



**First Start
Partnerships**
for Children & Families

**BENEFIT
ENROLLMENT
GUIDE
2024**



PENNSYLVANIA

MEDICAL

DENTAL

PRESCRIPTION

VISION

LIFE

DISABILITY

WHAT'S NEW



**First Start
Partnerships**
for Children & Families

Ready Children. Strong Families. Vibrant Communities.

2024 Benefit Highlights

- **Highmark will be the *new* carrier for your Medical, Dental and Vision Benefits**
- **Option 1** for Medical will be the Highmark PPO \$3500 HRA. *Employee* payroll deduction is \$70 per pay** FSP pays the balance.
- **Option 2** for Medical will be the Highmark \$3500 Qualified High Deductible. *Employee* payroll deduction is \$70 per pay** FSP pays the balance.
- **Highmark Dental Insurance:** FSP pays the Single premium for *employee*
- **Highmark Vision:** FSP pays the Single premium for the *employee*
Cost information on covering your spouse or children is listed on Employee Contribution Page
- FSP is offering the following additional coverages at *no additional cost* to the employee:
 - Guardian Short Term Disability: *changing from 9 weeks to 12 weeks*
 - Guardian Life Insurance: \$50,000
 - Employee Assistance Program- *will be through WellSpan for 2024*
- The Following Voluntary Plans will be available for 2024
 - Spot Pet Insurance
 - LegalShield- *new*
 - IDShield- *new*

ENROLL

IN YOUR BENEFITS



How to Enroll

Enrollment will take place with Employee Navigator which is our Human Resources Information System. The only time you may change your benefits during the plan year is in the event of an IRS qualified life status change.

When to Enroll

Open Enrollment will begin on Tuesday December 5, 2023 and will end on Wednesday December 13, 2023.

Once you make benefit elections, they will be effective 1/1/2024 through 12/31/2024.

Making Changes

You may only make changes to your benefits during the plan year if you experience a qualified life status change defined as the birth or adoption of a dependent, death of dependent, marriage, divorce, or loss of benefits. You must notify Human Resources within 30 days of the qualified event.

PER PAY COST FOR YOUR BENEFITS



**First Start
Partnerships**
for Children & Families

	Pay Period CONTRIBUTION COSTS		22 PAYS	
Coverage Tier	Highmark Option #1 PPO Blue HRA	Highmark Option #2 PPO Blue Savings HSA	Highmark Vision Plan	Highmark PPO Dental
Employee	\$70.00	\$70.00	\$0.00	\$0.00
Employee & Spouse	\$690.85	\$695.32	\$4.31	\$14.07
Employee & Child	\$616.35	\$620.28	\$3.88	\$11.46
Employee & Children	\$616.35	\$620.28	\$3.88	\$11.46
Family	\$1013.69	\$1020.49	\$8.62	\$29.40

*Please note: The above premiums will be withheld during the Academic year only.

**** All employee costs for insurance will be deducted over 22 pays, even if you are a 26 pay employee ****





Customized PPO Blue Sharing \$3,500 Rx HRA

OPTION 1

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.

Benefit	Network	Out-of-Network
General Provisions		
Effective Date	01/01/2024	
Benefit Period (1)	Contract Year	
Deductible (per benefit period)		
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000
Plan Pays – payment based on the plan allowance	100% after deductible	50% after deductible
Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	None	\$5,000
Family	None	\$10,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copayments, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$8,550	Not Applicable
Family	\$17,100	Not Applicable
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	100% after \$30 copayment	50% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after \$30 copayment	50% after deductible
Specialist Office Visits & Virtual Visits	100% after \$50 copayment	50% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	50% after deductible
Urgent Care Center Visits	100% after \$75 copayment - copayment does not apply to Urgent Care Center Visits prescribed for the treatment of Mental Health or Substance Abuse.	50% after deductible
Telemedicine Services (3)	100% after \$5 copayment	Not Covered
Preventive Care (4)		
Routine Adult		
Physical exams	100% (deductible does not apply)	50% after deductible
Adult immunizations	100% (deductible does not apply)	50% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	50% (deductible does not apply)
Breast Cancer Screenings (annual routine and supplemental)	100% (deductible does not apply)	50% after deductible
BRCA-Related Genetic Counseling and Genetic Testing	100% (deductible does not apply)	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Routine Pediatric		
Physical exams	100% (deductible does not apply)	50% after deductible
Pediatric immunizations	100% (deductible does not apply)	50% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Emergency Services		
Emergency Room Services (5)	100% after \$200 copayment (waived if admitted)	
Ambulance – Emergency	100% after network deductible	
Ambulance – Non-Emergency (6)	100% after network deductible	50% after deductible
Hospital and Medical/Surgical Expenses (including maternity) (5)		
Hospital Inpatient	100% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	50% after deductible

Benefit	Network	Out-of-Network
Maternity (non-preventive professional services) including dependent daughter	100% after deductible	50% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	50% after deductible

Therapy and Rehabilitation Services			
Physical Medicine	100% after \$50 copayment	50% after deductible	
	Benefit Limit: 60 visits/benefit period combined with Occupational Therapy and Speech Therapy - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse		
Speech Therapy	100% after \$50 copayment	50% after deductible	
	Benefit Limit: 60 visits /benefit period combined with Physical Medicine and Occupational Therapy - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse		
Occupational Therapy	100% after \$50 copayment	50% after deductible	
	Benefit Limit: 60 visits/benefit period combined with Physical Medicine and Speech Therapy - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse		
Respiratory Therapy	100% after deductible	50% after deductible	
Spinal Manipulations	100% after \$50 copayment	50% after deductible	
	Benefit Limit: 20 visits/benefit period		
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	50% after deductible	
Mental Health/Substance Abuse			
Inpatient Mental Health Services	100% after deductible	50% after deductible	
Inpatient Detoxification/Rehabilitation	100% after deductible	50% after deductible	
Outpatient Mental Health Services - Includes Virtual Behavioral Health Visits	100% after \$50 copayment	50% after deductible	
Outpatient Substance Abuse	100% after \$50 copayment	50% after deductible	
Other Services			
Allergy Extracts and Injections	100% after deductible	50% after deductible	
Autism Spectrum Disorder Applied Behavior Analysis (7)	100% after deductible	50% after deductible	
Assisted Fertilization Procedures	Not Covered	Not Covered	
Dental Services Related to Accidental Injury	Not Covered	Not Covered	
Diagnostic Services	Copayments, if any, do not apply to Diagnostic Services prescribed for the treatment of Mental Health or Substance Abuse		
	Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after \$250 copayment	50% after deductible
	Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after \$50 copayment	50% after deductible
	Mammograms (medically necessary)	100% (deductible does not apply)	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	50% after deductible	
Home Health Care	100% after deductible	50% after deductible	
	Benefit Limit: 120 visits/benefit period, aggregate with Visiting Nurse		
Hospice	100% after deductible	50% after deductible	
Infertility Counseling, Testing and Treatment (8)	100% after deductible	50% after deductible	
Private Duty Nursing	100% after deductible	50% after deductible	
	Benefit Limit: 240 hours/benefit period		
Skilled Nursing Facility Care	100% after deductible	50% after deductible	
	Benefit Limit: 120 days/benefit period		
Transplant Services	100% after deductible	50% after deductible	
Precertification/Authorization Requirements (9)	YES		

Prescription Drugs	
Prescription Drug Deductible Individual Family	None None
Prescription Drug Program ⁽¹⁰⁾ SensibleRx Choice <i>Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i> <i>Your plan uses the Comprehensive Formulary with Incentive Benefit Design.</i> Select Specialty Drugs are Limited to a 31-day Supply	Retail Drugs (31/60/90-day Supply) Low Cost Generic \$4 / \$8 / \$12 copayment Standard Generic \$15 / \$30 / \$45 copayment Formulary Brand \$45 / \$90 / \$135 copayment Non-Formulary Brand \$70 / \$140 / \$210 copayment Specialty Drugs (31-day Supply) 20% Specialty Drugs \$350 Maximum per Prescription Maintenance Drugs through Mail Order (90-day Supply) Low Cost Generic \$8 copayment Standard Generic \$30 copayment Formulary Brand \$90 copayment Non-Formulary Brand \$140 copayment

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy / plan documents, as limitations and exclusions apply. The policy / plan documents control in the event of a conflict with this benefit summary.

- 1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
- 2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copayments, prescription drug cost share and any qualified medical expense.
- 3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- 4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- 5) 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.
- 6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
- 7) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services - Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Services for the treatment of Autism Spectrum Disorders do not reduce visit/day limits.
- 8) 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.
- 9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.
- 10) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety, and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under SensibleRx Choice, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs, unless your doctor requests that the brand drug be dispensed. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.



Customized PPO Blue Healthy Savings \$3,500Q Rx **OPTION 2**

This program is a qualified high deductible plan as defined by the Internal Revenue Service. It is designed for use with a Health Savings Account (HSA). 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.

