



**Allegheny County Schools
Health Insurance Consortium
(ACSHIC)**

Health Care Renewal

7/1/2020 – 6/30/2021

February 28, 2020

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Dr. William Short, Gateway S. D.
Dr. Caroline Johns, Northgate S.D.
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Management Contacts

www.ACSHIC.com

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Vendor Contacts

AMCA Billing /COBRA	Karen Altman – Ext. 605 Lisa Rodenbeck – Ext. 602	1-724-934-2270
Advance Medical	General Number	1-844-280-2457
LYTLE EAP	Customer Service	1-800-327-7272
Healthcare Bluebook	Customer Service	1-800-341-0504
Livongo	Customer Service	1-800-945-4355
EdLogics	Customer Service	acshic_support@edlogics.com
TelaDoc	Customer Service	1-800-835-2362
American Hearing	Hearing Care Advisor	1-888-706-1459
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
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



EXECUTIVE REPORT

ACSHIC Rate Renewals

2020/2021 Health Insurance Renewals

The Allegheny County Schools Health Insurance Consortium (ACSHIC) Trustees present the following rate changes effective July 1, 2020 through June 30, 2021:

Community Blue Flex PPO	3.5%
Community Blue Flex EPO	3.5%
Standard Dental	6.0%
Davis Vision	7.0%
Vision Benefits of America (VBA)	14.0%

The July 1, 2020 renewal rates were set by the ACSHIC Trustees at the February 13, 2020 Board Meeting. The increases were due to the following 2 items.

1. The July 1, 2020 rates have been developed and approved by the Trustees using a 12-month trend of 5% for annual cost, which reflects ACSHIC's experience.
2. For July 1, 2020 Benefit Enhancements will be made to the Active Vision Programs. These changes are outlined in this document as well as new benefit grids.

Benefit Changes:

- Medical: No changes will be made to the Medical Benefits
- Dental: No changes will be made to the Dental Benefits
- Vision: Enhancements – Davis Vision and VBA
 - The Vision program will change to a 12/12/24 program:
 - Eye Exam every 12 months
 - Lenses every 12 months
 - Frames every 24 months

ACSHIC Rate Renewals

2020/2021 Health Insurance Renewals (*continued*)

It has been the Trustee Boards' goal to continue the Consortium's Vision as stated below:

Vision

The Allegheny County Schools Health Insurance Consortium is a recognized model for and is providing the best quality health care plans, emphasizing preventative care, at a responsibly established cost for member school entities.

It is with this Vision that the Trustee Board made its decision on the July 1, 2020 rates.

The following is a narrative of our health care situation. This report should be shared with your School Boards and your local Labor Officers.

Both medical and prescription cost increases continue to slow down, according to national consulting firm annual surveys of insurers, managed care organizations, pharmacy benefit managers and third-party administrators. Prescription drug benefit cost trends, while slowing, continue to have the highest trend rates. Specialty prescription drug benefit costs are expected to increase at an annual rate of nearly 14.3%, while the medical benefit cost trend is running between 5% to 9% for 2020 depending on your medical delivery system.

But, for the last four years, our local healthcare trend of 8.66% is more than the national healthcare trend of 6%. The major reason for this high trend in Western PA was the lack of a long-term agreement between Highmark and UPMC. Now with the agreement with UPMC, it is estimated that costs to include these facilities into our network would be substantial, and our preliminary reports have begun to substantiate those assumptions.

Western Pennsylvania also has the second oldest population in the US. This often includes our Consortium as schools offer early retirement to our members. These members often stay in the ACSHIC program until 65 or PSERS eligibility.

The Trustees continue to monitor, meet, and discuss the Provider market in Western PA through their attendance at Pittsburgh Business Group on Health, PASBO, and PAGE. The Trustees also monitor the provider segment as Highmark completes their negotiations with the AHN Network, St. Clair, Heritage Valley and Excelsa.



Aon's Health Care Trend Forecast

Medical Actives Under Age 65	Medical	Rx
Highmark Tiered Network Plans	8.66%	12.3%
Aetna Medical Plans, PA	11.6%	14.0%
Dental		
PPO	5.0%	
Pharmacy		
Generic	4% - 5%	
Brand	8% - 9%	
Specialty	12% - 14%	
Vision	1.5%	

Trend

Trend is the average forecasted change in a health plan's per capita "Claim cost" determined by insurance carriers, managed care organizations and third-party administrators. Many factors are considered when determining trend. Simply, Trends are the cost of services and the quantity of those services.

These factors include:

- ✓ Medical price inflation
- ✓ Utilization of care
- ✓ Demographics of group
- ✓ Government mandated benefits
- ✓ Technology changes

In Western Pennsylvania, we are experiencing a higher medical trend than the average national medical trend. This local higher trend is due primarily to mandated Federal and State benefits, the uncertain provider contracts signed by the carriers with the local hospital providers, and the local economy, including the Highmark – UPMC disputes.

Network Changes January 1, 2020

- The Advantage Pharmacy Network had changes within the network – some providers joined while others are no longer participating as always, check the Highmark BlueCross BlueShield website at HighmarkBCBS.com to verify provider in network providers, see page 13.
- Standard tier providers have changed according to contract revisions.

Benefit Changes July 1, 2020

Medical:

- The Standard and Out-of-Network schedules have Not been changed for both the EPO and the PPO Benefit Plans. Please see the new benefit grids that follow.
- Dental: – United Concordia - No Changes
- Vision: Davis Vision and VBA
 - Eye Exam every 12 months
 - Lenses every 12 months
 - Frames every 24 months



2020/2021 MEDICAL SCHEDULE OF BENEFITS

Listed below is the 2020/2021 Medical Schedule of Benefits 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.

