



Agenda

- ▶ What's Changing?
- ► Highmark Medical Plan
- ► Prescription Changes
- ► Additional Benefits
 - KISxCard and Regenexx
 - Cancer Care
 - OSS Company Direct
- ► Dental and Vision Highlights
- Wellness Initiative
- ► Your 403(b) Plan
- Ancillary Coverage
- **▶** Enrollment
- ▶ Disclosures and Notices
- Questions

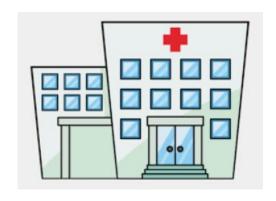


What's Changing for 2021?

Your Medical Plan

- Adjustments to your Highmark Plan
 - New coverage tiers
 - Coverage for newborns
 - Bariatric surgery will be excluded
 - Prescriptions will be covered by a new company
- New cost-saving services being added
 - Free prescriptions through mail order
 - No-cost options for surgery and other care
- Why are these changes happening?
 - Your Medical Plan is "Self-funded"
 - The adjustments this year are an effort to reduce plan costs
 - Additional changes including deductible increases may occur if costs continue to rise

How Self-funding Works...







You have a medical service...

Provider sends a bill to Highmark. Claim is processed...

Shadowfax pays the cost for your claim (less any deductible, copays or coinsurance).

Self-funding helps manage plan costs – but everyone can help keep costs down by using lower cost providers.

Everyone benefits when plan costs are lower – if plan costs increase, deductibles may also have to increase to keep up.





Highmark Medical Plan Blue Choice PPO

Choose High-quality In-network Care



County	Enhanced Value Level	Standard Value Level
Dauphin	Penn State Health Milton S. Hershey Medical Center Penn State Children's Hospital	UPMC Pinnacle Community Osteopathic UPMC Pinnacle Harrisburg
Adams	WellSpan Gettysburg Hospital	
Lancaster	WellSpan Ephrata Community Hospital Lancaster General Hospital	UPMC Pinnacle Lancaster UPMC Pinnacle Lititz
York	WellSpan York Hospital	UPMC Pinnacle Memorial UPMC Pinnacle Hanover
Cumberland	Geisinger Holy Spirit Hospital	UPMC Pinnacle Carlisle UPMC Pinnacle West Shore

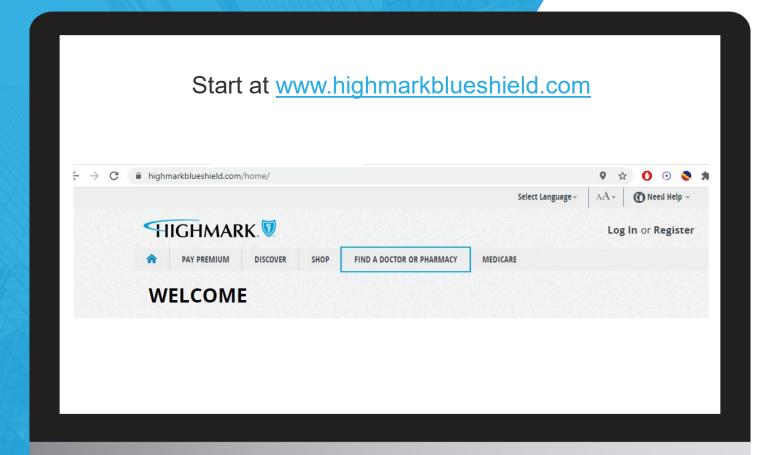
Enhanced Value Level providers help keep costs down.

Having a Primary Care Provider is another way to manage healthcare costs.