Benefit	Network	Out-of-Network
General Provisions		
Effective Date	01/01/2024	
Benefit Period⁽¹⁾	Contract Year	
Deductible (per benefit period)		
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000
Plan Pays – payment based on the plan allowance	100% after deductible	50% after deductible
Out-of-Pocket Limit (Includes prescription drug expenses, coinsurance, and copayments.) (Once met, the plan pays 100% coinsurance for the rest of the benefit period.)		
Individual	None	\$10,000
Family	None	\$20,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copayments, prescription drug cost sharing and other qualified medical expenses, Network only) ⁽²⁾ Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,900	Not Applicable
Family	\$13,800	Not Applicable
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	100% after deductible	50% after deductible
Primary Care Provider (PCP) Office Visits & Virtual Visits	100% after deductible	50% after deductible
Specialist Office Visits & Virtual Visits	100% after deductible	50% after deductible
Virtual Visit Provider Originating Site Fee	100% after deductible	50% after deductible
Urgent Care Center Visits	100% after deductible	50% after deductible
	Copayment, if any, does not apply to Urgent Care Center Visits prescribed for the treatment of Mental Health or Substance Abuse	
Telemedicine Services⁽³⁾	100% after deductible	Not Covered
Preventive Care⁽⁴⁾		
Routine Adult		
Physical exams	100% (deductible does not apply)	50% after deductible
Adult immunizations	100% (deductible does not apply)	50% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	50% (deductible does not apply)
Mammograms, annual routine	100% (deductible does not apply)	50% after deductible
Mammograms, medically necessary	100% after deductible	50% after deductible
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Routine Pediatric		
Physical exams	100% (deductible does not apply)	50% after deductible
Pediatric immunizations	100% (deductible does not apply)	50% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)	50% after deductible
Hospital and Medical/Surgical Expenses (including maternity)⁽⁵⁾		
Hospital Inpatient	100% after deductible	50% after deductible
Hospital Outpatient (Non-Surgical)	100% after deductible	50% after deductible
Outpatient Surgery	100% after deductible	50% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	100% after deductible	50% after deductible
Medical Care (including inpatient visits and consultations)	100% after deductible	50% after deductible
Emergency Services		
Emergency Room Services⁽⁵⁾	100% after network deductible	
Ambulance – Emergency	100% after network deductible	
Ambulance – Non-Emergency⁽⁶⁾	100% after network deductible	50% after deductible

Benefit	Network	Out-of-Network
Therapy and Rehabilitation Services		
Physical Medicine	100% after deductible Benefit Limit: 60 visits/benefit period combined with Occupational Therapy - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	50% after deductible
Respiratory Therapy	100% after deductible	50% after deductible
Speech Therapy	100% after deductible Benefit Limit: 60 visits /benefit period - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	50% after deductible
Occupational Therapy	100% after deductible Benefit Limit: 60 visits/benefit period combined with Physical Medicine - Limit does not apply when Therapy Services are prescribed for the treatment of Mental Health or Substance Abuse	50% after deductible
Spinal Manipulations	100% after deductible Benefit Limit: 20 visits/benefit period	50% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	50% after deductible
Mental Health/Substance Abuse		
Inpatient Mental Health Services	100% after deductible	50% after deductible
Inpatient Detoxification/Rehabilitation	100% after deductible	50% after deductible
Outpatient Mental Health Services - Includes Virtual Behavioral Health Visits	100% after deductible	50% after deductible
Outpatient Substance Abuse	100% after deductible	50% after deductible
Other Services		
Allergy Extracts and Injections	100% after deductible	50% after deductible
Applied Behavior Analysis for Autism Spectrum Disorder⁽⁷⁾	100% after deductible	50% after deductible
Assisted Fertilization Procedures	Not Covered	Not Covered
Dental Services Related to Accidental Injury	Not Covered	Not Covered
Diagnostic Services	Copayments, if any, do not apply to Diagnostic Services prescribed for the treatment of Mental Health or Substance Abuse	
Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	50% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	50% after deductible
Home Health Care	100% after deductible Benefit Limit: 120 visits/benefit period	50% after deductible
Hospice	100% after deductible	50% after deductible
Infertility Counseling, Testing and Treatment⁽⁸⁾	100% after deductible	50% after deductible
Private Duty Nursing	100% after deductible Benefit Limit: 240 hours/benefit period	50% after deductible
Skilled Nursing Facility Care	100% after deductible Benefit Limit: 120 days/benefit period	50% after deductible
Transplant Services	100% after deductible	50% after deductible
Precertification/Authorization Requirements⁽⁹⁾	Yes	
Prescription Drugs		
Prescription Drug Deductible	Integrated with Medical deductible	
Individual	Integrated with Medical deductible	
Family	Integrated with Medical deductible	

Benefit	Network	Out-of-Network
<p>Prescription Drug Program⁽¹⁰⁾ Soft Mandatory Generic <i>Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i></p> <p><i>Your plan uses the Comprehensive Formulary with an Incentive Benefit Design.</i></p> <p>Select Specialty Drugs are Limited to a 31-day Supply</p>		<p>Retail Drugs (31/60/90-day Supply) Low Cost Generic \$6 / \$12 / \$18 copayment after deductible Standard Generic \$20 / \$40 / \$60 copayment after deductible Formulary Brand \$55 / \$110 / \$165 copayment after deductible Non-Formulary Brand \$90 / \$170 / \$270 copayment after deductible</p> <p>Specialty Drugs (31-day Supply) 20% Specialty Drugs \$350 Maximum per Prescription after deductible</p> <p>Maintenance Drugs through Mail Order (90-day Supply) Low Cost Generic \$12 copayment after deductible Standard Generic \$40 copayment after deductible Formulary Brand \$110 copayment after deductible Non-Formulary Brand \$180 copayment after deductible</p>

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy / plan documents, as limitations and exclusions apply. The policy / plan documents control in the event of a conflict with this benefit summary.

- 1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
- 2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copayments, prescription drug cost share and any qualified medical expense. If you are enrolled in a "Family" plan, with your non-embedded deductible, the entire family deductible must be satisfied before claims reimbursement begins. In addition, with your non-embedded out-of-pocket limit, the entire family out-of-pocket limit must be satisfied before additional claims reimbursement begins. Finally, with your non-embedded TMOOP, once the entire family TMOOP is satisfied, claims will pay at 100% of the plan allowance for covered expenses for the family, for the rest of the plan year.
- 3) Telemedicine Services (acute care for minor illnesses available on-demand 24/7), must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- 4) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- 5) 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.
- 6) Air Ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
- 7) After initial evaluation, Applied Behavioral Analysis will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be covered according to the benefit category (e.g. speech therapy, diagnostic services). Treatment for Autism Spectrum Disorders does not reduce visit/day limits.
- 8) 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.
- 9) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.
- 10) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under the soft mandatory generic provision, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs, unless your doctor requests that the brand drug be dispensed. Your plan requires that you use a specific specialty pharmacy for hemophilia medications. Please contact member services for more details. Your plan offers the Free Market Health program for select specialty medications. You will be contacted by one of the specialty network pharmacies who will provide quality service, care, and coordination of your specialty prescription fill and delivery. No enrollment necessary.

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

Summary of Benefits: Blue Edge Dental Flex

Blue Edge Dental Flex plan options provide you maximum flexibility. Benefits are paid at the same level for care received from any provider. The listed percentages represent the portion of the maximum allowable charge (MAC) for which the plan is responsible. Network providers agree to accept the MAC as payment in full and agree to file your claims. **If you receive covered services from an out-of-network provider, the plan will apply the percentages shown to the MAC for covered services and you will be responsible for the difference, up to the provider's charge.** Standard deductibles, exclusions and limitations apply. Network dentists may elect to discount non-covered services and services above the annual maximum. Discounts vary by service and region and when agreed to by the provider; not permitted in all jurisdictions.

Blue Edge Dental Flex 3W		
Network	Advantage Plus	
Deductible – Individual/Family (waived for In and Out-of-network Class I services)	\$50/\$150	
Benefit Period Maximum per member	\$1,500	
Class I Services		
Exams	100%	
X-rays	100%	
Cleanings	100%	
Fluoride Treatment	100%	
Sealants	100%	
Space Maintainers	100%	
Palliative Treatment (Emergency)	100%	
Class II Services		
Basic Restorative (Fillings), Posterior Resins	80%	
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	80%	
Oral Surgery (including Simple and Surgical Extractions)	80%	
General Anesthesia	80%	
Endodontics	80%	
Periodontics (Surgical and Nonsurgical)	80%	
Class III Services		
Inlays, Onlays, Crowns	50%	
Prosthetics (Bridges, Dentures)	50%	
Orthodontics (dependents to age 19)		
Diagnostic, Active, Retention Treatment	Not Covered	
Orthodontic Lifetime Maximum per covered dependent	Not Applicable	
Implants		
Implant Surgery, Supported Restoration	Not Covered	
Additional Features		
<input type="checkbox"/> TMD/TMJ*	<input checked="" type="checkbox"/> Smile for Health®--Wellness	<input checked="" type="checkbox"/> Pregnancy
<input type="checkbox"/> Annual Maximum Rollover*	<input checked="" type="checkbox"/> College Tuition Benefit	<input type="checkbox"/> Preventive Incentive*
<input type="checkbox"/> Occlusal Guard*		

Insurance may be provided by Highmark Blue Shield, Highmark Health Insurance Company, Highmark Select Resources or Highmark Benefits Group, all of which are independent licensees of the Blue Cross and Blue Shield Association. United Concordia is a separate company that administers Highmark dental benefits.

Smile for Health--Wellness is a registered service mark of United Concordia Companies, Inc.

*These features are for Large Group only. Additional fees may apply.



Summary of Benefits: *Blue Edge Dental*

This is an abbreviated list of Highmark Blue Shield's Standard Benefits and their Limitations. Please refer to your specific benefit design as to what services are covered under your plan.