July 1, 2020

Program Options	Community Blue Flex PPO			Community Blue Flex EPO	
	Enhanced Value	Standard Value	Out-of-Network	Enhanced Value	Standard Value
Benefit Period (1)	Contract Year			Contract Year	
PCP Required for Enrollment	No	No	No	No	No
Deductible	None	\$1,200 Individual \$2,400 Family	\$2,000 Individual \$4,000 Family	None	\$500 Individual \$1,000 Family
Out-of-Pocket Maximums (Once met, plan pays 100% for the rest of the benefit period)	None	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	None	\$1,600 Individual \$3,200 Family
Coinsurance	100%	80% after deductible	50% after deductible	100%	80% after deductible
Primary Care Provider Office Visits	100% after \$0 copay	100% after \$20 copay	50% after deductible	100% after \$0 copay	100% after \$20 copay
Specialist Office Visits	100% after \$10 copay	100% after \$50 copay	50% after deductible	100% after \$10 copay	100% after \$50 copay
Retail Clinic Visits	100% after \$5 copay	100% after \$40 copay	50% after deductible	100% after \$5 copay	100% after \$40 copay
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 (6)	100% after \$0 copay	100% after \$20 copay	Not Covered	100% after \$0 copay	100% after \$20 copay
Preventive Care (2)					
Routine Adult					
Physical Exams	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Adult Immunizations	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Colorectal cancer screening	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Routine gynecological exams, including Pap Test	100% deductible does not apply	100% deductible does not apply	50% deductible does not apply	100% deductible does not apply	100% deductible does not apply
Mammograms, annual routine and medically necessary	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	50% after deductible	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply
Diagnostic services and procedures	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Routine Pediatric					
Physical Exams	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Pediatric Immunizations	100% deductible does not apply	100% deductible does not apply	50% deductible does not apply	100% deductible does not apply	100% deductible does not apply
Diagnostic services and procedures	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Emergency Room Services	100% after \$100 copay (Waived if admitted)			100% after \$100 copay (Waived if admitted)	
Hospital/Medical/Surgical Expenses (Include maternity)					
Hospital Inpatient					
Hospital Outpatient					
Maternity (non preventive facility & professional services)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Med/Surgical (except ofc visits)					
Assisted Fertilization Procedures	100%	80% after deductible	50% after deductible	100%	80% after deductible
	\$5,000 family maximum, per lifetime			\$5,000 family maximum, per lifetime	
Therapy and Rehabilitation Services					



Physical Medicine, Speech & Occupational Therapy	100% Unlimited visits	100% after deductible Unlimited visits	50% after deductible Unlimited visits	100% Unlimited visits	100% after deductible Unlimited visits
Respiratory Therapy	100% Unlimited visits	80% after deductible Unlimited visits	50% after deductible Unlimited visits	100% Unlimited visits	80% after deductible Unlimited visits
Spinal Manipulations	100% after \$25 copay	100% after \$50 copay	50% after deductible	100% after \$25 copay	100% after \$50 copayment
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy & Dialysis)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Mental Health/Substance Abuse					
Inpatient	100%	100%	50% after deductible	100%	100%
Inpatient Detoxification/Rehabilitation	100%	100%	50% after deductible	100%	100%
Outpatient	100%	100%	50% after deductible	100%	100%
Other Services					
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
Transplant Services	100%	80% after deductible	50% after deductible	100%	80% after deductible
Skilled Nursing Facility Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics					
Home Health Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Hospice					
Infertility Counseling, Testing and Treatment (3)					
Private Duty Nursing		100%			100%
Precertification Requirements (4)		YES			YES
Prescription Drugs (5)					
Prescription Drug Program		Retail Drugs \$8 generic copay \$35 brand copay, formulary \$60 brand copay, non-formulary Mandatory Generic 34 day supply Maintenance Drugs – Mail Order \$12 generic copay \$50 brand copay, formulary \$90 brand copay, non-formulary Mandatory Generic 90 day supply		Retail Drugs \$8 generic copay \$35 brand copay, formulary \$60 Brand copay, non-formulary Mandatory Generic 34 day supply Maintenance Drugs – Mail Order \$12 generic copay \$50 brand copay, formulary \$90 brand copay, non-formulary Mandatory Generic 90 day supply	
Defined by the Advantage Pharmacy Network – Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered. Your plan uses the Comprehensive Formulary with an Incentive Benefit Design.					
Questions? Call 1-800-215-7865		REFERENCE CODE: COMM040215 (please have reference code ready when you call)		REFERENCE CODE: COMM030215 (please have reference code ready when you call)	

- 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.
- Services are limited to those listed on the Highmark Preventive Schedule. (Women's Health Preventive Schedule may apply).
- Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- Highmark Healthcare Management Services (HMS) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity related inpatient admission. Some facility provider 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.
- The formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacist and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copay or coinsurance amounts listed above. You are responsible for the payment differential when a generic drug is authorized by your doctor and you elect to purchase a brand name drug. Your payment is the price difference between the brand name drug and generic drug in addition to the brand name drug copayment or coinsurance amounts, which may apply. Your plan requires that you use Alliance Rx Walgreens Prime or Giant Eagle specialty pharmacies for select specialty medications. To obtain medications for hemophilia, you must use a specific pharmacy, please contact member services for more details.
- 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.
The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, prescription drug cost share 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).

Please note, that CommunityBlue products including CommunityBlue Flex, 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. REV 2.13.2020



UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

Dental Benefits Summary for ACSHIC with All Riders

Effective Date: July 1, 2020

Network: 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	Advantage	Advantage
Reimbursement Outside Pennsylvania	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 \$0 copay Covered in full
Specialty lens \$0 copay Covered in full



Frame

Allowance:

Other locations \$100 Visionworks* \$150

+Additional 20% off any coverage.†

or

The Exclusive Collection copay:

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

0100275_202020



☺☺☺ Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$35
High-Index Lenses 1.67.....	\$60
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate).....	\$0 / \$40 / \$90 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate).....	\$40 / \$55 / \$69 / \$85
Ultraviolet Coating.....	\$15
Tinting of Plastic Lenses (Solid / Gradient).....	\$15
Plastic Photochromic Lenses (Transitions® Signature™).....	\$70
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

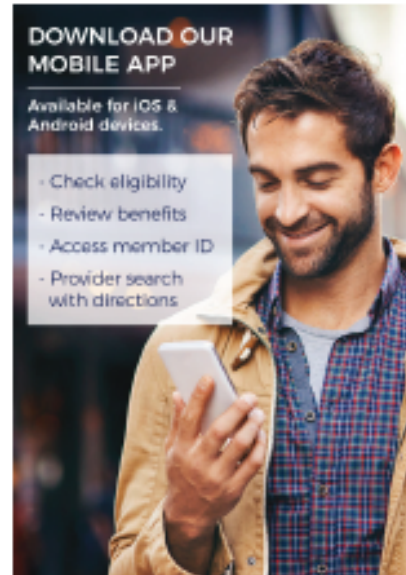
Additional savings

Retinal Imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount*

DOWNLOAD OUR MOBILE APP

Available for iOS &
Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



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.