Highmark Choice Blue Plan Summary

Benefit	In-network Enhanced Level	In-network Standard Level	Out-of-network		
General Provisions					
Deductible Individual Family	\$500 \$1,000	\$1,500 \$3,000	\$3,000 \$6,000		
Plan Pays	100% after deductible	80% after deductible	60% after deductible		
Out-of-pocket limit Individual Family	None	\$1,250 \$2,500	\$2,500 \$5,000		
Total Maximum out-of-pocket Individual Family	\$6,850 \$13,700		Not Applicable Not Applicable		
	Copays				
Primary Care Provider Office Visit	\$15 copay	\$30 copay	60% after deductible		
Specialist Office Visit	\$30 copay	\$60 copay	60% after deductible		
Urgent Care Visit	\$30 copay	\$60 copay	60% after deductible		
Telemedicine Visit	\$10 copay		Not applicable		
Outpatient Therapy Visit	\$30 copay	\$60 copay	60% after deductible		
Emergency Room Visit	\$250 copay; waived if admitted to the hospital				

Finding Enhanced Benefit Level Providers





Free Preventive Care

Many preventive care services are covered 100% in-network, including:



Preventive care visits and screenings



Pediatric immunizations



Routine gynecological exams and mammograms

Utilize your **Primary Care Provider** for care rather than the ER.

Diabetes Prevention Program

If you have prediabetes, Highmark can help!

1 in 3 American adults has prediabetes.

Blood sugar higher than normal but not high enough to be considered type 2 diabetes

Lifestyle changes can help those with prediabetes delay or prevent progression to type 2 diabetes.

Losing weight, becoming more active, and healthy eating can all play a part in preventing health impacts

Highmark has two programs to help you:

In-person sessions through the YMCA or Online program with Retrofit

ER or Primary Care Visit?

- ► The average cost of a trip to the ER for a nonemergency is \$2,000
 - Your copay is \$250
- ► The average cost for a visit to a Primary Care Provider is about \$200
 - Your copay is \$15
- Using the ER for non-emergency visits can increase overall plan spending and cost you more money
- ▶ If just one person each month uses the ER for a non-emergency, Shadowfax will spend an extra \$21,600 per year
- Having a PCP helps you stay healthy you have access to a provider who knows you and your medical history and can help you avoid trips to the ER
- ▶ 24 Wellspan Family Medicine practices in York are accepting new patients

Discover Ways to Keep Costs Down

- Use alternative sites for care, such as urgent care centers for non-emergencies, etc.
- Choose the lowest-cost site of care
- Go generic
- Avoid unnecessary testing by asking providers to share results
- Take advantage of your free, routine
 Preventive Care benefits

Other Helpful Tools



My Care Navigator 1-888-BLUE-428

- Find providers
- Manage spending
- Transfer records
- Make appointments



Find a Doctor @ highmarkblueshield.com

- Search for doctors, hospitals, services
- Read reviews and see rankings of network doctors



Blues on Call[™] 1-888-BLUE-428

- Speak with a medically trained wellness coach
- Free service, available 24/7

Telemedicine

24/7

See a doctor on your computer, tablet, or smartphone 24/7 — convenient and easy.



Great for non-emergency conditions, such as sinus infections, bronchitis, pink eye, sore throats, cough, etc.



doctorondemand.com



amwell.com

Available anywhere, anytime, with a \$10 copay per visit for Primary Care services.

Your new pharmacy plan - PharmAvail

- Your pharmacy benefits will be managed by a new company, PharmAvail
 - Go to www.pharmavail.com to find network pharmacies
 - Try to refill prescriptions before March 1, if possible
- Most copays will remain the same, but there may be some differences in the formulary
 - Your plan uses the PharmAvail Open Formulary
- Mandatory generic requirement will take effect
- If you previously had to obtain a Prior Authorization for a medication, a new PA may be necessary
- You will have a separate ID card for prescriptions be sure to give it to your pharmacy starting March 1!
- PharmAvail may contact you regarding medications that require authorization follow their instructions if you receive correspondence from their pharmacy team

Drug Tier	31-day retail	90-day mail order
Preferred Generics	\$ 8 copay	\$ 0 copay
Non-preferred Generics	\$ 8 copay	\$ 0 copay
Preferred Brand	\$ 35 copay	\$ 90 copay
Non-preferred Brand	\$ 50 copay	\$ 125 copay