Blue Edge Dental	
Benefit Category	Highmark Blue Shield's Standard Benefit Frequency Limitations for Flex 3W
Exams	2 per calendar year
X-rays (Bitewings Only)	1 set every 12 months under age 19 and 1 set every 18 months age 19 and over
X-rays (All Others)	1 every 5 years for Full Mouth and Panoramic X-rays Limitations may apply to other types of X-rays
Cleanings	2 per calendar year
Fluoride Treatment	1 per calendar year under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
Space Maintainers	1 every 5 years under age 14
Palliative Treatment (Emergency)	2 per 12 months in combination with pulpal debridement
Basic Restorative	Not within 24 months of previous placement. Includes coverage for posterior resins
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	1 per 36 months
Complex Oral Surgery	May vary by procedure
Simple Extractions	Any frequency (no limitations)
General Anesthesia	Limited to 60 minutes per session
Endodontics	Pulpal therapy: primary teeth that have no permanent tooth to replace it Root canal treatment: 1 per tooth per lifetime
Periodontics (Nonsurgical)	Full mouth debridement: 1 per lifetime Scaling and root planing: 1 per 36 months (per area of mouth) Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)
Periodontics (Surgical)	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
Inlays, Onlays, Crowns	Not within 5 years of previous placement
Prosthetics (Bridges, Dentures)	Not within 5 years of previous placement
Orthodontics (dependents to age 19) Diagnostic, Active, Retention Treatment	Payment for orthodontic services, if covered, shall cease at the end of the month after termination by the Company.
Alternative Benefit Provision	An alternate benefit provision (ABP) will be applied if a covered dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ABP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those allowed under this ABP.
<u>Blue Edge Dental Rider Options</u>	
(Please refer to your specific benefit design as to what services are covered under your plan.)	
College Tuition Benefit	<ul style="list-style-type: none"> • Earn Tuition Rewards® points redeemable for tuition discounts • Receive 2,000 points/year • Each child enrolled receives a one-time bonus of 500 Tuition Rewards points • One Tuition Rewards point = \$1 reduction in full tuition • Use Tuition Rewards points at participating private colleges and universities
Smile for Health®--Wellness Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis, stroke and head or neck radiation	<ul style="list-style-type: none"> • Covers 1 additional periodontal maintenance per calendar year and all are covered at 100% • Scaling and root planing are covered at 100% • 4 periodontal surgery procedures are covered at 100%
Pregnancy Benefit	<ul style="list-style-type: none"> • Covers 1 additional cleaning during pregnancy in addition to the benefits listed for Smile for Health®--Wellness
Preventive Incentive	Not Covered
Annual Maximum Rollover	Not Covered
Occlusal Guard	Not Covered



In-Network Benefits – Non-Voluntary		Premier	
Frequency – Once Every:			
Eye Examination (including dilation when professionally indicated)		12 months	
Spectacle Lenses		12 months	
Frame		12 months	
Contact Lenses (in lieu of eyeglass lenses)		12 months	
Copays			
Eye Examination		Included	
Spectacle Lenses		Included	
Contact Lens Evaluation, Fitting & Follow-Up Care		Included	
Eyeglass Benefit - Frame			
Non-Collection Frame Allowance (Retail):		Up to \$150	
Enhanced Visionworks Frame Allowance¹		Up to \$200	
Davis Vision Frame Collection² (in lieu of Allowance):			
- Fashion level		Included	
- Designer level		Included	
- Premier level		Included	
Eyeglass Benefit - Spectacle Lenses		Member Charges	
Lenses: Single Lined Bifocal Trifocal Lenticular		Included	
Oversize Lenses		Included	
Tinting of Plastic Lenses		\$0	
Scratch-Resistant Coating		Included	
Scratch Protection Plan: Single Vision Multifocal Lenses		\$20 \$40	
Polycarbonate Lenses ³		\$0 or \$30	
Ultraviolet Coating		\$12	
Anti-Reflective Coating: Standard Premium Ultra Ultimate		\$35 \$48 \$60 \$85	
Progressive Lenses: Standard Premium Ultra Ultimate		\$50 \$90 \$140 \$175	
High-Index Lenses: 1.67 1.74		\$55 \$120	
Polarized Lenses		\$75	
Plastic Photosensitive Lenses		\$65	
Blue Light Filtering		\$15	
Contact Lens Benefit (in lieu of eyeglasses)			
Non-Collection Contact Lenses: Materials Allowance		Up to \$150	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Up to \$60	
Collection Contact Lenses² (in lieu of Allowance): Materials			
- Disposable		8 boxes	
- Planned Replacement		4 boxes	
- Evaluation, Fitting & Follow-Up Care – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care – Specialty Lens Types		Included	
Out-of-Network Reimbursement Schedule: up to			
Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$105
Frame: \$50	Bifocal/Progressive Lenses: \$60	Lenticular Lenses: \$100	Medically Necessary CL: \$225

¹Increased frame allowance is only available when frame is purchased through a Visionworks location.

²Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

³Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included

HSA BENEFIT



Health Savings Account (HSA)

A Health Savings Accounts, otherwise known as a HSA, can be funded with your tax-exempt dollars, by your employer, or both, to help pay for eligible medical, dental, and vision expenses not covered by an insurance plan, including deductible, coinsurance, and copays.

Who is eligible for an HSA?

To be an eligible individual and qualify for an HSA, you must meet the following requirements.

- You must be covered under the Qualified high deductible health plan (QHDHP)
- You have no other health coverage except what is permitted under *other health coverage*.
- You are NOT enrolled in Medicare Part A or Part B or receiving Social Security Benefits.
- You cannot be claimed as a dependent on someone else's 2024 tax return.

What is a High Deductible Health Plan (QHDHP)?

A High Deductible Health Plan is a medical plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change. Employees can contribute up to the IRS limits.

*The 2024 HSA Catch-Up Contribution amount for participants who are age 55 or older is \$1,000.

HSA Funds remain yours to grow

With an HSA, you own the account and all contributions. The entire HSA balance rolls over each year and remains yours even if you change health plans, retire, or leave the company.

2024 Contribution Limits

The maximum contribution to an HSA in 2023 increases from \$3,850 to \$4,150 for self-only coverage and from \$7,750 to \$8,300 for family coverage.

Healthcare costs are increasing and we can help with a no fee Health Savings Account (HSA) for a High Deductible Health Plan (HDHP)*



ORRSTOWN'S HSA BENEFITS MAKE IT EASY FOR YOU TO SAVE

- No annual fee
- No monthly service fees
- Simple & fast account opening
- Debit card for quick access to account
- Free online access
- Interest earned tax free*
- Tax-deductible contributions*
- Tax-free withdrawals for qualified medical expenses, including vision and dental.*

FOR MORE INFORMATION, CONTACT AN ORRSTOWN TEAM MEMBER

ORRSTOWNBANK nc

1-888-677-7869 | Orrstown.com

* IMPORTANT! Tax rules can be complicated. This piece includes references to general tax benefits. Before making any decisions, you should speak with a qualified tax advisor.

AN EASY WAY TO HSA



Use your HSA to pay for deductibles, copayments, coinsurance, and other qualified medical expenses.

ORRSTOWNBANK

HEALTH SAVINGS ACCOUNT

Minimum Opening Deposit: \$10.00

Eligibility: Must participate in a High Deductible Health Plan

Minimum Balance: \$1000.00 daily ledger balance **OR** a deposit into the account during the statement cycle. If you change employers and you do not receive a Direct Deposit or a Deposit each month you will incur a \$3.00 Monthly Service Charge if the minimum balance is not met.

Monthly Statements: Free monthly statements (paper or electronic)

Interest Earning: Interest rate is tiered; higher balances may yield higher interest

Debit Card: Free debit card with EMV chip capabilities for increase security

Fees at F&M Trust ATM: No fee for withdrawals, deposits, inquiries, transfer, or payments.

Fees at non-F&M Trust ATM's: Balance inquiries \$1.00

ATM Transfers \$2.00

ATM Withdrawals \$3.50

Administration Fee: If the H.S.A is transferred out of F&M Trust there is a \$25.00 fee.



Welcome to Concierge

— your specialized team
of coverage experts.



Get answers to all your coverage questions.

Concierge is a benefit that comes with your health plan. Your specialized Concierge team is always available to answer your health care and benefits questions.

Concierge helps you take charge of your health and wellness.

No matter where your health journey begins, your Concierge team can help lower your care costs. They'll guide you to care options you really need, providing a more personalized level of care.



To reach your Concierge team, call the Member Service number on the back of your member ID card.



Scan this QR code to make sure your contact information is up to date on the member website.

Highmark Customer Service Number 1-800-345-3806



Because Life.™

2024 Preventive Schedule

Effective 1/1/2024

Plan your care: Know what you need and when to get it


Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services. Recommended annual services are based on a calendar year resetting January 1 of every year.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for your age, gender and family history. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?

 Call Member Service

 Ask your doctor

 Log in to your account

Adults: Ages 19+







Female












Male

GENERAL HEALTH CARE

 Routine Checkup* (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> • Ages 19 to 49: Every one to two years • Ages 50 and older: Once a year
 Depression Screening and Anxiety Screening	Once a year
 Illicit Drug Use Screening	Once a year
 Pelvic, Breast Exam	Once a year

SCREENINGS/PROCEDURES








 Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening
 Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
 Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 Cholesterol (Lipid) Screening	<ul style="list-style-type: none"> • Ages 20 and older: Once every five years • High-risk: More often
 Colon Cancer Screening (Including Colonoscopy)	<ul style="list-style-type: none"> • Ages 45 and older: Every one to 10 years, depending on screening test • High-risk: Earlier or more frequently
 Colon Cancer Screening	Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method
 Certain Colonoscopy Preps With Prescription	<ul style="list-style-type: none"> • Ages 45 and older: Once every 10 years • High-risk: Earlier or more frequently
 Diabetes Screening	High-risk: Ages 40 and older, once every three years
 Hepatitis B Screening	<ul style="list-style-type: none"> • Once per lifetime for adults • High-risk: More often

* Routine checkup could include health history; physical; height, weight, and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.