Out-of-network reimbursement schedule (up to)

Eye Examination: \$40	Trifocal Lenses: \$60
Frame: \$64	Lenticular Lenses: \$80
Single-Vision Lenses: \$30	Elective Contact Lenses: \$80
Bifocal / Progressive Lenses: \$40 / \$130	Evaluation/Fitting \$35
Dependents up to age 19 may receive:	Visually Required Contacts: \$225
Single Vision Polycarbonate: \$70	
Bifocal Polycarbonate: \$80	
Trifocal Polycarbonate: \$95	

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.



Expert Solutions. Exceptional Service.

Allegheny County Schools Health Insurance Consortium

VBA# 6000's
2020 Renewal Enhancement
Effective: 7/1/2020 – 6/30/2021
\$0 Exam / \$0 Materials Copay
DEPENDENT AGE: 26

FREQUENCY OF SERVICE: Last Date of Service	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.



Community Blue PPO Network facility listing

ALLEGHENY

- Allegheny General Hospital
- Allegheny Valley Hospital
- Children's Hospital of Pittsburgh of UPMC
- Forbes Hospital
- Heritage Valley Sewickley
- Jefferson Hospital
- Ohio Valley General Hospital
- St. Clair Hospital
- West Penn Hospital
- Western Psychiatric Institute and Clinic

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford

BLAIR

- Conemaugh Nason Medical Center
- Tyrone Hospital
- UPMC Altoona

BUTLER

- Butler Memorial

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CLARION

- Clarion Hospital
- Clarion Psychiatric Center

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Penn Highlands Elk

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Hospital

FAYETTE

- Highlands Hospital
- Uniontown Hospital

GREENE

- Washington Health System Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

- Ellwood City Hospital
- UPMC Jameson

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- Edgewood Surgical Hospital
- Grove City Medical Center
- Sharon Regional Medical Center
- UPMC Horizon

POTTER

- UPMC Cole

SOMERSET

- Chan Soon-Siong Medical Center at Windber
- Conemaugh Meyersdale Medical Center
- UPMC Somerset

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Monongahela Valley Hospital
- Washington Hospital

WESTMORELAND

- Excelsa Frick Hospital
- Excelsa Latrobe Hospital
- Excelsa Westmoreland Hospital

*Provider list as of August 2019. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a current list of in-network providers. The BlueCard® Program — With BlueCard®, your coverage travels with you. With Community Blue PPO group coverage, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of western and central Pennsylvania, providers who participate with the local Blue Cross and/or Blue Shield plan will recognize and honor your card. So your benefits go with you.



High Performing Network Product FAQs;

Q. What does it mean for me right now?

- In Western Pennsylvania, commercial members in high performing narrow network products such as Community Blue Flex or Connect Blue are in a high-quality lower cost plan. Members in these products will have access to some, but not all, UPMC facilities and doctors on July 1st, 2019. This is very similar to your access prior to the negotiation of this new agreement.
- Certain services (like exception hospitals and some community oncology services) will be in-network. See list below.
- Other facilities and services (like Hillman and Passavant) will remain be out-of-network after July 1. See list below.
- As more details become clear there will be specific outreach to you in order to clarify how this decision affects you.
- Please see the attached grid for additional product details.

Q. What does this mean for emergency department (ED) protections?

- In an emergency situation, you should always go to the closest emergency room. You will have strong out-of-network protections for emergency department services at all UPMC facilities.

Q. What about Children's Hospital?

- The new agreement includes a 10-year extension of Children's Hospital contract for 10 years starting on July 1, 2019 including oncology and all affiliated pediatric practices.

Q. What about Western Psychiatric Institute and Clinic?

- The new agreement includes a 10-year extension of Western Psychiatric Institute and Clinic starting on July 1, 2019.

Q. What does this mean to community hospitals?

- Highmark Health is committed to its strategy of community-based, close-to-home care for its members and patients. Community hospitals will continue to play an important role in serving the needs of our members and patients going forward. A contract with UPMC does not change that.

Q. Will all of the planned AHN projects in the community continue?

- Absolutely. Our plans will continue. We have made commitments to building an AHN community-focused network that will reinvent health care for consumers. We are committing to driving change in how care is delivered at the community level.

Q. Will this change Highmark's strategy in investing in AHN and other health systems?

- Not at all. We are focused on doing what's right for our members and the community. Competition in health care will help drive lower costs, higher quality and innovations in care.

Q. Which UPMC Hospitals do I have access to?

- Prior to the negotiated contract, your plan would have provided very limited access to UPMC doctors or hospitals. You will now have in-network access to a number of UPMC doctors and hospitals after July 1, 2019. The UPMC hospitals and other providers listed below will be in-network for you starting July 1:
 - UPMC Altoona
 - UPMC Bedford
 - UPMC Cole
 - UPMC Horizon
 - UPMC Jameson
 - UPMC Kane
 - UPMC Northwest
 - UPMC Somerset
 - Western Psychiatric Institute and Clinic of UPMC
 - Children's Hospital of Pittsburgh of UPMC (including oncology and all affiliated pediatric practices)
 - Doctors affiliated with the Hospitals listed above

