced, Basic, and Value Medicare Rx Options

Medicare requires that all Medicare prescription drug plans (including those provided by a Medicare Advantage plan) make certain changes each year. For 2022, these changes include increasing the dollar thresholds for reaching the Coverage Gap and Catastrophic Coverage to \$4,430 and \$7,050 respectively. If you meet the Catastrophic Coverage threshold, you will pay the greater of 5% or \$3.95 for generic drugs and the greater of 5% or \$9.85 for brand-name drugs, up to the maximum as defined for each prescription drug plan option.

In addition, the **Value Medicare Rx Option's** annual deductible will be \$480 starting January 1, 2022. Otherwise, there are no changes to the copay or coinsurance you pay for medication in the Initial Coverage stage under the **Enhanced, Basic, or Value Medicare Rx Option**. Refer to the benefit tables on the following pages for specific copay amounts.

Prescription Drug Formulary

Every drug on the formulary is put into a cost-sharing tier. Generally, the higher the tier, the more it will cost. The formularies group the medications by the conditions they treat as well as listing them in alphabetical order. Check the formulary to make sure your medication is covered, and, once you know the coverage tier, refer to the benefit tables for specific copay amounts. A copy of the formulary for the **Enhanced, Basic, or Value Medicare Rx Option** is included with your Statement materials, as applicable. If you would like a copy of a different formulary, visit [HOPbenefits.com](https://www.hopbenefits.com) or contact the HOP Administration Unit. If you are enrolled in a Medicare Advantage plan, please contact that plan for a copy of the formulary.

Your Monthly Premiums for 2022

The chart below shows the 2022 health care options available to you and the monthly premiums based on the number of people currently covered (1). For 2022, you can change your current option to any of the options listed in the chart, and you can add eligible dependents and/or spouse without a Qualifying Event. For information about rates for eligible dependents and/or spouse not currently enrolled, call the HOP Administration Unit at 1-800-773-7725.

PREMIUM ASSISTANCE

The medical plan premiums shown below ARE NOT reduced for Premium Assistance. If you are eligible for Premium Assistance, your net payment for any option that includes medical coverage will be up to \$100 less than what is shown below.

2022 HEALTH CARE OPTIONS	2022 MONTHLY PREMIUM
Medicare Supplement and Medicare Prescription Drug Options	
HOP Medical Only	\$187.00
HOP Medical + Enhanced Rx	\$309.00
HOP Medical + Basic Rx	\$253.00
HOP Medical with Dental & Vision	\$225.00
HOP Medical with Dental & Vision + Enhanced Rx	\$347.00
HOP Medical with Dental & Vision + Basic Rx	\$291.00
Enhanced Rx Only*	\$122.00
Basic Rx Only*	\$66.00
Medicare Advantage Plans With Prescription Drug Coverage	
Aetna Medicare P01 PPO	\$403.00
Capital Blue Cross BlueJourney PPO	\$250.00
UPMC PSERS HOP Custom HMO	\$243.00
Highmark Freedom Blue PPO	\$242.00
2022 HEALTH CARE OPTIONS	2022 MONTHLY PREMIUM
Value Medical Only	\$115.00
Value Medical + Value Rx	\$137.00
Value Medical with Dental & Vision	\$153.00
Value Medical with Dental & Vision + Value Rx	\$175.00
Value Rx Only*	\$22.00

* Can be combined with either the HOP Medical Plan or Value Medical Plan. Call the HOP Administration Unit for the premium amount.

HOW MUCH YOU WILL PAY IN 2022		HOP MEDICAL PLAN
MEDICAL PLAN		
Annual Deductible		\$0
Annual Out-of-Pocket Maximum		Only applies to Major Medical benefits (see below)
Hospitalization		\$0
Doctor Visits		\$10 PCP; \$20 specialist
Preventive Care		\$0 (Medicare-covered services)
Emergency Room		\$40 (waived if admitted)
Urgent Care Facility		\$15
Outpatient Surgery		\$0
Diagnostic Testing		\$0 (X-ray and laboratory); \$25 (imaging, e.g., MRI and CT scans)
Outpatient Therapy		\$0
Durable Medical Equipment		10% up to \$100/item
Outpatient Mental Health		\$10/visit (office visit) or \$0 (other services)
Inpatient Mental Health		\$0
Physical Exams		Not covered (unless approved by Medicare)
Ob/Gyn Exams		\$10/exam
Mammograms		\$0
Skilled Nursing Facility		\$0/day for 1 to 100 days (Major Medical benefits for days 101+)
Hearing Aids		Not covered
Dental Care		Not covered
Vision Exam/Hearing Exams		Not covered
Prescription Lenses		Not covered
Major Medical (after Medicare benefits are exhausted)		
All covered expenses		\$250 deductible, then 20%
Annual Out-of-Pocket Maximum		\$1,000
Lifetime maximum paid by the Plan for Major Medical benefits		\$1,000,000