* USPSTF mandated Routine Labs

Adults: Ages 19+

SCREENINGS/PROCEDURES

	Hepatitis C Screening	Ages 18 to 79
	Latent Tuberculosis Screening	High-risk
	Lung Cancer Screening (Requires prior authorization and use of authorized facility)	Ages 50 to 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
	Mammogram	Ages 40 and older: Once a year including 3D. Screening follow up MRI or Ultrasound per doctor's recommendation
	Osteoporosis (Bone Mineral Density) Screening	Ages 65 and older: Once every two years, or younger if at risk as recommended by physician
	Cervical Cancer Screening	<ul style="list-style-type: none"> • Ages 21 to 65 Pap: Every three years, or annually, per doctor's advice • Ages 30 to 65: Every five years if HPV only or combined Pap and HPV are negative • Ages 65 and older: Per doctor's advice
	Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)	<ul style="list-style-type: none"> • Sexually active males and females • HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors







IMMUNIZATIONS**

	Chicken Pox (Varicella)	Adults with no history of chicken pox: One two-dose series
	COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines
	Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap booster every 10 years
	Flu (Influenza)	Every year (Must get at your PCP's office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)
	Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
	Hepatitis A	At-risk or per doctor's advice: One two-, three-, or four-dose series
	Hepatitis B	<ul style="list-style-type: none"> • Ages 19–59: Two to four doses per doctor's advice • Ages 60 and older: High-risk per doctor's advice
	Human Papillomavirus (HPV)	<ul style="list-style-type: none"> • To age 26: One three-dose series • Ages 27 to 45, at-risk or per doctor's advice
	Measles, Mumps, Rubella (MMR)	One or two doses
	Meningitis*	At-risk or per doctor's advice
	Pneumonia	High-risk or ages 65 and older: One or two doses, per lifetime
	Shingles	<ul style="list-style-type: none"> • Shingrix - Ages 50 and older: Two doses • Ages 19 to 49: Immunocompromised per doctor's advice


* Meningococcal B vaccine per doctor's advice.

** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network




PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

 Aspirin	Pregnant women at risk for preeclampsia
 Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
 Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase*** inhibitor	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
 Tobacco Cessation (Counseling and medication)	Adults who use tobacco products
 Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)	Ages 40 to 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater
 Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection	Adults at risk for HIV infection, without an HIV diagnosis


PREVENTIVE CARE FOR PREGNANT WOMEN

 Screenings and Procedures	<ul style="list-style-type: none"> • Gestational diabetes screening • Hepatitis B screening and immunization, if needed • HIV screening • Syphilis screening • Smoking cessation counseling • Depression screening and anxiety screening during pregnancy and postpartum • Depression prevention counseling during pregnancy and postpartum 	<ul style="list-style-type: none"> • Rh typing at first visit • Rh antibody testing for Rh-negative women • Tdap with every pregnancy • Urine culture and sensitivity at first visit • Alcohol misuse screening and counseling • Nutritional counseling for pregnant women to promote healthy weight during the pregnancy
--	--	---

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

 Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity and blood pressure measurement • Additional nutritional counseling visits specifically for obesity 	<ul style="list-style-type: none"> • Recommended lab tests: <ul style="list-style-type: none"> – ALT – AST – Hemoglobin A1C or fasting glucose – Cholesterol screening
 Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling	
 Adults with BMI 40 and over	Nutritional counseling and fasting glucose screening	

ADULT DIABETES PREVENTION PROGRAM (DPP)

 Applies to Adults	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
<ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl 	

*** Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.

2024 Preventive Schedule

Plan your child's care: Know what your child needs and when to get it

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.


Services include Bright Futures recommendations. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

Questions?

 Call Member Service

 Ask your doctor

 Log in to your account

Children: Birth to 30 Months¹

GENERAL HEALTH CARE	BIRTH	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines										
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***	Ages 6 months to 30 months: 1 or 2 doses annually										
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4				
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1	Dose 2			Dose 3						
Measles, Mumps, Rubella (MMR)							Dose 1				
Pneumonia			Dose 1	Dose 2	Dose 3		Dose 4				
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

** Per Bright Futures, and refer to state-specific recommendations as needed.

*** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

Children: 3 Years to 18 Years¹

GENERAL HEALTH CARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y	
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18				
Ambulatory Blood Pressure Monitoring**												●	
Anxiety Screening						Once a year from ages 8 to 18							
Depression Screening										Once a year from ages 12 to 18			
Illicit Drug Use Screening												●	
Hearing Screening***		●	●	●		●		●		●	●	●	
Visual Screening***	●	●	●	●		●		●		●	●		
SCREENINGS													
Hematocrit or Hemoglobin Anemia Screening			Annually for females during adolescence and when indicated										
Lead Screening	When indicated (Please also refer to your state-specific recommendations)												
Cholesterol (Lipid) Screening								Once between ages 9 to 11 and ages 17 to 21					
IMMUNIZATIONS													
Chicken Pox		Dose 2								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)			
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines												
Dengue Vaccine							9–16 years living in dengue endemic areas in U.S. Territories AND have laboratory confirmation of previous dengue infection						
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5							One dose Tdap				
Flu (Influenza)****	Ages 3 to 18: 1 or 2 doses annually												
Human Papillomavirus (HPV)							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 to 14. 3 doses, all other ages.						
Measles, Mumps, Rubella (MMR)		Dose 2											
Meningitis*****								Dose 1			Age 16: One-time booster		
Pneumonia	Per doctor's advice												
Polio (IPV)		Dose 4											

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment.

** To confirm new diagnosis of high blood pressure before starting treatment.

*** Hearing screening once between ages 11-14, 15-17, and 18-21. Vision screening covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4, and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.

**** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

*****Meningococcal B vaccine per doctor's advice.

CARE FOR PATIENTS WITH RISK FACTORS

BRCA Mutation Screening (Requires prior authorization)											Per doctor's advice	
Cholesterol Screening	Screening will be done based on the child's family history and risk factors											
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger											
Hepatitis B Screening												Per doctor's advice
Hepatitis C Screening												●
Latent Tuberculosis Screening												High-risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)												For all sexually active individuals HIV routine check, once between ages 15 to 21
Tuberculin Test	Per doctor's advice											

Children: 6 Months to 18 Years¹


PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION

Oral Fluoride	For ages 6 months to 16 years whose primary water source is deficient in fluoride
----------------------	---

PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE

Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1C or fasting glucose (FBS) – Cholesterol screening
Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling

ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18

 <p>Applies to Adults</p> <ul style="list-style-type: none"> • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl 	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss
--	---



Control your blood pressure whenever, wherever



INTRODUCING ONDUO BLOOD PRESSURE MANAGEMENT

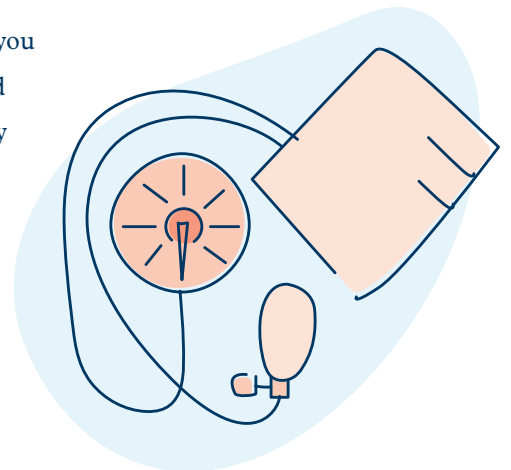
As a member of your employer’s health plan, you may have access to Onduo Blood Pressure Management at no cost to you.¹ Eligible members can receive direct support to help you lower your blood pressure using the convenient, easy-to-use Onduo app.

How it works

You’ll receive a smart blood pressure cuff that syncs to the Onduo app, where you can access readings that are automatically uploaded. You will also be connected to an Onduo Care Lead who will help you navigate the app, provide day-to-day support, and help you follow your care plan. With Onduo Blood Pressure Management, you get:

- Personalized support from health coaches, available at any time.
- Virtual visits with doctors, which enable you to address medication concerns and other blood pressure issues as they come up.

Keep an eye out for more information about this program, coming your way soon.



Achieving a 10-point reduction in blood pressure significantly lowers the risk for heart and stroke.² Whoa, that’s huge!

¹There is no cost for most Highmark members. If you have a qualified high deductible plan, you may have to pay out of pocket for some services within this solution until you meet your deductible. To determine if you have any costs for care, you can call the Highmark Member Service team at the number on the back of your ID card.

If you are eligible, you will receive an invitation to enroll. Eligibility is determined by several factors including your medical status, health plan coverage and historical medical claims. If you are not initially able to enroll, you may be able to upon meeting eligibility criteria



Because Life.™

Onduo Diabetes Management

TAKE CONTROL
OF YOUR DIABETES.



Take control of your diabetes once and for all with Onduo Diabetes Management. This virtual solution gives you the personalized support you need to better manage your diabetes. And that can lead to better health and all the good things that come with it – like having more energy to do the activities you enjoy.

There is no cost for most members. If you have a qualified high deductible plan, you may have to pay out of pocket for some services within this solution until you meet your deductible. To determine if you have any costs for care, you can call the Member Service team at the number on the back of your ID card.

Here's what you get with Onduo Diabetes Management:

- A no-cost welcome package mailed to your home that may include a free smart glucometer, an A1C kit, and unlimited test supplies.
- If you have a high A1C or other complications, you may be eligible for a wearable continuous glucose monitor (CGM) that automatically takes readings 300 times a day with no finger prick. (We can help you figure out if you're eligible.)
- Your dedicated care lead checks in regularly to offer support and connects you to a personal care team that includes your primary care provider (PCP) and endocrinologists.
- An interactive Onduo app that provides virtual support and collects data from connected devices to make managing diabetes easier.

By participating in Onduo Diabetes Management, you could better manage your diabetes, see improved clinical results, and lower your risk of complications from diabetes.