Q. Which UPMC Joint Ventures do I have access to at Community Hospitals?

- The UPMC hospitals and other providers listed below will be in-network for you:
 - Butler Health System Medical Oncology
 - Butler Health System Radiation Oncology
 - Excelsa Arnold Palmer Cancer Center – Greensburg (Medical & Radiation Oncology)
 - Excelsa Arnold Palmer Medical Oncology - Mt. Pleasant
 - Excelsa Arnold Palmer Medical Oncology – Norwin
 - Grove City Medical Oncology
 - Heritage Valley Radiation Oncology - Moon
 - Heritage Valley Radiation Oncology - Beaver
 - John P. Murtha Regional Cancer Center - Johnstown (Radiation Oncology)
 - The Regional Cancer Center – Erie (Radiation Oncology)
 - St. Clair Cancer Center
 - IRMC Cancer Center
 - UPMC Cancer Center at UPMC Horizon Medical & Radiation Oncology Center
 - UPMC Cancer Center at UPMC Northwest
 - UPMC Hillman Cancer Center - Altoona (Medical & Radiation Oncology)
 - UPMC Hillman Cancer Center - Beaver (Medical Oncology)
 - UPMC Hillman Cancer Center - Greenville (Medical Oncology)
 - UPMC Hillman Cancer Center - Johnstown (Medical Oncology)
 - UPMC Hillman Cancer Center - Moon (Medical Oncology)
 - UPMC Hillman Cancer Center – New Castle (Medical Oncology)
 - UPMC Hillman Cancer Center - Uniontown (Medical Oncology)
 - UPMC Hillman Cancer Center - Washington (Medical Oncology)
 - UPMC Hillman Cancer Center - Windber (Medical Oncology)
 - UPMC Uniontown Hospital Radiation Oncology
 - Washington Health System Radiation Oncology
 - Doctors affiliated with the Hospitals listed above

Q. Which UPMC Hospitals remain out of network?

- The hospitals listed below will remain out-of-network after July 1st:
 - Magee-Women’s Hospital of UPMC
 - UPMC East
 - UPMC Mercy
 - UPMC McKeesport
 - UPMC Passavant
 - UPMC Presbyterian Shadyside
 - UPMC St. Margaret
 - UPMC Hamot
 - UPMC Hillman Cancer Centers;
 - Mary Hillman Jennings Radiation Oncology at UPMC Shadyside



- The Mario Lemieux Center for Blood Cancers
- UPMC Hillman Cancer Center at Magee-Womens Hospital of UPMC
- UPMC Hillman Cancer Center at UPMC East
- UPMC Hillman Cancer Center at UPMC Hamot
- UPMC Hillman Cancer Center (West 12th Street, Erie)
- UPMC Hillman Cancer Center at UPMC McKeesport
- UPMC Hillman Cancer Center at UPMC Mercy
- UPMC Hillman Cancer Center at UPMC Natrona Heights
- UPMC Hillman Cancer Center at UPMC Passavant McCandless
- UPMC Hillman Cancer Center at UPMC Passavant North
- UPMC Hillman Cancer Center at UPMC St. Margaret
- UPMC Hillman Cancer Center in Bethel Park
- UPMC Hillman Cancer Center in Monroeville
- UPMC Hillman Cancer Center in Shadyside
- UPMC Hillman Cancer Center in West Mifflin
- Doctors affiliated with the Hospitals listed above



This is a complete listing of all UPMC Cancer Centers and Joint Venture Cancer Centers

UPMC Owned

- UPMC Altoona (Radiation Oncology)
- UPMC Cancer Center at UPMC Horizon Medical & Radiation Oncology Center
- UPMC Cancer Center at UPMC Northwest
- UPMC Hillman Cancer Center - Altoona (Medical Oncology)
- UPMC Hillman Cancer Center - Beaver (Medical Oncology)
- UPMC Hillman Cancer Center - Greenville (Medical Oncology)
- UPMC Hillman Cancer Center - Johnstown (Medical Oncology)
- UPMC Hillman Cancer Center - Moon (Medical Oncology)
- UPMC Hillman Cancer Center - Uniontown (Medical Oncology)
- UPMC Hillman Cancer Center - Washington (Medical Oncology)
- UPMC Hillman Cancer Center - Windber (Medical Oncology)
- UPMC Jameson Radiation Oncology

Joint Venture with UPMC

- Butler Health System Medical Oncology
- Butler Health System Radiation Oncology
- Excela Arnold Palmer Cancer Center (Medical & Radiation Oncology)
- Excela Arnold Palmer Medical Oncology - Mt. Pleasant
- Excela Arnold Palmer Medical Oncology - Norwin
- Grove City Medical Oncology*
- Heritage Valley Radiation Oncology - Moon
- Heritage Valley Radiation Oncology, Beaver
- John P. Murtha Regional Cancer Center - Johnstown (Radiation Oncology)
- The Regional Cancer Center, Erie Medical & Radiation Oncology Centers
- Uniontown Hospital Radiation Oncology
- UPMC/St. Clair Hospital Cancer Center Radiation Oncology Center
- Washington Health System Radiation Oncology

Tiered Products:

- UPMC Physicians who provide services at UPMC hospitals will be included at the same tier as the hospital
- Oncology Services at UPMC Joint Ventures and select UPMC cancer centers will be at the Enhanced tier through December 31, 2019.
- UPMC Physicians who render unique services for Transplant and Cystic Fibrosis will be at the Highest tier

Non-Tiered Products:

- UPMC Physicians that provide services at In-Network/Contracted UPMC hospitals will be In-Network/Contracted
- Oncology services at UPMC joint ventures and select UPMC cancer centers will be In-Network/Contracted
- UPMC physicians who render unique services for transplant and cystic fibrosis In-Network/Contracted

*bills INN through Grove City Hospital

Insurance and/or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, or Highmark Coverage Advantage, all of which are independent licensees of the Blue Cross and Blue Shield Association.

Questions?
We're here to help.



Talk with your Highmark representative



Call **1-866-871-7710**
(TTY users may call 711),
8 a.m. to 8 p.m., seven days a week

Effective date 10/8/2018



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.





Livongo For Diabetes Is Now Available at No Cost to You

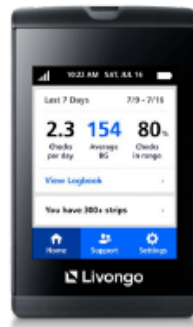
Members,

Diabetes Management, Simplified

An advanced blood glucose meter from Livongo, and as many strips and lancets you need, 100% paid for by your employer.