See the *HOP Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

PRESCRIPTION DRUGS	ENHANCED MEDICARE Rx OPTION		BASIC MEDICARE Rx OPTION	
	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Annual Deductible	\$0	\$0	\$100 (excludes generics)	
Initial Coverage Up to a Total Drug Cost of \$4,430*				
Preferred generic drugs (Tier 1)	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply	\$5 maximum for up to a 30-day supply; \$15 for a 31- to 90-day supply	\$15 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$11 maximum for up to a 30-day supply; \$33 for a 31- to 90-day supply	\$33 for a 31- to 90-day supply	\$12 maximum for up to a 30-day supply; \$36 for a 31- to 90-day supply	\$36 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	25% to a maximum of \$150 for up to a 30-day supply and \$300 for a 31- to 90-day supply	25% to a maximum of \$280 for a 31- to 90-day supply	30% to a maximum of \$200 for up to a 30-day supply and \$500 for a 31- to 90-day supply	30% to a maximum of \$450 for a 31- to 90-day supply
Non-preferred drugs (Tier 4)	35% to a maximum of \$200 for up to a 30-day supply and \$400 for a 31- to 90-day supply	35% to a maximum of \$380 for a 31- to 90-day supply	40%	40%
Specialty drugs (Tier 5; limited to a 30-day supply)	33%	33%	30%	30%
Coverage Gap to TrOOP Maximum of \$7,050**				
Generic drugs***	25%	25%	25%	25%
Brand-name drugs***	(plan pays 5% and manufacturer discounts 70%)	(plan pays 5% and manufacturer discounts 70%)	(plan pays 5% and manufacturer discounts 70%)	(plan pays 5% and manufacturer discounts 70%)
Catastrophic Coverage				
Generic drugs***	The greater of 5% or \$3.95 to a maximum of \$100		The greater of 5% or \$3.95 to a maximum of \$250	
Brand-name drugs***	The greater of 5% or \$9.85 to a maximum of \$100		The greater of 5% or \$9.85 to a maximum of \$250	

* Includes total combined costs for covered drugs paid by the plan and participant

** True Out of Pocket (TrOOP) includes costs for covered drugs paid by the participant (but not the plan) and manufacturer's discount

*** Including specialty drugs

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HOW MUCH YOU WILL PAY IN 2022	VALUE MEDICAL PLAN
MEDICAL PLAN	
Annual Deductible	\$203 (in 2021)
Annual Out-of-Pocket Maximum	\$5,000
Hospitalization	\$300/admission
Doctor Visits	20% to a maximum of \$20/visit
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$50 (waived if admitted)
Urgent Care Facility	20% to a maximum of \$20/visit
Outpatient Surgery	20% to a maximum of \$100/procedure
Diagnostic Testing	20% (to a maximum of \$100/procedure for MRIs and CT scans)
Outpatient Therapy	20%
Durable Medical Equipment	20%
Outpatient Mental Health	20% to a maximum of \$20/visit
Inpatient Mental Health	\$300/admission
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	20% to a maximum of \$20/visit
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1-20 days; \$50/day for 21 – 100 days; not covered days 101+
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	Not covered