Pharmacy Options



- For medications you need right away, use your preferred retail pharmacy
 - Network pharmacies include CVS, Giant, Rite Aid as well as independent stores
- For long-term prescriptions, mail order is a convenient option that will save you time and money
 - PharmAvail partners with Alliance Rx Walgreens Prime to offer mail order services to their members
- Some prescriptions are available for free through mail order services



Two Free Prescription Options

AleraGroupRx for brand name medications

- AleraGroupRx was introduced last year and gives you access to over 400 medications at no cost
- This program remains in place – go to <u>www.aleragrouprx.com</u> to check the medication list

Alliance Rx Walgreens Prime for generics

- We're making it easier to get free generic medications – just use the mail order pharmacy
- All generics are available at no cost to you by using mail order
- This replaces Rx'nGo if you're currently using their service, just switch to the new mail order for your prescriptions

Start using mail order and save!!

- After Open Enrollment, you'll receive your new ID card and welcome letter from PharmAvail
- ► A mail order form will be included, along with instructions to sign up online
- ▶ Be sure to allow adequate processing time for your order
- Mail order is for prescriptions you take on a regular basis
- New prescriptions should be filled at a retail pharmacy, so you can start right away
- ➤ Antibiotics, pain medications, or other acute meds should be filled right away, so they're not meant to be processed through mail order



Additional Benefits – Programs to save money!

New for 2021: KISxCard and Regenexx



- ► If you need surgery or an elective service like imaging, KISxCard can help lower your out-of-pocket costs and find a high-quality provider for you
 - The KISxCard program will also coordinate access to Regenexx, to provide non-surgical care for orthopedic injuries.
 - One convenient point of contact for you for these new services.
- Shadowfax will cover your out-ofpocket expenses if you use these programs.

Why Use the KISxCard?

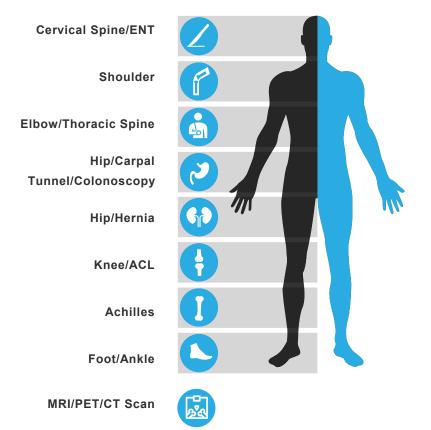
- Shadowfax continues to offer benefits through the health program designed offer you better quality care at lower cost.
- KISxCard enables you to have access to the best quality care for surgery, imaging and specific clinical procedures.

AND

Because bundled rates are lower than typical medical discounted rates, the company will pay for your deductible expenses if you opt to use this service.



KISxCard *What is covered?*



- Surgical Procedures
 - Över 400 Surgical Procedures are covered under KISx.
 - KISx Registered Nurses will answer any questions you have.
- Imaging
 - Contracts to offer high costing imaging (MRI, PET, CT Scans, etc.)
- General Procedures
 - KISx Card covers many general procedures (e.g. Colonoscopy, etc.)



Want to get started? Call the number on your KISxCard, talk to a nurse, and learn more!



How does the KISxCard work?

- If you need a test or surgery, call a KISxCard nurse.
- Your nurse will review your needs with you and help find providers in your area.
- ► The KISxCard team will work with your chosen provider to negotiate the cost for care on behalf of you and Shadowfax.
- You'll receive a voucher to cover the service – you will use this voucher <u>instead</u> of your Highmark card.
- You get the care you need, you pay nothing, and Shadowfax pays less for the procedure – everybody wins!