The Livongo 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.

Enroll now and have your Welcome Kit shipped directly to your door at **no cost to you**.



It's all in the meter and on the house from Livongo.

- Personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Real-time support when you're out of range
- Send a health summary report directly from your meter
- Strip reordering, right from your meter
- Automatic uploads mean no more paper logbooks

Unlimited strips. Unlimited lancets. No cost to you.

What's easier than using Livongo? Signing up for it!

1. Register on Livongo's **website** or call **(800) 945-4355** and have this code handy: **ACSHIC**.
2. Look for your Welcome Kit to arrive in 3-5 business days.
3. Your meter comes ready to use. Just stick a strip into the meter, do your first check, and you're off.

Get Started

Use Registration Code: **ACSHIC**

Need help? Call Livongo at **(800) 945-4355** and mention registration code "**ACSHIC**"





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You've got **Teladoc.**
24/7 access to doctors by phone or video



You already have Teladoc as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1



Create account

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

2



Request a visit

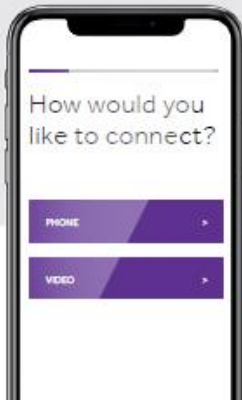
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Download the app and talk to a doctor for free

Teladoc.com 1-800-Teladoc



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WHAT IS EDLOGICS?

With fun, engaging games – and cash rewards – EdLogics will transform the way you learn about your health. Get the knowledge and tools to help you make healthier choices and handle sickness when it comes... and maybe even save you a trip to the doctor's office! The more you play, the better your odds of winning. **Play for your health. Play to win.**



\$100
every other week

Register and participate for a chance to win!
You can choose your gift card:
Target, Dick's Sporting Goods, or Amazon

WHAT CAN YOU DO ON THE EDLOGICS PLATFORM™?

<ul style="list-style-type: none"> • Play fun health games • Participate in a scavenger hunt • Complete challenges • Compete with friends 	<ul style="list-style-type: none"> • Take quizzes on hot health topics • Read articles and watch videos • Explore the health library • Learn from a virtual pharmacist 	<ul style="list-style-type: none"> • Earn points and unlock badges • Get on the leaderboard • Be healthier & live longer • WIN CASH!
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 Go to www.edlogics.com/overview to watch a video about how cool EdLogics really is!

HOW DO YOU WIN?

The more entries you have in the HealthScratch drawings, the better your odds of winning cash!

HOW DO YOU EARN ENTRIES IN THE DRAWINGS?

- | | |
|---|--|
| <ul style="list-style-type: none"> • Answer your daily HealthScratch questions • Complete your Weekly Workout • Play games • Spin The Wheel | <ul style="list-style-type: none"> • Earn points • Unlock badges • Find scavenger hunt items • Complete challenges • Increase your Health GPA |
|---|--|



HOW DO YOU GET STARTED? IT'S EASY!

Register today: myedlogics.com/acshic/account/register

You will be on your way to better health in no time!

Already registered? **Login here:** myedlogics.com/acshic

Need help? **Contact support:** acshic_support@edlogics.com



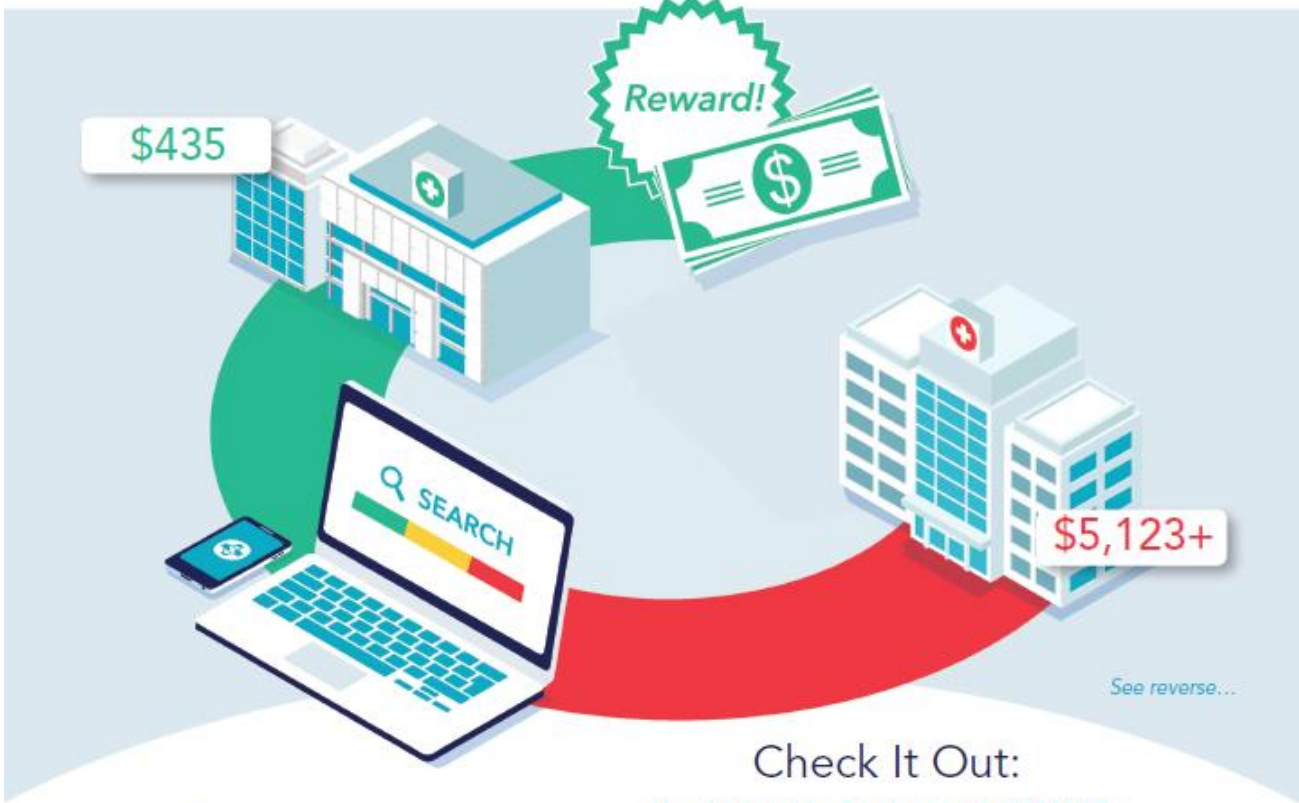



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Go Green to Get Green.
Get paid to save on care!