See the *Value Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

VALUE MEDICARE Rx OPTION		
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$480 (excludes preferred generic drugs)	
Initial Coverage Up to a Total Drug Cost of \$4,430*		
Preferred generic drugs (Tier 1)	\$2 for a 30-day supply; \$6 for a 31- to 90-day supply	
Generic drugs (Tier 2)	25%	25%
Preferred brand-name drugs (Tier 3)	25%	25%
Non-preferred drugs (Tier 4)	25%	25%
Specialty drugs (Tier 5; limited to a 30-day supply)	25%	25%
Coverage Gap to TrOOP Maximum of \$7,050**		
Generic drugs***	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage		
Generic drugs***	The greater of 5% or \$3.95	
Brand-name drugs***	The greater of 5% or \$9.85	

* Includes total combined costs for covered drugs paid by the plan and participant

** True Out of Pocket (TrOOP) includes costs for covered drugs paid by the participant (but not the plan) and manufacturer's discount

*** Including specialty drugs

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HOW MUCH YOU WILL PAY IN 2022	METLIFE DENTAL COVERAGE	
Covered Services	Your Cost In-Network	Your Cost Out-of-Network*
Preventive Services		
Deductible	\$0	\$0
Oral exams; cleanings; full mouth or panoramic X-rays; bitewing X-rays; intraoral, periapical, and extraoral X-rays; fluoride treatments (for dependent child(ren) up to age 14)	0%	20% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Basic and Major Restorative Services		
Deductible	\$0	\$100
Basic Services (pulp vitality tests, diagnostic casts, bacteriological studies, sealants, space maintainers, palliative care, sedative fillings, fillings, periodontal maintenance, pulp capping, therapeutic pulpotomy, periodontics—non-surgical, simple extractions, surgical extractions/oral surgery)	30% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates
Major Services (recementations and repairs, rebases/reline, general anesthesia, consultations, inlays/onlays, crowns, crown build-ups, dentures, bridges, endodontics/root canal, periodontics—surgical, placement of implants)	40% of MetLife's discounted rate	50% of MetLife's discounted rate plus 100% of the difference between the actual and discounted rates

* Savings from enrolling in the MetLife Preferred Dentist Program will depend on various factors, including how often participants visit the dentist and the costs for services rendered.

HOW MUCH YOU WILL PAY IN 2022	EYEMED VISION COVERAGE	
Covered Services (Once Every Other Calendar Year)	Your Cost In-Network	Your Reimbursement Out-of-Network
Vision Exam	\$0	Up to \$30
Frame	20% off balance over \$100 allowance	Up to \$45
Frame from a PLUS Provider	20% off balance over \$150 allowance	Up to \$45
Standard Plastic Lenses (in lieu of medically necessary contacts)		
Single-vision	\$0	Up to \$25
Bifocal	\$0	Up to \$36
Trifocal	\$0	Up to \$46
Lenticular	\$0	Up to \$46
Progressive—standard	\$55	Up to \$36
Medically Necessary Contact Lenses (in lieu of lenses)	\$0	Up to \$210

HOW MUCH YOU WILL PAY IN 2022	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$1,000 (combined)	
Hospitalization	\$0	\$0
Doctor Visits	\$5 PCP; \$15 specialist	\$5 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$40 (waived if admitted)	\$40 (waived if admitted)
Urgent Care Facility	\$25	\$25
Outpatient Surgery	\$0	\$0
Diagnostic Testing	\$0	\$0
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	15%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Ob/Gyn Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Mammograms	\$0	\$0
Skilled Nursing Facility	\$0 up to 100 days per Medicare Benefit Period	\$0 up to 100 days per Medicare Benefit Period
Hearing Aids (once every 12 months)	Per year \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium; \$500 allowance per year for other aids through TruHearing	\$500 allowance for hearing aids every three years from any other provider or TruHearing
Dental Care (subject to frequency limitations)	\$20 for exam & cleaning and \$20 for X-rays every 6 months; 50% for restorative services and dentures	50% for periodic exams, cleanings, X-rays, fillings as needed and dentures
Vision Exam/Hearing Exams	\$0 vision; \$15 hearing	\$50 vision; \$15 hearing
Prescription Lenses (once every 12 months)	\$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full	\$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses or contact lenses; Davis Vision Fashion Collection frames and standard lenses covered in full
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order (90-day supply)*
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,430		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Preferred brand-name drugs (Tier 3)	\$25 preferred pharmacy; \$30 standard pharmacy	\$62.50
Non-preferred brand-name drugs (Tier 4)	\$55 preferred pharmacy; \$60 standard pharmacy	\$137.50
Specialty drugs (Tier 5)	33%	33% (31-day supply)
Coverage Gap to TrOOP Maximum of \$7,050		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Brand-name drugs (Tiers 3 & 4)	Preferred Pharmacy: 20% (plan pays 10% and manufacturer discounts 70%) Standard Pharmacy: 25% (plan pays 5% and manufacturer discounts 70%)	20% (plan pays 10% and manufacturer discounts 70%)
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	25% (31-day supply)
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

* Must obtain mail order supply using Express Scripts/ESI.