This is big. So big. Equipment, dedicated, personalized support, and the convenience of at-home care. Plus all the time you get back because managing your diabetes just got a whole lot easier.

Visit onduo.com/highmark/blueshield to learn more.



Because Life.™

Onduo is a separate company that provides a virtual diabetes care program for Highmark members.

If you are eligible, you will receive an invitation to enroll. Eligibility is determined by several factors including your medical status, your coverage, and historical medical claims. If you are not initially able to enroll, you may be able to when you meet eligibility criteria.

Health benefits or health benefit administration may be provided by or through Highmark Blue Shield, Highmark Benefits Group or Highmark Health Insurance Company, all of which are independent licensees of the Blue Cross Blue Shield Association.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

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）。

3/23 MX2362775

Get to know Copay Armor.

Protection from high-cost medications

Certain medications can be life-changing, but often these drugs come with a high price tag. To ease the strain on your wallet, we're introducing Copay Armor – a voluntary copay assistance program available through your health plan, which reduces or eliminates your cost share of eligible medications.

How it works

Copay Armor, powered by PillarRx Consulting,* helps to leverage manufacturer assistance dollars to lower your out-of-pocket prescription costs.

You're never alone with Copay Armor

The team at PillarRx works with you to provide personalized assistance. From reducing stress to reducing costs, someone's there every step of the way.

Why you'll love it

- You'll save money with manufacturer assistance — low to \$0 out-of-pocket costs.
- Copay Armor works at any in-network specialty pharmacy.
- The PillarRx team is always there to assist you.
- There is no additional cost to enroll in Copay Armor.

What to expect next

Be on the lookout for an enrollment phone call from a member of the PillarRx team. You'll also be receiving an official welcome letter in the mail.



Exclusive Home Delivery

Program for maintenance medications

Your prescription drug plan includes the **Exclusive Home Delivery Program**. We work with Express Scripts® to implement this program, which is designed to help you better manage your prescription costs and your health.

Exclusive Home Delivery gives you an opportunity to learn about the advantages of mail order for your maintenance drug prescriptions. Maintenance drugs are those taken on an ongoing basis and are appropriate for a 90-day supply.

How it works

You may fill your medications you take regularly at a retail location for a total of two fills. After the second fill, your maintenance medication must be filled by Express Scripts Home Delivery pharmacy. Your medication will be delivered right to your door.



First and second fill at a retail pharmacy

Then



Mail order through Express Scripts PharmacySM



Action I need to take

Switch prescriptions to home delivery by:

- Logging in to the member website at **highmarkblueshield.com**.
- Then scroll down to the **Health Care Tools** section and select the link for **Prescription Costs & Refills**.
- Click the **Prescriptions** tab on the top menu and select **Pharmacy Options** to review available prescriptions you can have delivered by mail.

You may also call Express Scripts at **800-903-6228** for assistance.

Getting started with Express Scripts

If you have remaining refills available, you can transfer them to Express Scripts online. You may also call Express Scripts at **800-903-6228** for assistance.

If you do not have remaining refills available, you must obtain a new prescription from your doctor for up to a 90-day supply.

Pharmacy Mail Order- Express Scripts 1-800-903-6228

Pharmacy Accredo Apecialty Pharmacy 1-888-692-8110



Make life easier with prescription home delivery

Highmark's prescription home delivery, powered by Express Scripts®, simplifies the prescription process. And you may save money, too. Here are the details:

What is prescription home delivery?

Home delivery sends your maintenance medications (those you need on a long-term basis) straight to your doorstep. You should use a retail pharmacy for medications you take on a short-term basis, such as antibiotics.

How do I get started?

Easy. All you have to do is follow the simple steps outlined on the next page.

Do I need to call my doctor about this?

No. All you have to do is follow the steps on the next page and a follow-up with your doctor will be arranged if necessary.

How long will it take to get my medication?

When you fill a prescription through home delivery for the first time, you should receive your medication within two weeks after Express Scripts receives your order. Refills are usually processed sooner — within three to five days.

Get started with home delivery.
Visit highmarkbcbs.com.



The benefits of home delivery

COST-SAVING SERVICES

- You'll typically pay less by getting up to a 90-day supply.
- Our specialists can help you find cost-saving opportunities, such as generic options.

AT-HOME CONVENIENCE

- Enjoy free standard delivery right to your home.
- Automatically receive refill reminders by email so you never run out.
- Refill your medication by phone or online.
- With your permission, your doctor will be contacted when it's time to renew.

HEALTH AND SAFETY SUPPORT

- Pharmacists are available 24/7.
- Licensed pharmacists can help with specific conditions, such as high blood pressure or diabetes.

ONLINE SERVICES

- Track your prescriptions and home delivery refills.
- View claims, balances, and prescription history.
- Receive alerts if there's a prescription-related safety issue.

Getting started with Express Scripts

If you have remaining refills available, you can transfer them to Express Scripts online:

1. Log in to the Highmark member website at highmarkbcbs.com.
2. Go to the **Prescriptions** section and click **Refills & Order Status**.
3. You will be directed to the Express Scripts website.
Under the **Prescriptions** section, review the prescriptions you have filled.
4. Click the **Prescription** tab on the top menu and then select **Pharmacy Options**.
5. Select the prescription(s) you want to transfer to home delivery.
6. You may also call Highmark at the Member Service number on the back of your ID card.

If you do not have remaining refills available, you must obtain a new prescription from your doctor for up to a 90-day supply:

Option 1: Before your appointment, ask your doctor's office if they can send a prescription to Express Scripts electronically. If they cannot, see Options 2 or 3.

Option 2: Before your appointment, download the mail order physician fax form by following the steps below. Then, ask your doctor to complete the form and fax it to the number listed on the form.

1. Log in to the Highmark member website at highmarkbcbs.com.
2. Go to the **Prescriptions** section and click **Mail Order Options & Forms**.
3. You will be directed to the Express Scripts website.
4. Download the **Mail Order Physician Fax Form** and take a copy to your appointment.

Option 3: After your appointment, complete a Home Delivery Form and mail it with the new prescription to the address listed on the form. This form is available online by following the steps below.

1. Log in to the Highmark member website at highmarkbcbs.com.
2. Go to the **Prescriptions** section and click **Mail Order Options & Forms**.
3. You will be directed to the Express Scripts website.
4. Download the **Home Delivery Order Form** and send the completed form with your new prescription to the address listed on the form.

For complete details about your prescription benefit, visit highmarkbcbs.com or call Highmark at the Member Service number on your ID card.

Note: Your medication will usually arrive within two weeks after Express Scripts receives your order. If your doctor faxes the prescription, you will be billed at a later date. Please make sure you have at least a two-week supply on hand while waiting for your medication to arrive via mail order.

Express Scripts is a separate company that provides certain prescription drugs through mail-order.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association. Highmark is a registered mark of Highmark Inc.

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）。



Home Delivery Order Options

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to express-scripts.com/rx or the Express Scripts® Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor’s office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. (●)

1 Member Information	
Member ID Number	Group #
Member Last Name	Member First Name
<input type="checkbox"/> Please send email notices regarding this order’s status	Email address
To GO GREEN go to express-scripts.com/rx to update your Communication Preferences under Account	

2 Shipping Address	
<input type="radio"/> Permanent <input type="radio"/> Temporary	If temporary address, please provide effective dates From ___/___/___ To ___/___/___
Shipping Address Line 1 (Street address is preferred over PO Box)	Apt#
Shipping Address Line 2	
City	State Zip
Primary Phone Number Choose One M <input type="radio"/> H <input type="radio"/> W <input type="radio"/>	Secondary Phone Number Choose One M <input type="radio"/> H <input type="radio"/> W <input type="radio"/>
Shipping Method (Expedited shipping will not rush prescription processing)	
<input type="radio"/> Standard	Free Arrives within 5-10 days after order is shipped
<input type="radio"/> Two Day	\$12.00 Arrives 2 business days after order is shipped
<input type="radio"/> One Day	\$21.00 Arrives 1 business day after order is shipped

3 Patient Information	
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone

4	Payment Method	Do not send cash
----------	-----------------------	-------------------------

You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the toll-free number on the back of your ID card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X _____

Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account
<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below.	<input type="radio"/> Automatic, ongoing payment through checking account Authorize to pay for this order and all future orders with the checking account information below or include a voided check.
<input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> For this order only. Enclose a check payable to Express Scripts Pharmacy. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____

Review your account balance and pay outstanding balances anytime at express-scripts.com/rx. To change the limit of the amount we can charge your card without a call to you:

- Go to express-scripts.com/rx
- Select Payment Information under Account, log in to your account, then Edit Information.
- Change the payment authorization limit

You can manage all account preferences at express-scripts.com/rx or call Member Services at the toll-free number on your ID card.

5	Health History
----------	-----------------------

To update your allergies or health conditions: Visit us at express-scripts.com/healthform or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

6	Important reminders and other information
----------	--

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at **1.800.633.4227**.

For additional information or help, visit us at express-scripts.com/rx or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call **1.800.759.1089**.

Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.

7	Generic Substitution
----------	-----------------------------

State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

I do not wish to receive a less expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

Place your prescription(s), order form(s)
and your payment in an envelope.
Do not use staples or paper clips.
Do not affix post it notes to form.

EXPRESS SCRIPTS PHARMACY
PO BOX 66577
ST LOUIS, MO 63166-6577

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 into highmarkblueshield.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.



Save on your health journey.

Join Blue365SM for FREE to get the savings you need and achieve a healthier you.



When you register at blue365deals.com, you get access to offers like up to 55% off select Garmin[®] and Fitbit[®] products through Heart Rate Monitors USA, and thousands of gyms nationwide for a low monthly fee through Tivity Health.

To help you care for the whole you, Blue365 also offers discounts on vision, dental, and hearing products and services.