Choose the right path with Healthcare Bluebook and earn rewards.

With **Healthcare Bluebook**, save hundreds to thousands of dollars on medical procedures by choosing **Fair Price** (green) facilities for your care; plus you'll earn rewards. Or you can **overpay** and miss out on rewards. It's up to you! Easy to setup, easy to search, easy to save.



\$435

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healthcarebluebook.com/cc/ACSHIC
800-341-0504



Download the App:  App Store  Google play Mobile Code: ACSHIC

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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.

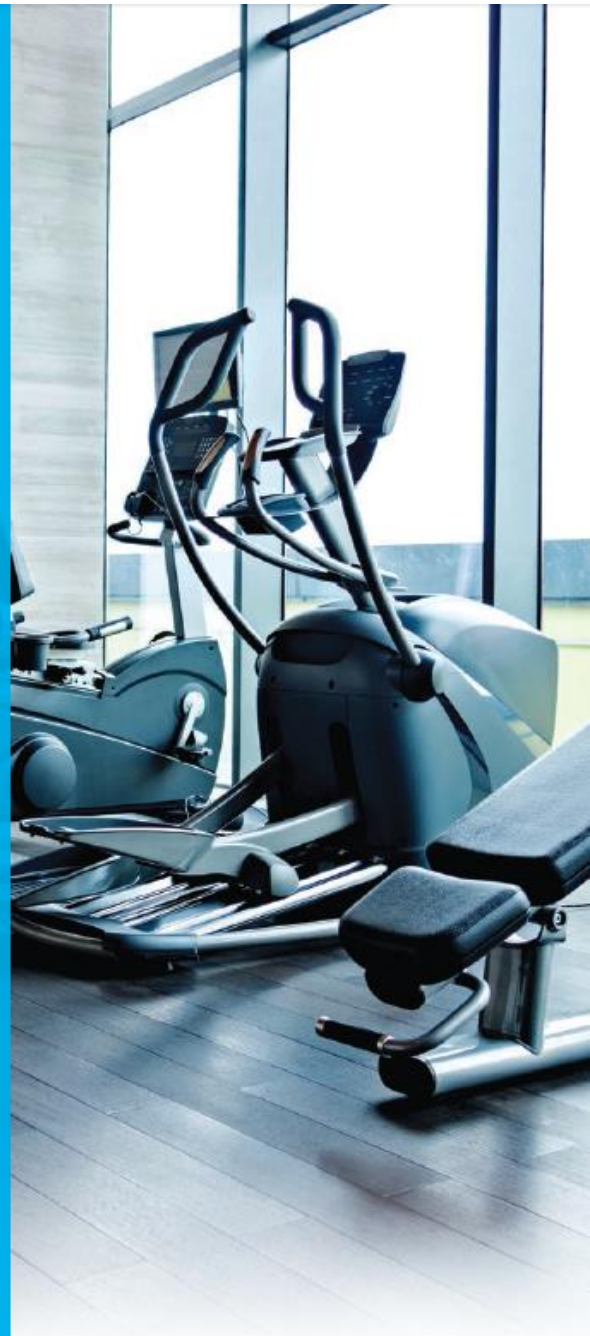
Pay only \$29 a month*, plus a low \$29 enrollment fee, and make a three-month commitment. Do it all online. Then put your fitness plan into action.

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.





YOUR COMMUNITY **CH** ACSHIC 

Where do you pick up your prescriptions?

In 2020, there have been some changes to your plan's pharmacy network providers. ACSHIC currently uses the Advantage network, which is part of Highmark/Express Scripts. Effective Jan. 1, 2020, the network changed slightly, and that impacts ACSHIC members.

Below is a list of many large chains in- and out-of-network. This is not a comprehensive list of all in- and out-of-network providers. As always, check the Highmark BlueCross BlueShield website at HighmarkBCBS.com to verify your provider is in-network.

As of Jan. 1, 2020, the network includes:

- Rite-Aid
- Wal-Mart
- Kmart
- Costco
- Giant Eagle
- Sam's Club
- Weis Markets
- Kroger
- Price Chopper

As of Jan. 1, 2020, the network excludes:

- CVS
- Walgreens
- The Medicine Shoppe
- Sav-On Drugs
- Wegmans
- Target

Keep In mind that:

- You can still access your specialty drugs at Walgreens Specialty. For your convenience, some specialty drugs (not all) may be obtained at Giant Eagle. Contact your Giant Eagle pharmacists to verify if your specialty drug is available at their location.
- There are no changes to the mail-order program. Members on maintenance medication are encouraged to order via mail order.



Don't forget to check the Highmark BlueCross BlueShield website at HighmarkBCBS.com to verify your prescription provider is in-network.

* It is important to confirm plan participation of independent (non-chain) pharmacies.
* Walgreens has merged with Rite-Aid, and Walgreens retail is out of network. Most Rite-Aid stores in Pennsylvania will remain in-network. Please verify your store is participating with the Advantage Network.



your health.
your time.
your savings.
our one focus: you

this is exactly why we provide convenient (pick up your prescriptions while you shop at any of our 200+ locations) and exceptional services to make feeling healthy a better experience.

immunizations

- flu & pneumonia shots
- shingles (Shingrix)
- tdap (whooping cough)
- hepatitis a & b
- travel vaccines



text notifications

we'll send you a reminder when:

- it's time to refill
- your prescription is ready
- reminder to pick up
- copay amount!

sign up is free!



fuelperks + now earn on every script



plus, earn 1 perk for every \$1 spent on out-of-pocket copays or cash prescriptions!