HOW MUCH YOU WILL PAY IN 2022		CAPITAL BLUE CROSS BLUEJOURNEY PPO*
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 combined	
Hospitalization	\$0	\$0
Doctor Visits	\$5 PCP; \$15 specialist	\$5 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$35	\$35
Outpatient Surgery	\$0	20%
Diagnostic Testing	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology; all other \$0	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology, \$0 all other
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	20%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (annual wellness exam)	\$0 (annual wellness exam)
Ob/Gyn Exams	\$0 preventive screenings	\$0 preventive screenings
Mammograms	\$0 preventive screenings (once every 12 months)	\$0 preventive screenings (once every 12 months)
Skilled Nursing Facility	\$0 days 1-20; \$25 days 21-100	20% days 1-100
Hearing Aids (once every 36 months)	100% after \$500 allowance (in and out-of-network combined)	100% after \$500 allowance (in and out-of-network combined)
Dental Care	\$15 office visit; cleaning and X-rays covered twice per year; 50% other services; \$1,500 max per calendar year (in- and out-of-network combined)	50%; routine dental cleaning covered twice per year; \$1,500 max per calendar year (in- and out-of-network combined)
Vision Exam/Hearing Exams (once every calendar year)	Vision: \$20 for routine vision exam Hearing: \$0 for routine hearing exam	50%
Prescription Lenses (once every 12 months)	100% after \$125 allowance for frames or contacts; \$0 for one pair of standard lenses	Lenses: 100% after dollar limit** Frames or contacts: 100% after \$125 limit
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,430		
Preferred generic drugs (Tier 1)	\$4	\$12
Non-preferred generic drugs (Tier 2)	\$4	\$12
Preferred brand-name drugs (Tier 3)	\$30	\$90
Non-preferred brand-name drugs (Tier 4)	\$75	\$225
Specialty drugs (Tier 5)	33%	33% (30-day supply)
Coverage Gap to TrOOP Maximum of \$7,050		
Generic drugs (Tiers 1 & 2)	25%	25%
Brand-name drugs (Tiers 3 & 4)	25% (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%); limited to a 30-day supply	
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

* Capital Blue Cross BlueJourney PPO is not available in Delaware or Maryland.

** The plan will pay up to the contracted allowance.

HOW MUCH YOU WILL PAY IN 2022	AETNA MEDICARE P01 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,500	\$5,000
Hospitalization	\$0	15%
Doctor Visits	\$15	15%
Preventive Care	\$0	15%
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$15	\$15
Outpatient Surgery	\$0	15%
Diagnostic Testing	\$15	15%
Outpatient Therapy	\$15	15%
Durable Medical Equipment	15%	15%
Outpatient Mental Health	\$15	15%
Inpatient Mental Health	\$0	15%
Physical Exams	\$0	15%
Ob/Gyn Exams	\$0	15%
Mammograms	\$0	15%
Skilled Nursing Facility	\$0 copay per day, day(s) 1-20; \$75 per day, day(s) 21-100	15%
Hearing Aids (once every 36 months)	\$500 allowance	
Dental Care	\$15 (if covered by Medicare)	15% (if covered by Medicare)
Vision Exam/Hearing Exams	\$0 (once every 12 months)	15% (once every 12 months)
Prescription Lenses (once every 24 months)	\$100 allowance	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,430		
Generic drugs (Tier 1)	\$5	\$10
Preferred brand-name drugs (Tier 2)	\$25**	\$50**
Non-preferred brand-name drugs (Tier 3)	\$50**	\$100**
Specialty drugs (Tier 4)	33%**	33%** (limited to one-month supply)
Coverage Gap to TrOOP Maximum of \$7,050		
Generic drugs (Tier 1)	\$5	\$10
Brand-name drugs (Tiers 2 & 3)	25%** (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 4)	25%** (limited to one-month supply; plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

* Aetna is only available in Pennsylvania, New Jersey, and some counties in Florida, Maryland, New York, and Delaware.