Once you've registered at blue365deals.com, you'll receive weekly deals in your inbox.



Blue365 offers exclusive savings opportunities from over 70 partners, including:



Experian IdentityWorksSM



Protects you when you are most vulnerable. Our services monitor a variety of channels to provide comprehensive protection.



If you become a victim of identity theft, we work to resolve it. Experian® will do the work to help recover your financial losses and restore your credit file.



Protection at no cost to you. Our identity restoration services are available to you free as an eligible member.

Experian IdentityWorks

Experian IdentityWorks offers more protection and the option to enroll at any time — also at no cost to you. Once you enroll in IdentityWorks, you will have access to:

- **Experian credit report at signup:** See what information is associated with your credit file*.
- **Credit Monitoring:** Actively monitors your Experian credit file for indicators of identity theft.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration Specialists are immediately available to help you address credit and non-credit related identity theft.
- **Up to \$1 Million Identity Theft Insurance**:** Provides coverage for certain costs and unauthorized electronic fund transfers.
- **Lost Wallet:** Assistance with canceling/replacing lost or stolen credit, debit, and medical cards.
- **Child Monitoring:** For up to 10 children up to 18 years old, Internet Surveillance and monitoring to determine whether enrolled minors in your household have an Experian credit file are available. Also included are Identity Restoration and up to \$1M Identity Theft Insurance**.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.

Enrollment is required.

Members must provide their personal information to enroll online or via phone. To start monitoring your personal information, please follow the steps below:

- 1 Visit the Experian IdentityWorks website to enroll: www.experianidworks.com/highmark
- 2 Click “Get Started” and enter code: **HIGHMARK23**
- 3 Complete the enrollment process.

How Experian Identity Restoration Works

If you become a victim of identity theft, a dedicated Identity Restoration Specialist from Experian will act as your guide and advocate from start to finish by initiating the dispute process, and help ensure that your identity returns to its pre-identity theft state***.

If you have questions about protecting your identity or if you suspect that your identity has been stolen:

- 1 Call the Experian customer support team at 1-866-584-9479
- 2 Provide the engagement number B019828.

* Offline members will be eligible to call for additional reports quarterly after enrolling.

**The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

***You may be asked to provide a limited power of attorney to facilitate any Identity Restoration related work on your behalf.

Not feeling up to leaving your couch?

My Highmark brings together everything you need to manage your health — all in one place. You can:

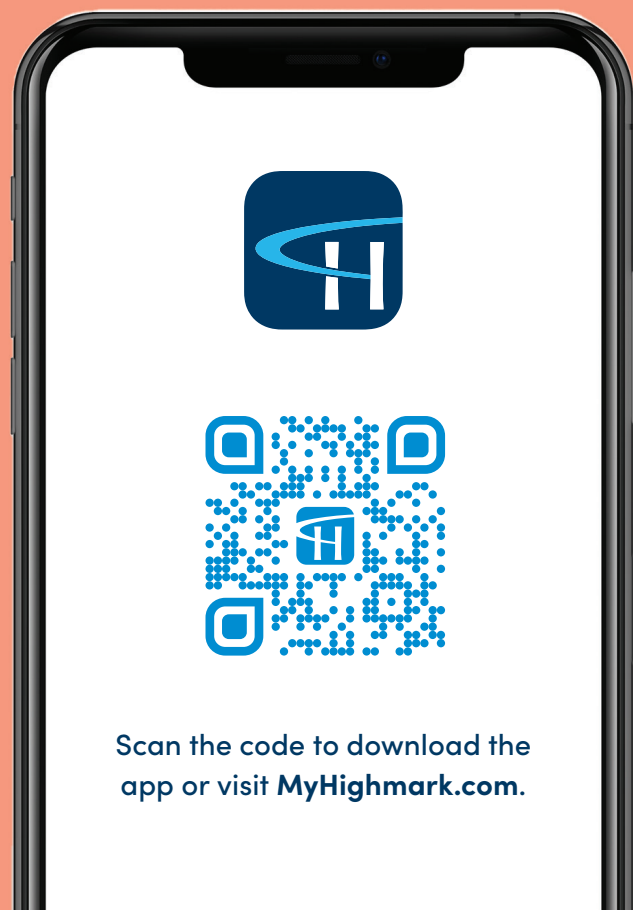
- Access your virtual member ID card, manage your costs, and search for care.
- Receive personalized recommendations for health programs.
- Find virtual health tools and activities to help you reach your goals.

Download the My Highmark app or visit MyHighmark.com today.



Because Life.™

Schedule a virtual health visit with My Highmark.



Scan the code to download the app or visit MyHighmark.com.



Summary of Benefits

Basic Life Benefit Summary

Group ID:	00544682	Member Coverage Type:	Non Contributory
Group Name:	FIRST START PARTNERSHIPS FOR CHILDREN & FAMILIES	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/10/2023

Coverage Information

Employee Volume Amount	Flat \$50,000
Maximum Amount	\$50,000
Cutbacks	35% at age 65 60% at age 70 75% at age 75 85% at age 80

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
Do I have to answer medical questions as part of purchasing insurance?	No
Can I take the policy with me if I leave the company?	Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.)

Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



Summary of Benefits

Short Term Disability Benefit Summary

Group ID:	00544682	Member Coverage Type:	Non Contributory
Group Name:	FIRST START PARTNERSHIPS FOR CHILDREN & FAMILIES	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following date of hire	As of Date:	11/10/2023

Coverage Information

Weekly Volume	60% of weekly earnings
Guaranteed Issue	There is no guaranteed issue. All amounts are approved.
Maximum Amount	\$1,000
Waiting Periods (Benefits begin on ...)	Accident: Day 8 Illness: Day 8
Maximum Payment Period	12 weeks

Plan Information

When is my policy effective?	Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting.
How are my earnings defined?	Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year.
Can I take the policy with me if I leave the company?	No.
Do I have to answer medical questions as part of purchasing insurance?	No.
Can I return to work part time while I'm disabled	Yes, you may return to work part time and still be considered disabled. Some restrictions apply.

Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability.

This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

- a. exceeding one year; or
- b. in an area under travel warning by the US Department of State, subject to state specific variations.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al., Contract # GP-1-STD-15-1.0 et al.

Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. confined to a correctional facility, or
5. receiving treatment outside US.

Disability benefits are not paid for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane, and for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed.

Disability benefits are not paid during any period in which you are in confined to a correctional facility, you are not under the care of a doctor, you are not receiving treatment outside of the US or Canada, and or your loss of earnings is not due solely to disability.

You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

Other

When applicable, this coverage will integrate with any mandated state disability plans.



This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance

Life Happens. We can help

WellSpan EAP is a **confidential** program of counseling services which an employer offers to its employees and their families to help them with any type of personal problem which may affect their personal well-being, job performance, home life and health.

All Full-time and Part-time First Start Partnerships for Children & Families employees, their spouses, and their eligible dependents receive six (6) EAP counseling sessions, per person, per year from January to December each year at no cost and with no co-pays or deductibles. You are automatically enrolled in the program

To Request

WellSpan EAP Services:

- Please call WellSpan EAP at **1-800-673-2514** to schedule an appointment. We are happy to assist you in connecting with a provider
- You may also call the provider directly to schedule an appointment. Visit WellSpan.org/EAP and use the Provider Search Tool to find a provider
- Mention you want to use WellSpan EAP and provide the name of your employer
- When scheduling, you will be asked for your insurance information in case you go beyond your free EAP sessions
- If you have questions, need assistance, or live outside of South-Central PA, please call us at **1-800-673-2514** – we are happy to help!

Office hours vary by provider and location. Your provider's office will work with you to find an appointment time that meets your needs.

Be assured that this information will be kept confidential. No one, including your employer, will be informed that you contacted us.



Not sure you or your family members need counseling sessions but are interested in learning more about:

- ✓ Anxiety
- ✓ Depression
- ✓ Grief/Loss
- ✓ Stress Management
- ✓ Substance abuse
- ✓ Simple mindfulness and breathing exercises
- ✓ Many other areas

Receive **free, confidential access** to myStrength.com or the **myStrength app** using **access code: WPH202**

Access to Work-Life Services Portal

Everything from Mental Health to recipes! Legal documents, budget calculators, short webinars and more!



Instructions and an access code will be coming soon!

We're here to help! If you have any customer service issues, questions or need assistance, please call customer service at 1-800-673-2514, Monday – Friday, 7:30 am - 4:30 pm.

Emergency services are available 24 hours a day, seven days a week. Individuals in crisis can call our crisis intervention line toll-free at **1-800-673-2496** to speak with a crisis counselor.

SAY HELLO TO



your new pet insurance benefit

Save on Vet Bills with America's Favorite Pet Insurance

Cap off your benefits with pet insurance from Spot and get reimbursed on eligible vet bills for accidents, illnesses, and more.

- ✓ Up to 90% Cash Back
- ✓ Preventative Care Add-Ons
- ✓ 24/7 Pet Telehealth Line

How Spot Pet Insurance Works



Visit any licensed vet or specialist.



Submit your claim online.



Get reimbursed fast & easily.

Special Offer Just for You: Up to 20% Off



First Start Partnerships
for **Children & Families**

Save With Your Discount! When Calling, Use Priority Code: EB_FIRSTSTART

<https://spotpet.link/firststart> | 800.905.1595



frequently asked questions

What is Spot Pet Insurance?

Pet insurance is a financial safety net for your furry family. It permits you to get reimbursed for accidents or illnesses, so you don't have to worry about cost and can focus on care.

What do Spot plans cover?

- ✔ Emergency Visits
- ✔ Lab Fees
- ✔ Behavioral Problems
- ✔ X-rays & Tests
- ✔ Surgeries
- ✔ Cancer
- ✔ And Much More

How does Spot Pet Insurance work?