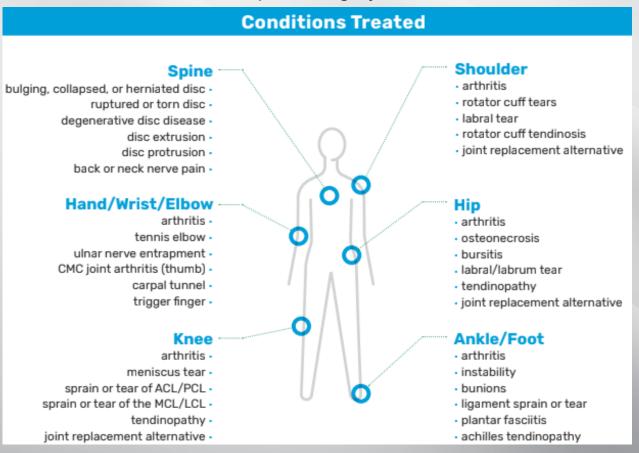


- ➤ A minimally invasive alternative to surgery for orthopedic issues.
- Image-guided injections to help heal injured tissue
 - Uses your body's own stem cells or blood platelets work to repair damaged or degenerated tissue.
- Treatment for medically appropriate candidates is customized to your specific needs
 - See a provider for an assessment to determine if Regenexx is right for you.
- Less risk and downtime, no long and painful rehabilitation process.
- The team at KISxCard will help coordinate this service for you – one convenient number to contact!



Regenexx® is a covered benefit

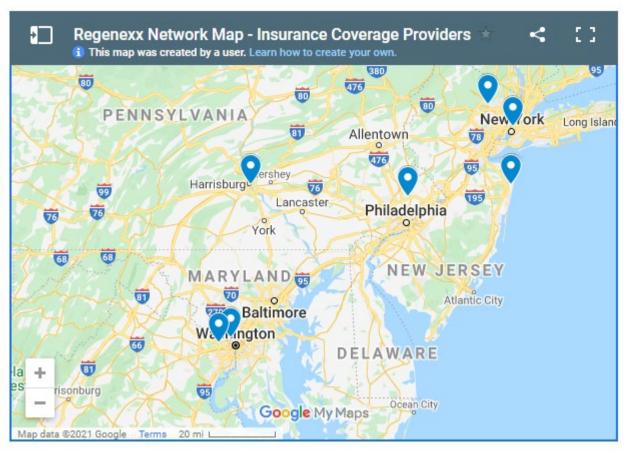
Regenexx® invented the field of Interventional Orthopedics, a medical specialty that uses regenerative medicine to treat a broad range of orthopedic conditions. Regenexx® provides an innovative, non-surgical relief, to treat damaged bone, cartilage, muscles, tendons, and ligaments through outpatient procedures that prevent up to 70% of patients from continuing on to elective orthopedic surgery.





Find a provider near you

You can set up an appointment through the KISxCard. Virtual or in-person consultations are available with a Regenexx provider, with a nearby office in Mechanicsburg, and locations in Philadelphia and Maryland.





OSS Company Direct Program

Need Orthopedic Care?

- Many reasons why you may need orthopedic care
 - Injuries or chronic problems.
- You continue to have access to an additional solution for orthopedic care.
- OSS Company Direct Program
 - High-quality, cost-effective healthcare service for employees and employers
 - Start to finish care for:
 - Orthopedic and Spine Care
 - Fracture Care
 - Joint Replacement Surgery
 - Imaging Studies
 - Physical Therapy
 - New this year Urgent Care (orthopedics).

Benefits of the program

- High-Quality Healthcare Continuum
 - Specialized physicians committed to meeting orthopedic needs.
- Cost-Effective
 - Lower costs for Shadowfax, no cost to you for services covered by this program.
- Patient Navigator
 - Expedites the scheduling and treatment process for a no-hassle experience.
 - Call to schedule an initial consultation; your Navigator handles all scheduling.



How does it work? Company Direct Program

- If you need orthopedic care, call or email the Patient Navigator at OSS
 - You must work with the Patient Navigator in order for services to be covered through the program.
- If your condition qualifies for treatment under the program, services are covered at no cost
 - Any services rendered through the program are at no cost to you and are not billed through your Highmark insurance plan.
 - The Patient Navigator will coordinate billing.