** Includes some high-cost generics.



HOW MUCH YOU WILL PAY IN 2022	UPMC PSERS HOP CUSTOM HMO*	
MEDICAL PLAN	In-Network	
Annual Deductible	\$0	
Annual Out-of-Pocket Maximum	\$3,400	
Hospitalization	\$0	
Doctor Visits	\$0 PCP; \$20 specialist	
Preventive Care	\$0	
Emergency Room	\$120 (waived if admitted within 3 days)	
Urgent Care Facility	\$20	
Outpatient Surgery	\$0	
Diagnostic Testing	\$0 labs; \$10 X-rays; \$30 advanced imaging	
Outpatient Therapy	\$20	
Durable Medical Equipment	15%	
Outpatient Mental Health	\$20	
Inpatient Mental Health	\$0	
Physical Exams	\$0 routine	
Ob/Gyn Exams	\$0 routine	
Mammograms	\$0 routine	
Skilled Nursing Facility	\$0 per day days 1-15; \$50 per day days 16-100	
Hearing Aids	100% after \$1,500 allowance (once every 36 months)	
Dental Care	Routine dental not covered	
Vision Exam/Hearing Exams	\$0 routine vision (once every two years); \$20 routine hearing (once every year)	
Prescription Lenses (once every 24 months)	100% after \$250 allowance	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,430		
Preferred generic drugs (Tier 1)	\$0 preferred pharmacy; \$15 standard pharmacy	\$0 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Preferred brand-name drugs (Tier 3)	\$47 preferred or standard pharmacy	\$117.50 preferred pharmacy; \$141 standard pharmacy
Non-preferred drugs (Tier 4)	\$100 preferred or standard pharmacy	\$300 preferred or standard pharmacy
Specialty drugs (Tier 5)	33% preferred or standard pharmacy	33% preferred or standard pharmacy (limited to 30-day supply)
Coverage Gap to TrOOP Maximum of \$7,050		
Preferred generic drugs (Tier 1)	\$0 preferred pharmacy; \$15 standard pharmacy	\$0 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Brand-name drugs (Tiers 3 & 4)	25% (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	Not covered
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.95	
Brand-name drugs	The greater of 5% or \$9.85	

* UPMC is available in all South East, South West Pennsylvania counties and some North Central Pennsylvania counties.

How to Change Coverage During Open Enrollment

- **If you want to make a change to or enroll in the HOP Medical Plan, the Value Medical Plan, and/or the Enhanced, Basic, or Value Medicare Rx Option,** complete the enclosed HOP Change Form, and return it to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764 by November 15, 2021.
- **If you want to change to or enroll in a Medicare Advantage plan,** call the HOP Administration Unit at 1-800-773-7725 to request that enrollment forms and required information be mailed to you for the plan you want.

Due to the volume of these materials, they could not be included with your Personalized Statement. Complete the forms, and return them to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764 by November 15, 2021. Please do not mail any forms directly to an insurance carrier, as this may jeopardize your eligibility for Premium Assistance.

Your new benefits will be effective January 1, 2022.

ACT BY NOVEMBER 15!

You must return the appropriate completed application form(s) no later than November 15, 2021, if you want to change your current option.

Adding Dependents During Open Enrollment

Because the Health Options Program is conducting an open enrollment this year, you can add eligible dependents to your coverage without a Qualifying Event. Eligible dependents include:

- Your spouse (see "Important reminder" below)
- Your unmarried children under age 19, including natural children, stepchildren, legally adopted children, and children legally placed for adoption
- Your unmarried children age 19 to 23 who are enrolled as full-time students in an accredited college or university or in a technical or specialized school and who are not regularly employed by one or more employers on a full-time basis
- Your unmarried children disabled by a mental and/or physical disability before age 17 who are incapable of self-sustaining employment **and** are dependent on you for support **and** live with you

Important Reminder

The death of a PSERS retiree is not a Qualifying Event for a spouse not enrolled in the Health Options Program, unless the spouse is a survivor annuitant or will receive a monthly pension from PSERS. This means that a spouse not already enrolled in the Health Options Program may not be eligible to join in the event of the retiree's death. This open enrollment offers an opportunity to enroll your spouse for 2022. Once enrolled, a spouse can continue participating and change plan coverage upon the death of the retiree.