- 1 Visit any licensed vet
- 2 Submit your claim online
- 3 Get paid back for eligible vet bills



**First Start
Partnerships**
for **Children & Families**

Save With Your Discount! <https://spotpet.link/firststart>

When Calling, Use Priority Code: **EB_43FIRSTSTART** | **800.905.1595**

Get Your Free Quote!
<https://spotpet.link/firststart>

Why Spot is Worth It

Spot Pet Insurance can reimburse up to 90% of eligible vet bills! Paying only a fraction of an unexpected vet bill helps pet parents say “yes” to the best medical care without worrying about the cost.

Picture this...

At 9PM on a Saturday night, you notice your pup is not acting like themselves.

They're refusing to play, and soon after become unable to keep their food down. Worried, you rush them to the nearest emergency vet.

You leave two hours later, relieved that your pup will be okay, but holding a \$700 bill. With a Spot policy, you can return home and focus on your pet's care rather than your unexpected bill.



Service Description	Charged	Allowed
Special Diets, Foods or Supplements	\$48.86	\$48.86
Examination	\$90.00	\$90.00
Subcutaneous Fluids	\$65.00	\$65.00
Cerenia Injection	\$50.50	\$50.50
Parvo Test	\$74.24	\$74.24
X-rays	\$315.00	\$315.00
Strongid T	\$17.40	\$17.40
Total		\$661.00
Plan Deductible		\$100.00
Subtotal		\$561.00
Percent Covered by Insurance		90%

Amount Paid by Insurance \$504.90

**Don't Wait,
Sign Up for Spot Today!**

Claim example illustrates eligible vet bills reimbursed at a 90% reimbursement rate. The annual deductible had already been satisfied, and the annual limit had not been met. Coverage varies based on plan options.

Have You Ever:

- Wanted to know your legal rights?
- Needed your Will or medical directive prepared or updated?
- Received a moving traffic violation?
- Signed any type of contract?
- Been in a frustrating consumer dispute?
- Been a victim of a data breach?
- Been concerned about security when using public Wi-Fi?
- Been afraid of having your or your family's identity stolen?
- Had unauthorized withdrawals from your bank account or credit cards?
- Had your social media accounts hacked?

Top LegalShield Benefits

Access to a Provider Law Firm for legal advice and consultation on any personal legal matter, even pre-existing ones.

Estate Planning Preparation — Will, Medical Directives, Financial and/or Healthcare Power of Attorney.

Moving Traffic Ticket Assistance with non-criminal, moving traffic matters when driving with a license and proper registration.

Document Review — Your provider law firm reviews personal documents (up to 15 pages each).

Letters And Phone Calls made on your behalf to help resolve consumer legal disputes.

Uncontested Family Law — Divorce, separation, adoption and/or name change.

Discounted Legal Services — For legal matters that are not covered at 100%, get a 25% discount on the provider law firm's standard rate.

Top IDShield Benefits

360 Degree Protection — Threat monitoring of your identity, credit, financial accounts, device, online reputation and social media.

Real-time Alerts — Receive an alert on your mobile app, member portal and email when a threat is detected to your identity or credit.

Financial Protection — \$3 Million Identity Fraud Protection for unauthorized electronic fund transfers and identity theft-related expenses.

Full-Service Restoration — In case of theft, you get a licensed private investigator to restore your identity to its pre-theft status.

Unlimited Consultation gives you access to an identity theft specialist for consultation on any identity theft or online privacy concern.

Trend Micro/Malware Protection & VPN — Maximum malware protection for your PCs and mobile devices. Complete Wi-Fi security when using public hotspots to prevent hacking attacks.

Your Payroll Deduction Not applicable

Individual Plan

\$21.95
LegalShield Plan
\$12.95
IDShield Plan
\$34.90
Dual Plan

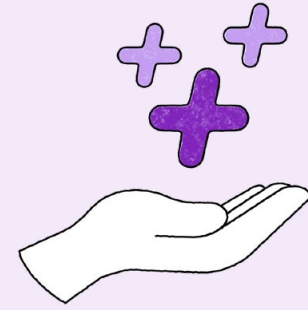
Family Plan

\$21.95
LegalShield Plan
\$22.95
IDShield Plan
\$41.90
Dual Plan

Pre-Paid Legal Services, Inc. ("PPLSI") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan..

US_NT_LS+IDS_PlanSummary_V2_062023

101 Reasons to use LegalShield



Unexpected legal questions arise every day, and with LegalShield on your side, you'll have access to a quality law firm for covered personal situations, even 24/7 for emergency situations, no matter how traumatic or how trivial they may seem. Because our dedicated law firms are prepaid, their sole focus is to serve you, rather than bill you.

1. You don't have an up-to-date Will.
2. You don't understand the difference between a trust and a Will.
3. Family members challenge your parent's Will.
4. You don't understand your health insurance plan or new legislation.
5. You are selected for an audit.
6. Your parents die and leave you executor of their estate.
7. You believe you're being charged hidden cell phone fees.
8. You do not have a retirement savings plan.
9. You lose your personal identification.
10. You receive a speeding ticket.
11. You are buying or selling your home.
12. Your driver's license is suspended.
13. Your landlord raises rent in violation of your verbal agreement.
14. Your teenager is accused of shoplifting.
15. You decide to change your name.
16. Your new washing machine doesn't wash.
17. Creditors threaten to take action against you for your ex-spouse's debts.
18. A neighbor or school reports you for child abuse.
19. You adopt a child.
20. A friend or neighbor is injured on your property.
21. You need child support enforced.
22. A friend owes you money and files bankruptcy.
23. A caller demands money or damaging information will be released.
24. Your car is damaged by a hit-and-run driver.
25. You accidentally back over a neighbor's garbage can.
26. A hairdresser damages your hair with harsh chemicals.
27. Your car is repossessed unjustly.
28. You are subpoenaed or served with legal papers.
29. You are called to jury duty.
30. Your long drive off the tee injures another player.
31. You need your lease agreement reviewed.
32. Your son is injured in a football game.
33. A neighbor trips over a rake in your yard.
34. A jeweler sells you defective merchandise.
35. A car dealership gains illegal access to your credit history.
36. You are hit by a bottle at a baseball game.
37. A friend falls down your stairs and sues you.
38. You need help with credit card liability resolution.
39. You are injured when you slip on a wet floor in a public building.
40. Your pet causes damage to a neighbor's garden.
41. Your neighbor's dog barks for hours every night.
42. Your teenager gets a speeding ticket.
43. Your landlord enters your apartment without permission.
44. Your child throws a baseball through a neighbor's car window.
45. You don't have a Living Will or Medical Power of Attorney.
46. Your boat is damaged while in storage.
47. Your landlord refuses to refund your cleaning deposit.
48. You lose an expensive watch in a hotel and the manager denies liability.
49. A speeding car nicks your bumper because you parked in the street.
50. A merchant refuses to honor a guarantee.
51. You have an accident driving your friend's boat.
52. Creditors threaten to take action against you for your ex-spouse's debts.
53. You're still receiving merchandise on a canceled subscription.
54. You are refused service at a restaurant.
55. A property manager refuses to rent to you.
56. You are denied credit for no apparent reason.
57. An online auction goes sour.
58. The repair shop threatens small claims court for money you don't owe.
59. Your car insurance is canceled when your teenager has an accident.
60. Your child needs special education in public school.
61. You made a sizable gift to charity.
62. Angry words result in a slander lawsuit.
63. You need a patent for an invention.
64. You need a copyright for your manuscript.
65. You are wrongly accused of committing a crime.
66. Your right to privacy has been invaded.
67. Your car is vandalized in a parking lot.
68. A postal carrier slips on your unshoveled walk and breaks his or her leg.
69. You have questions about escrow in a home purchase.
70. You're stopped for speeding and a friend is in possession of marijuana.
71. Your teenager wrecks the car, and a friend is injured.
72. You care for your elderly parents.
73. You receive disability.
74. You are cheated by a solicitor.
75. A technician charges more than a given estimate.
76. A creditor tries illegal collection tactics.
77. An accident results in a personal injury.
78. You are scheduled to appear in small claims court.
79. Your new house has bad plumbing and a leaky roof.
80. You take a vacation, and your room has a view of the trash dumpster.
81. A minor is caught breaking into your home.
82. You have a fender bender while driving a friend's car.
83. Law enforcement enters your property without a warrant.
84. You have a question about an easement on your property.
85. Your neighbor's dog bites your child.
86. You have a property line dispute over a newly installed fence.
87. You're asked to testify as a witness to a crime.
88. You need a premarital agreement.
89. You're buying or selling a car.
90. Your child's school demands a drug or alcohol test.
91. Your bank sends a foreclosure notice after one house payment is late.
92. A retail store won't accept the return of defective merchandise.
93. A repairman won't stand behind his work.
94. A trespasser is caught poaching on your land.
95. You are leasing an apartment.
96. You receive a letter from a creditor, and it is not your debt.
97. A bank unjustly reports bad credit activity.
98. You need advice concerning a divorce.
99. Someone injures your dog on your property.
100. You can't make heads or tails out of the new tax forms.
101. Your spouse uses physical force against you.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



Marvin Worthy
717-658-6015
info@worthyconsulting.org



50 Reasons to Use IDShield

Every year, millions of people become victims of identity theft. When cyber criminals strike, it's hard to know what to do or where to turn. IDShield monitors your Personally Identifiable Information (PII) and online privacy from all angles, and if your identity is stolen, we provide full-service restoration to restore your identity to its pre-theft status. Here are just a few of the many ways IDShield can provide you with first class protection.