Three Possible Options for Orthopedic Care? How do you choose?







KISxCard

Your doctor ordered an imaging service and you don't know if you need additional treatment

- You haven't started with a treatment plan and want to review all possible options
- OSS is not convenient for you
- You have a relationship with a different provider already, but you're interested in saving money

Regenexx

- You definitely do not want to have surgery, but you need something beyond physical therapy
- ➤ You're interested in a minimally invasive, cutting edge option, but you want a trusted provider

OSS Company Direct Program

- It's an emergency you hurt yourself and need immediate orthopedic care
- You've worked with OSS in the past and developed a relationship with one of their providers
- Feedback from friends or family OSS Health is one of the best orthopedic providers in the country



New for 2021: CancerCARE



You are not alone:

- ▶ 25% of cancer diagnoses are either misdiagnosed or mis-staged.
- CancerCARE has a team of experts to guide you
- Nurses, doctors, and support staff work with your local doctors for more common cancers
 - Late stage and rare cancers may be referred to Centers of Excellence to provide you with therapies not available elsewhere.
- Your team will ensure you receive evidencebased care developed by leading cancer Centers of Excellence
- Call to register as soon as possible.
 - The CancerCARE team will help identify the safest and most cost-effective treatment plan for you.



Your Success is Our Passion

- Life is challenging! You have an EAP to help!
- Your Employee Assistance Program can help with:
 - Family related issues
 - Anger, stress, & time management
 - Grief and loss
 - Alcohol and substance use problems
 - Elder care concerns and more
- Services are available for all members of your household.
- When should you use the EAP?
 - Anytime! Your service provides four sessions with a counselor per issue
 - Sessions are renewable with a two- month break
- ► How can you get started?
 - Call or go online to begin

Call 1-800-543-5080 TTY/TDD 1-855-264-3248 www.mseap.com



Delta Dental Plan

- Your plan is not changing.
- You get the best value when you see a PPO network dentist.
- PPO dentists have agreed to reduced fees, meaning you pay less and you can't be balance billed.
- Find a PPO dentist and get information about your plan by setting up an online account at www.deltadentalins.com.

Dental Plan Details

Benefit	Payment Level				
Diagnostic and Preventive Services – Exams, cleanings, x-rays, sealants, fluoride	100% covered – does not count against annual maximum				
Basic Services – Fillings, denture repairs, composite restorations, non-surgical periodontics, oral surgery, root canals	100% covered				
Major Services – Surgical periodontics, crowns, inlays, onlays, cast restorations, prosthodontics	50% covered				
Annual Maximum					
Per covered member	\$1,250				

No deductible for services. Children covered to age 19, or 23 if full-time student.



- No changes for 2021.
- ➤ VBA Member Portal at <u>www.vbaplans.com</u> can be used to find in-network VBA providers, print ID cards, submit out-of-network claims, download explanation of benefits statements, and chat online with customer service representatives.

VBA Vision Plan

Vision Plan Details

Benefit	Participating Provider	Non-participating Provider
Vision Exam Once every 12 months	Covered 100%	\$40 reimbursement
Lenses - Once every 12 months Single Bifocal & Blended Bifocal Trifocal Progressives Lenticular	Clear Standard Lenses covered 100% (Progressives partially covered)	\$40 reimbursement \$60 reimbursement \$80 reimbursement \$80 reimbursement \$120 reimbursement
Frames Once every 24 months	100% within program wholesale allowance	\$50 reimbursement
Elective Contact Lenses Once every 12 months in lieu of glasses	\$110 retail allowance	\$110 reimbursement
Elective Contact Lens Fitting Fee Once every 12 months	15% off UCR	Not applicable
Medically Necessary Contacts	Covered 100%	\$320 reimbursement
Low Vision Aids – Per 24 months. No Lifetime Max	\$650	\$650 reimbursement



2021 Wellness Initiative

Wellness Program and Criteria

- Completing the steps included in the Wellness Program allows you to reduce the cost of your medical insurance next year.
- Participation also helps you stay on top of your preventive care and helps you learn about your health plan!
- Quarterly educational webinars will help explain details of the health plan and help you earn credits.
- In order to earn the discounted rate for the 2022 plan year, you must complete all steps by December 31 of 2021.
- ➤ To qualify, have all appropriate preventive screenings, at least one dental exam and complete at least two educational opportunities throughout the year.
- Be sure to hand in your completed form by January 15 of 2022 to qualify for the payroll discount for the 2022 plan year.