Comparable Coverage for You and Your Dependents

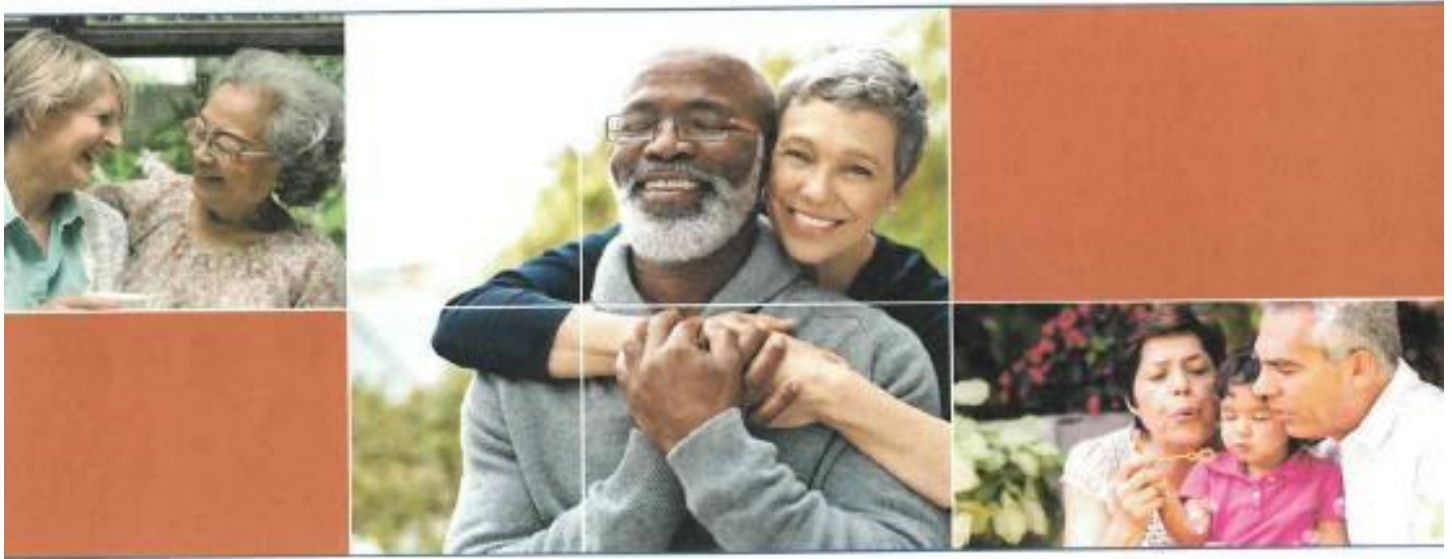
If you are married and your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan, which is determined by who enrolls first. Therefore, if your spouse will become eligible within the next year but after you make your decision this open enrollment, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period. For example, if you elect the HOP Medical Plan, when your spouse retires, he or she must also elect the HOP Medical Plan (if Medicare-eligible) or the HOP Pre-65 Medical Plan (if not eligible for Medicare). However, if you and your spouse are both PSERS annuitants, you may elect different options.

For More Information

Visit us online at HOPbenefits.com, or contact us at the numbers listed below.