*see pharmacy for details.

pharmacy app

track, transfer & refill prescriptions with our free mobile pharmacy app.

pet medications**

we have medications for every member of your family — even the furry ones!



1-800-600-2706
**Pet Medications are not covered by insurance.

easy script transfer

transferring your prescription is easy. just call or bring in your prescription bottle, and we'll take care of the rest!

20GE40156RXBS-A

GIANT EAGLE Pharmacy valid through 12/31/2020

get \$15 in free groceries!
for a new or transferred prescription.
offer will be loaded onto your Giant Eagle Advantage Card®



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Limit one coupon per customer. Must scan Giant Eagle Advantage Card® at time of purchase along with this coupon to receive the \$15 offer. \$15 offer will be automatically loaded to the customer's Giant Eagle Advantage Card® within 24 hours after purchase. Valid from 1/1/20 through 12/31/20. Transfer offer valid on prescription(s) previously purchased at another pharmacy with valid refills remaining. Excludes PACE, PACENET, Giant Eagle Employee-Funded prescriptions and prescriptions transferred from another Giant Eagle. Prescription filled as written by physician. Physician authorization may be required. Copies and facsimiles not accepted. Offer not valid on free generic medications. Cannot be combined with any other offer and has no cash value. \$15 offer not valid on the purchase of fuel, tobacco, cigarettes, gift cards, prescriptions or prescription copays or any other item prohibited by law. \$15 load to card to government funded patients are limited to no more than \$15 individually and no more than \$75 in the aggregate annually per patient.



HIGHMARK MEMBERS* Fill your Specialty Medication Faster Than Mail Order at over 200 Giant Eagle Pharmacy locations

If you are currently on a Specialty Medication, you have options on where you can fill your prescription.

Living with a chronic, complex condition can be overwhelming. But, it doesn't have to be. When you use the Giant Eagle Specialty Pharmacy, you can fill your prescriptions at any of our over 200 Giant Eagle Pharmacy locations! Don't wait for your mail-order prescriptions. Now, you can fill all your medications faster at one, convenient location.

When you fill your Specialty medication at Giant Eagle Specialty Pharmacy, we provide education, counseling and therapy management tailored just for you. We help simplify the complicated specialty prescription process.

OUR SERVICES INCLUDE

- A dedicated Pharmacy team will reach out to you regularly throughout your treatment, including nursing staff, dietitian support and refill reminders.
- Patient education including condition-specific educational materials, injection training and over-the-counter preparations for proactive side-effect management.
- Financial assistance for eligible prescriptions to reduce your out-of-pocket expenses.
- Full insurance benefit analysis and prior authorization support to complete all necessary paperwork.
- Referrals typically processed within 24-48 hours, with prescription status updates sent to your doctor's office.
- Giant Eagle Specialty Pharmacy is staffed from 9 a.m. to 9 p.m. Monday through Friday, and a Pharmacist is available 24-hours a day, 7-days a week for emergencies.

OUR SERVICE GUARANTEE

- Reduced out-of-pocket expenses by 91% through manufacturer sponsored programs and foundation assistance for commercial patient.
- 8.4 hours is the average preparation time from when a prescription is received to the time it's ready for pick-up.
- Our patient and provider overall satisfaction scores were 99% and 94%, respectively.
- 97% of phone calls into our call center are answered in under 30 seconds.

GiantEagleSpecialtyRx.com

*Eligibility based on employer benefit selection



EMPLOYEE ASSISTANCE PROGRAM

SUPPORT & SOLUTIONS FOR EVERYDAY LIFE

PROFESSIONAL CARE AND SUPPORT

Sometimes, a particular concern becomes too much to handle alone, and it begins to affect work, family and personal well-being. That's when some professional guidance can help. The EAP provides short-term counseling. Our licensed and highly skilled counsellors are ready to help with a wide range of personal issues, including:

- stress about work
- relationship difficulties
- parent /child conflicts
- depression
- substance abuse
- other emotional concerns

NO ISSUE TOO BIG OR SMALL

The EAP helps with all kinds of issues, large and small, that can affect your health and happiness, as well as your work and family life. Whether you'd benefit from a one-time consultation or ongoing support we're just a call away.

YOUR CONCERNS ARE YOUR BUSINESS

Your participation with the EAP is voluntary and confidential. No one will know you're involved, including your employer, unless you choose to tell them.

AND IT'S FREE

There is no cost to employees, household members or dependents for use of our EAP services.



WE'RE HERE WHEN YOU NEED US - GET STARTED TODAY

Call our nationwide toll-free number: 1.800.327.7272 to speak confidentially with a counsellor who cares and is professionally trained to assist you. We're available 24 hours a day, seven days a week.

ADDITIONAL COMPONENTS OF THE EAP

- Medical Advocacy
- Financial Consultation
- Legal Consultation
- Video Counseling
- Life Coaching
- Work/Life Resource and Referral
- Home Safe
- Personal Assist
- New Website with Mobile App!

Toll-Free: 1-800-327-7272
Help is Available 24/7/365



WWW.LYTLEEAP.COM PASSWORD: acshic

advance|medical

You only live *once*.

Let us help when you need to think *twice*.

Make decisions about your health with *confidence*.

With Advance Medical, the world's leading doctors consult on your condition to support you through difficult medical issues so you can make the best possible choices for your health.

A second opinion is *smart*.

Confirming a diagnosis and treatment may help you:

- Feel confident in your diagnosis
- Prevent a needless surgery
- Avoid missed time at work
- Save out-of-pocket costs on unnecessary care
- Verify prescription appropriateness
- Experience better health
- Find peace of mind



This is healthcare made *easy*.

Simply call, logon or email to connect. We collect your medical records for you! We pair you with a physician who answers your questions and gets you the best medical information and expert recommendations so you can move forward with confidence.

Get connected. Be informed. Become *confident*.