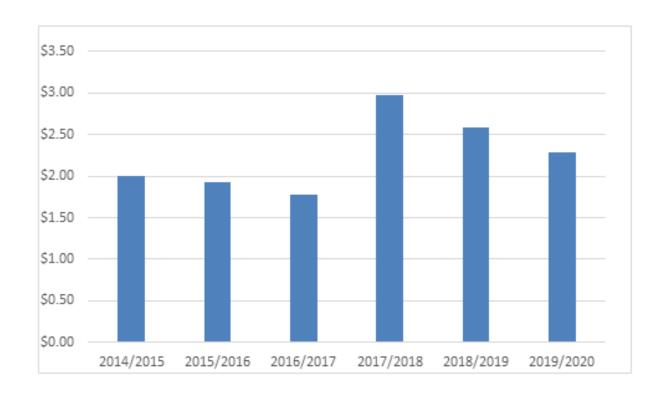




Retirement Account

Your 403(b) plan

- All staff members are eligible to participate in the 403(b) plan to save for retirement
- Shadowfax has been able to make a generous match in the last few years
- Match may vary from year to year and may be zero, at the discretion of Shadowfax
- For every dollar contributed, Shadowfax matched in the amount shown:



2019/2020 403(b) match was up to 6% of staff member's gross pay.





Ancillary Coverage

Reliance – Ancillary Benefits

- Life & Accidental Death and Dismemberment Insurance (AD&D)
 - Company-paid benefit for all full-time staff members
 - Benefit of \$50,000
 - Reduction at age 70.
- Short Term Disability
 - Full-time staff members are eligible after 5 years of service.
- Long Term Disability
 - Full-time staff members are eligible after 15 years of service.



Reliance Standard – Other Benefits

- Additional EAP Services.
- Bereavement Support Services through ACI Specialty Benefits
 - Grief Counseling unlimited telephonic assessment and referral
 - Legal and Financial Services unlimited phone consultations; online legal and financial resource center including document preparation
 - Call 855-RSL-HELP or email rsli@acieap.com.
- Identity Theft Restoration Services & Real-time Card Monitoring
 - In the event of ID theft, you'll be assigned a Privacy Advocate that will act on your behalf to restore your identity through InfoArmor. Call 1-855-246-7347 if you suspect your personal information has been compromised.
 - You'll have access to real-time card monitoring through WalletArmor. Enroll at www.reliancestandard.com/walletarmor.
- 24-hour Travel Assistance Services through On Call
 - When traveling more than 100 miles from home or in a foreign country, On Call offers pre-trip assistance, emergency medical transportation, emergency personal services, and medical services.
 - At any time before or during a trip, call 800-456-3893 in the US, toll free or 603-328-1966 worldwide, collect.





Medicare Options

- Are you Medicare eligible and want to learn more about options?
- Or do you have a family member who needs advice?
- AIA has expert advisors who can help!
- No cost, no obligation review.
- Call our team to schedule an appointment
 - Steve Dardick 717-319-6254
 - Scott Dardick 717-574-1576

Disclosures and Notices

Government Notices and other detailed benefit information will be available on your employee portal; including but not limited to:

- SBC Summary of Benefits and Coverage
- Uniform Glossary of Coverage and Medical Terms
- COBRA General Notices
- SPD Summary Plan Description
- Medicare Part D Notice
- Children's Health Insurance Program (CHIP) Notice
- Special Enrollment Notice
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Health Marketplace Exchange Notice.





Questions?

Contact us!

AIA_BenefitHotLine@aleragroup.com

877-827-0292