Type of Question	Please Call
HOP Medical Plan Value Medical Plan Request for Medicare Advantage Plan Enrollment Form	HOP Administration Unit 1-800-PSERS25 (1-800-773-7725) TTY: 1-800-498-5428 8:00 a.m. to 8:00 p.m. ET, weekdays
Enhanced Medicare Rx Option Basic Medicare Rx Option Value Medicare Rx Option	OptumRx 1-888-239-1301 TTY: 1-800-498-5428 Available 24/7
MetLife Dental and EyeMed Vision Option	MetLife 1-855-700-7997 8:00 a.m. to 11:00 p.m. ET, weekdays EyeMed 1-855-663-7444 7:30 a.m. to 11:00 p.m. ET, weekdays 8:00 a.m. to 11:00 p.m. ET, Saturdays 11:00 a.m. to 8:00 p.m. ET, Sundays
Premium Assistance	Premium Assistance Office 1-866-483-5509 8:00 a.m. to 4:30 p.m. ET, weekdays

The Public School Employees' Retirement System (PSERS) sponsors the Health Options Program for the sole benefit of PSERS retirees and survivor annuitants and the spouse, surviving spouse and dependents of retirees and survivor annuitants. PSERS is an agency of the Commonwealth of Pennsylvania with primary responsibility to administer the retirement system for all public school employees in the Commonwealth. The Health Options Program is a voluntary health benefits program funded by participant contributions. Each retiree and survivor annuitant and the spouse and dependent of the retiree or survivor annuitant must decide whether or not to participate. Private health care organizations, third party administrators and insurance carriers provide the health care coverage and services available through the Health Options Program. Neither PSERS nor the Commonwealth of Pennsylvania is an insurer. In no event shall PSERS or the Commonwealth of Pennsylvania be responsible for any act or omission of any insurance company, third party administrator, health care organization or provider that has a role in this Program. All Medicare-eligible medical rates shown in this Statement are pending CMS approval at press time and are subject to adjustment.



MedicareRx
Prescription Drug Coverage X

Doc. Number: 109

Optional Dental and Vision Programs for Retirees

IMPORTANT:

Applications should be returned to the following
address for handling: AMCA Systems, Inc.
101 Bradford Road, Suite 340
Wexford, PA 15090

724-934-2270 (605)
Karen Altman

ATTN: Retiree Dental and Vision

Allegheny County Schools Health Insurance Consortium

Voluntary Dental and Vision Rates

Retirees Only - July 1, 2022

Concordia Choice C – Plan V6 (United Concordia Dental)		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$43.30	\$129.90
Retiree + Spouse or Child *	\$86.61	\$259.83
Retiree + Family	\$129.91	\$389.73

Davis Vision Plan		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$9.03	\$27.09
Retiree + Spouse or Child *	\$16.25	\$48.75
Retiree + Family	\$25.27	\$75.81

* Child included qualified dependents to age 26 and certified disabled dependents

** Member will be billed rate ÷ \$3.00 administrative fee per month (\$9 maximum admin fee per quarter)

Member will be billed for coverage on a quarterly basis. The billing will come from AMCA Systems, LLC and payments will be remitted to AMCA Systems, LLC / Retiree Billing. 101 Bradford Road, Suite 340, Wexford, PA 15090.

Attention: Retiree Dental and Vision

Payments will be due by the 20th of the month before the quarter begins. A 30-day grace period will be given for receipt of payments. If payment is not received within 30 days of the due date, the coverage will be cancelled. **THIS PLAN HAS A ONE STRIKE POLICY. MEMBERS WILL BE PERMITTED TO REINSTATE ONE TIME FOR THE LIFE OF THE PLAN**

ACSHIC Retiree Voluntary Dental Plan Benefits Summary

Effective July 1, 2022

Network: Concordia Advantage

Benefit Category ¹	CONCORDIA CHOICE PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Fluoride Treatments for children under age 19)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person) (January 1 st - December 31 st)	\$1,500 Excludes Class I	
Lifetime Implant Maximum (per person)	\$1,500	
Reimbursement	Concordia Advantage	Concordia Advantage MAC

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.

UnitedConcordia.com • 1-800-332-0366



Fashion Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations and eyeglasses!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3137.