1. You spend any amount of time on the Internet.
2. You surf the web on public Wi-Fi networks.
3. Your device was hacked when you used public Wi-Fi in your favorite coffee shop.
4. You struggle to recall passwords for your different online accounts.
5. You use the same password for every account, thus endangering your security.
6. You know you need a password manager, but you don't know which one to use.
7. You find out that a friend tagged you in a social media post with questionable content.
8. You wonder if you have shared too much personal info on your social media.
9. A workplace turns down your application because of your bad social media reputation.
10. You have minor children and want to protect their social media privacy.
11. You need to be sure your minor children's Social Security numbers are safe.
12. An identity thief stole your Social Security number and is posing as you.
13. You have online accounts that contain sensitive information, like medical or banking accounts.
14. You want to ensure that your medical reports remain private.
15. You receive medical bills for services you didn't pay for.
16. You find out your banking accounts have been involved in fraudulent activity.
17. You wish you could review your credit score more often.
18. Your credit is impaired due to hackers illegally using your personal information.
19. A hacker used your name and details in a payday loan application.
20. A fraudulent sub-prime loan application was made using your financial information.
21. You just received an email about a purchase on your card, but you didn't buy anything.
22. Your wallet is lost or stolen.
23. You know your credit/debit card is compromised, but you don't know what to do next.
24. You want to check public records to make sure you are not misrepresented.
25. Your information has been compromised in a data breach.
26. You wonder if your stolen info is for sale on the Dark Web.
27. You find out that your phone number has been redirected for fraudulent purposes.
28. You keep receiving mailed packages that you didn't order.
29. You begin finding bills and charges in your mail, but you did nothing to deserve them.
30. You haven't received the mail that you expected, due to your address being stolen.
31. You haven't moved, but you learn that a thief has changed your mailing address.
32. You clicked the link in a scam email and now your info may be compromised.
33. You gave your information to a telemarketer who may not be legitimate.
34. You want to receive alerts if a registered sex offender moves in nearby.
35. You want complete, multi-device protection against ransomware, hack attempts and more.
36. Your children browse the Internet, so you need parental controls to protect them.
37. You need a filter on your device to secure against dangerous websites or pop-ups.
38. You have many questions about identity theft, but nobody to answer them.
39. You need tips on how to keep your family's identities safe from thieves.
40. You wish a specialist could give you unlimited consultation on protection against ID theft.
41. A thief stole your identity; you don't know what to do next.
42. You've lost money trying to restore your identity after theft.
43. Your work supervisor is upset because you must spend work time trying to restore your stolen information.
44. A thief stole your identity years ago, but it still impacts you negatively.
45. You learn that an identity thief has committed a crime in your name.
46. You know your identity is compromised, but you don't know where to start patching it up.
47. You need a way to know immediately if your identity gets stolen.
48. You discover that your identity is stolen, but it's too late at night to start calling for help.
49. To help with your stolen identity, you need a real person, not an automated voice.
50. You need total protection for your identity and the identities of your loved ones.

FOR MORE INFORMATION:

Marvin Worthy
marvinworthy@worthyconsulting.org
717-658-6015

IDShield is a product of Pre-Paid Legal Services, Inc. ("PPLSI"). An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. PPLSI is not an insurance carrier. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan. All Licensed Private Investigators are licensed in the state of Oklahoma.

Save with these incredible MEMBERPERKS

Your LegalShield and IDShield Memberships are simply amazing. In addition to the privileges that are already yours, we have added these MEMBERPERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over \$2,000 per year. MEMBERPERKS can save you enough to pay for your membership for years to come!

RECEIVE EXCLUSIVE DISCOUNTS

Access your members-only discounts in categories such as:



APPAREL



AUTOMOTIVE



BOOKS, MOVIES & MUSIC



CELL PHONES



ELECTRONICS



FINANCE



FLOWERS & GIFTS



FOOD



HEALTH & WELLNESS



HOME SERVICES



INSURANCE & PROTECTION SERVICES



OFFICE & BUSINESS



REAL ESTATE & MOVING SERVICES



SPORTS & OUTDOORS



TICKETS & ENTERTAINMENT



TRAVEL

WHAT MEMBERS ARE SAYING:

"MEMBERPerks pays for my membership!"

— Martha S.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

— Andre E.

"I saved hundreds of dollars on a new laptop."

— Anna W.

Enjoy preferred member pricing on some of your favorite brands and services.



AND MANY MORE!

Getting Started

To sign up, simply log in at legalshield.perkspot.com. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield Membership number.

These benefits are for LegalShield and IDShield Members. All offers or promotions are subject to change without notice.

CONTACTS

FOR YOUR BENEFITS



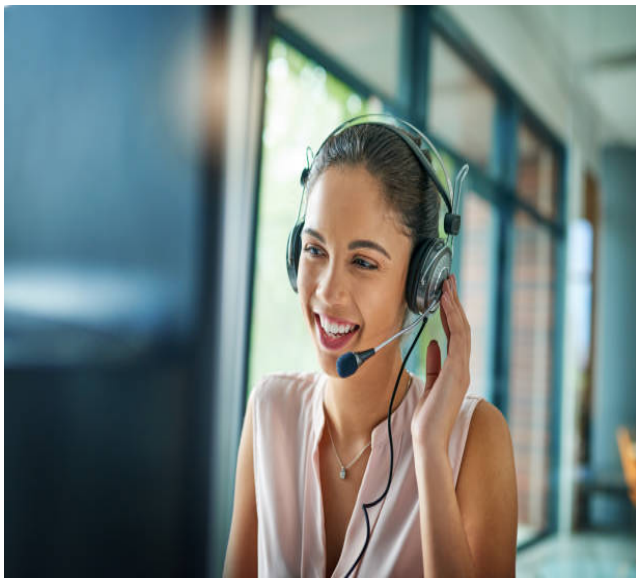
2024

Company Name	Description	Phone Number	Website / Email
Highmark	Medical Plan	1-800-345-3806	www.highmark.com
Express Scripts Mail Order & Customer Service	Prescription Plan	1-800-903-6228	www.highmark.com
Express Scripts Accredo Specialty Pharmacy	Prescription Plan	1-888-692-8110	www.highmark.com
Highmark	Dental Plan	1-800-345-3806	www.highmark.com
Highmark	Vision Plan	1-800-345-3806	www.highmark.com
Guardian	Company Paid Life and STD	1-800-525-4542	www.guardiananytime.com
WellSpan	Employee Assistance Program	1-800-673-2514	www.WellSpan.org/EAP
LegalShield and IDShield		Marvin Worthy 717-658-6015	marvinworthy@worthyconsulting.com
Spot	Pet Insurance	800-905-1595	https://spotpet.link/firststart
First Start Partnerships	Human Resources	717-263-8019 x201	kholtry@firststartpartnerhips.org
Brown & Brown of PA	Claims Customer Service	1-800-335-6968 opt#4	customerservicepa@bbrown.com



Ask Your Advocate

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.



Amber Ball

Client Service Coordinator

(445) 201-1825

Amber.Ball@bbrown.com

Brown & Brown is ready to help you get the most from your benefit programs by providing an advocate at no cost to assist you with:

- Benefits Inquiries
- Claims Resolution
- Case Management
- Employee Health Advocate

HEALTH PLAN ANNUALNOTICES



**First Start
Partnerships**
for Children & Families

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward your or your dependents' other coverage. However, you must request enrollment within 30 days after your or your dependents' other coverage ends or after the employer stops contributing toward the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact HR at 717-263-8019.

Women's Health and Cancer Rights Act of 1988 Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1988 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: Option 1: \$500 Individual / \$1,000 family deductible with 80% coinsurance or Option 2: QHDHP \$2,000 Individual / \$4,000 family deductible with 100% coinsurance.

If you would like more information on WHCRA benefits, call your *plan administrator at 717-263-8019.*

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your *plan administrator at 717-263-8019.*

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Dept. of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA - Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	MASSACHUSETTS - Medicaid Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	PENNSYLVANIA - Medicaid Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	MINNESOTA - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	RHODE ISLAND - Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP(855-692-7447)	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	SOUTH CAROLINA - Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
COLORADO - Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	MONTANA - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
FLORIDA – Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	NEBRASKA - Medicaid Website: http://dhhs.ne.gov/Children_FamilyServices/AccessNebraska/Pages/accessnebraskaindex.aspx Phone: 1-855-632-7633	TEXAS - Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
GEORGIA - Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	NEVADA - Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	UTAH – Medicaid and CHIP Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669
INDIANA - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	NEW JERSEY - Medicaid Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	VIRGINIA - Medicaid Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
IOWA - Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	NEW HAMPSHIRE - Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone:603-271-5218	VERMONT - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
KANSAS - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEW YORK - Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	WASHINGTON - Medicaid Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
KENTUCKY - Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NORTH CAROLINA - Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	WEST VIRGINIA - Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
LOUISIANA - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NORTH DAKOTA - Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
MAINE - Medicaid Website: http://www.maine.gov/dhhs/ofi/publicassistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	OKLAHOMA - Medicaid Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WYOMING - Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor - Employee Benefits Security Administration - www.dol.gov/ebsa - 1-866-444-EBSA (3272)

- U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services - www.cms.hhs.gov - 1-877-267-2323, Menu Option 4, Ext. 6156

**Important Notice from
First Start Partnership for Children and Families
About
Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with First Start Partnership for Children and Families and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. First Start Partnerships for Children and Family has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.



What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current First Start Partnerships for Children and Families coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current First Start Partnership for Children and Families coverage, be aware that you and your dependents may or may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with First Start Partnership for Children and Families and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through First Start Partnerships for Children and Families changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2024
Name of Entity/Sender:	First Start Partnerships for Children and Families
Contact:	Kimberly Holtry
Address:	254 East King Street Suite 103 Chambersburg PA 17201
Phone Number:	717-263-8019



CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.