Call: 844-280-2457

Log on: advance-medical.net/acshic

Email: acshic@advance-medical.net

advance|medical

Call: 844-280-2457

Log on: advance-medical.net/acshic

Email: acshic@advance-medical.net

Advance Medical's services are available at no cost to employees and their family members enrolled in the health plan.

Advance Medical is 100% confidential and service is free, courtesy of ACSHIC.

Advance Medical's services are available at no cost to employees and their family members enrolled in the health plan.



Rate History - ACSHC Standard Programs

	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)
Nat'l Trend Factors	10.21%	10.86%	10.83%	10.73%	11.89%	12.56%	12.51%	11.6%	10.8%	14.3%	10.6%
Select Blue POS & PPO							Community Blue Flex PPO				
	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)
Individual	\$ 461.80	\$ 461.80	\$ 483.74	\$ 517.60	\$ 547.36	\$ 562.41	\$ 575.06	\$ 585.99	\$ 600.05	\$ 611.45	\$ 632.85
Parent/Child	\$ 1,035.37	\$ 1,035.37	\$ 1,084.55	\$ 1,160.47	\$ 1,227.20	\$ 1,260.95	\$ 1,289.32	\$ 1,313.81	\$ 1,345.34	\$ 1,370.90	\$ 1,418.89
Parent/Children	\$ 1,138.90	\$ 1,138.90	\$ 1,193.00	\$ 1,276.51	\$ 1,349.91	\$ 1,387.03	\$ 1,418.24	\$ 1,445.19	\$ 1,479.87	\$ 1,507.99	\$ 1,560.77
Employee & Spouse	\$ 1,254.51	\$ 1,254.51	\$ 1,314.10	\$ 1,406.09	\$ 1,486.94	\$ 1,527.83	\$ 1,562.21	\$ 1,591.89	\$ 1,630.10	\$ 1,661.07	\$ 1,719.21
Family	\$ 1,304.35	\$ 1,304.35	\$ 1,366.31	\$ 1,461.90	\$ 1,546.01	\$ 1,588.53	\$ 1,624.27	\$ 1,655.13	\$ 1,694.85	\$ 1,727.05	\$ 1,787.50
Percentage Change	5.0%	0.0%	4.75%	7.00%	5.75%	2.75%	2.25%	1.9%	2.4%	1.9%	3.5%
Keystone HMO							Community Blue Flex EPO				
	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)
Individual	\$ 439.62	\$ 439.62	\$ 460.50	\$ 486.53	\$ 511.33	\$ 525.39	\$ 537.21	\$ 547.42	\$ 560.56	\$ 571.21	\$ 591.21
Parent/Child	\$ 986.07	\$ 986.07	\$ 1,032.91	\$ 1,084.56	\$ 1,146.92	\$ 1,178.46	\$ 1,204.98	\$ 1,227.88	\$ 1,257.35	\$ 1,281.24	\$ 1,326.08
Parent/Children	\$ 1,084.67	\$ 1,084.67	\$ 1,136.19	\$ 1,193.00	\$ 1,261.60	\$ 1,296.29	\$ 1,325.46	\$ 1,350.64	\$ 1,383.06	\$ 1,409.34	\$ 1,458.67
Employee & Spouse	\$ 1,194.27	\$ 1,194.27	\$ 1,251.00	\$ 1,313.55	\$ 1,389.08	\$ 1,427.28	\$ 1,459.39	\$ 1,487.12	\$ 1,522.81	\$ 1,551.74	\$ 1,606.05
Family	\$ 1,241.79	\$ 1,241.79	\$ 1,300.78	\$ 1,365.82	\$ 1,444.35	\$ 1,484.07	\$ 1,517.46	\$ 1,546.29	\$ 1,583.40	\$ 1,613.48	\$ 1,669.96
Percentage Change	5.0%	0.0%	4.75%	5.0%	5.75%	2.75%	2.25%	1.9%	2.4%	1.9%	3.5%

Average increase since 2007-2020 is 3.4% (12 years)
2015-2020 is 2.45% (6 years)



Allegheeny County Schools Health Insurance Consortium

Active Dental & Vision Rates

United Concordia	
2019 - 2020	2020 - 2021
\$27.24/Individual	\$28.87/Individual
\$89.57/Family	\$94.94/Family
Percent Change 2%	Percent Change 6%

Davis Vision	
2019 - 2020	2020 - 2021
\$5.22/Individual	\$5.59/Individual
\$12.75/Family	\$13.64/Family
Percent Change 7%	Percent Change 7%

Vision Benefits of America (VBA)	
2019 - 2020	2020 - 2021
\$4.60/Individual	\$5.24/Individual
\$10.86/Family	\$12.38/Family
Percent Change 7%	Percent Change 14%



Overview of Financial Rating of Current Carriers

Coverage	Carrier/ Vendor	NAIC #	A.M. Best Rating	Standard & Poor Rating	Renewal Date
Medical/RX	Highmark Health Companies	54771	A-	A	7/1/2020
Vision	Davis Vision	54771	A-	Not Rated	7/1/2020
Vision	Vision Benefit of America	53953	Not Rated	Not Rated	7/1/2020
Dental	UCCI	89070	A	Not Rated	7/1/2020

*Aon's Market Security Department reviews insurance carriers to determine their financial stability based upon several criteria, including ratings by industry-recognized financial ratings agencies. **If a carrier is chosen who does not meet Aon's Market Security standards or who has not been reviewed, a letter will be sent around the time of binding indicating the status as not authorized.**

Allegheny County Schools Health Insurance Consortium
Voluntary Dental and Vision Rates
Retirees Only
July 1, 2020

Concordia Choice C – Plan V6 (United Concordia Dental)		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$36.10	\$108.30
Retiree + Spouse or Child *	\$91.84	\$275.52
Retiree + Family	\$91.84	\$275.52

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

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)		
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	
Waiting Periods³		
Class I	None	None
Class II	None	None
Class III	6 months	6 months
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.

3. Waiting periods only apply to new entrants.

***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



Allegheny County Schools Health Insurance Consortium Retirees

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.
 OB00596 6/28/18

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. ⁵	
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	\$389	\$90
High-Index Lenses	\$120	\$80
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>



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