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.
² Including, but not limited to toric, multifocal and gas permeable contact lenses.
³ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
⁴ Transitions® is a registered trademark of Transitions Optical Inc.
⁵ Enhanced frame allowance available at all Visionworks Locations nationwide.
 Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.
 0600586 6/28/18

Allegheny County Schools Health Insurance Consortium Retirees

IN-NETWORK BENEFITS		
Eye Examination	Every July 1, Covered in full	
Eyeglasses		
Spectacle Lenses	Every July 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every July 1, Covered in full Any Fashion frame from Davis Vision's Collection ¹ (value up to \$100) OR \$100 retail allowance toward any frame from provider OR \$150 allowance to go toward any frame from a Visionworks family of store locations. ⁶	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every July 1, Non Collection Contacts: Standard Contacts: Covered in full Specialty Contacts ² : Covered in full	
Contact Lenses (in lieu of eyeglasses)	Every July 1 \$80 retail allowance toward provider supplied disposable contact lenses, \$110 retail allowance for specialty and non-disposable contact lenses	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on In-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ³ -\$35
Standard Anti-Reflective (AR) Coating	\$83	\$40
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$110	\$70

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions ⁴	\$110	\$70
Frame	\$180	\$0
Total	\$514	\$70

Savings up to:
\$444

PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.

Here's what
we have to
offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3137.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$15
Scratch-Resistant Coating	\$40	\$0
Polycarbonate Lenses	\$64	\$0 ¹ or \$35
Ultraviolet Coating	\$28	\$15
Standard Anti-Reflective (AR) Coating	\$62	\$40
Premium AR Coating	\$80	\$55
Ultra AR Coating	\$113	\$89
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$154	\$0
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressive Addition Lenses	\$369	\$90
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$70
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Varilux® is a registered trademark of Societe Essilor International

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
<p>Eye Examination up to \$40 Frame up to \$64 Spectacle Lenses (per pair) up to: Single Vision \$30, Bifocal \$40, Trifocal \$60, Lenticular \$80 Progressive Lenses \$130</p> <p>Dependents up to age 19 may receive: Single Vision Polycarbonate \$70 Bifocal Polycarbonate \$80 Trifocal Polycarbonate \$95</p> <p>Evaluation/Fitting \$35 Elective Contacts up to \$80, Medically Necessary Contacts up to \$225</p>

5 Great Reasons

Why Oticon More™ could be the answer to your hearing problems.

1

Limited Time Offer!

ACSHIC members save \$500 on Oticon More hearing aids.
Offer expires December 31, 2022¹

2

Oticon More with Brain Hearing™ Technology

A revolutionary hearing aid that gives the brain more of the relevant information it needs to make better sense of sound. So you can get better speech understanding with less effort and the ability to remember more.

3

The hearing aid with built-in intelligence

Works more like how the brain works because it learned through experience. Clinical studies prove Oticon More delivers 30% more sound to the brain and increases speech understanding.²

4

Connectivity made easy

Simple, wireless connectivity to your favorite devices via Bluetooth. Make hands-free calls, stream music, connect to smart devices and more!

5

Never change a battery again

A trouble-free rechargeable solution allows you to recharge at night for a full day of hearing, FREE charger included!³



This special offer for ACSHIC members and their families is available only at Your Hearing Network locations. To schedule your free hearing exam call

888-790-6244

¹\$500 discount on a pair of Oticon More hearing aids. Valid only at participating YHN locations.
²Compared to Oticon Opn S™, Santurette, et al. 2020. Oticon More clinical evidence. Oticon Whitepaper.
³Lithium-ion battery performance varies depending on hearing loss, lifestyle and streaming behavior. Cannot combine offers.



Allegheny County Schools
Health Insurance Consortium

yourhearing
network



Exclusive Benefits Available! Call Today!

(888) 706-1459

As a Member of **Allegheny Co. Schools Health Insurance Consortium**, you and your family are eligible for **exclusive** benefits from Start Hearing.

You and your extended family members have exclusive access to free hearing consultations and **discounts up to 48% off all levels of hearing technology** through Start Hearing.

Call (888) 706-1459 to take advantage of your member discounts today:

Valuable Benefits Include:



Hearing Health

- FREE annual hearing consultations for you and your family
- Access to a nationwide network of 3,000+ hearing professional locations



Better Hearing

- Advanced technology, including Bluetooth® compatible and rechargeable options
- 60-day risk-free trial period



Ongoing Value

- Up to a 3-year supply of FREE batteries (40 cells per hearing aid purchased per year)
- FREE deluxe warranty plan* (including loss and damage)
- A year of FREE office visits (up to six visits)

Call our Hearing Care Advisors at

(888) 706-1459

to take advantage of your exclusive discounts.

starthearing.com/partners/ACSHIC

**American
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**START
HEARING**

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