



Wyalusing Area School District

A Tradition of Excellence.....Imagine Greatness

Employee Benefit Guide 7/1/23-6/30/24



HOW TO REGISTER ON YOUR MEMBER WEBSITE

JUST A FEW CLICKS AND YOU ARE CONNECTED!



*If you need help registering,
please call 1-866-306-1059.*

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. 9/15 CS-102876

Register online
www.highmarkbcbs.com

**Register online to view your benefits,
claims, virtual ID card and more**

How to Find In-Network Doctors & shop for costs on services

Finding a doctor or costs for services is easier than ever

- 1 Go to your member website at highmarkbcbs.com.
- 2 Select the Find a Doctor or Rx tab.
- 3 Choose medical, vision, dental, or pharmacy.
- 4 To view providers and shop for care, click continue.
- 5 Select your plan or Enter Card ID information if applicable. Browse by category or type in the search box the name, specialty, or condition.
- 6 Choose search.

Shop for costs on:

- Inpatient procedures, such as C-section delivery and total knee replacement.
- Diagnostic procedures, such as MRIs and CAT scans.
- Lab tests, such as blood glucose and lipid panel.
- Outpatient procedures, such as physical therapy and chiropractic treatments.



Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, First Priority Health or First Priority Life Insurance Company, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to the terms of the benefit agreement.

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。
请拨打电话背面身份证号码（TTY：711）。

06/16 HC46503-MCT



HIGHMARKBCBS.COM

PREVENTIVE CARE SAVES LIVES

GET YOUR PREVENTIVE EXAM



A preventive exam helps find health conditions before they become serious. It helps you to know if you are at risk for disease. It considers your family history and conditions you already have. It even looks at your lifestyle behaviors.

A preventive exam may include screenings. Screenings tell your numbers for blood pressure, cholesterol, blood glucose and more. Knowing these can help you and your doctor make changes to improve your health and reduce your risk.

MOST PREVENTIVE CARE IS COVERED 100 PERCENT

You are covered for preventive care. Most is covered 100 percent if you see a network provider. There may be fees for certain services or procedures during your preventive care visit. Remind your doctor that you are there for your routine preventive exam so your visit is properly billed.

PREVENTIVE CARE OR DIAGNOSTIC CARE – WHAT'S THE DIFFERENCE?

Preventive care is when you go to a doctor for a checkup only. This means that you do not have symptoms of illness or a medical history that requires treatment or screening. Your preventive care should be covered at 100 percent. It should not be subject to your plan's deductible or coinsurance.

Diagnostic care is when you go to a doctor for symptoms or a medical condition. You may have exams or screenings to diagnose, monitor or treat your condition. These services are not covered 100 percent. They are subject to your plan's deductible and coinsurance.

LEARN MORE ABOUT PREVENTIVE CARE

Review the list of recommended preventive exams and screenings. Schedules for adults and children are on your member website. Learn more about preventive care. Talk to your doctor. Or contact a Blues On Call™ health coach directly at 1-888-BLUE-428 (1-888-258-3428).



SCHEDULE YOUR PREVENTIVE CARE EXAM TODAY

Don't wait until you get sick to see your doctor. Schedule a preventive care exam today.

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

12/17 CS201954






















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
 	Osteoporosis (Bone Mineral Density) Screening	Ages 65 and older: Once every 2 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 3 years, or annually, per doctor's advice Ages 30 to 65: Every 5 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

IMMIZATIONS**

 	Chicken Pox (Varicella)	Adults with no history of chicken pox: One 2-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 2- or 3-dose series
 	Hepatitis B	<ul style="list-style-type: none"> Ages 19–59: 2 to 4 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 3-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


Effective 1/1/2023


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. The preventive guidelines on this schedule depend on your age, gender, health, and family history. 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.

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 you. CHIP members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

 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 1 to 2 years Ages 50 and older: Once a year
 	Depression 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 5 years High-risk: More often
 	Colon Cancer Screening (Including Colonoscopy)	<ul style="list-style-type: none"> Ages 45 and older: Every 1 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 1 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 3 years
	Hepatitis B Screening	High-risk

* 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

2023 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 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.


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 1 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 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
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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
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 Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
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Adults with BMI 40 and over	Nutritional counseling and fasting glucose screening
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ADULT DIABETES PREVENTION PROGRAM (DPP)

 Applies to Adults <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
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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**												●
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 3							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										

CARE FOR PATIENTS WITH RISK FACTORS

BRCA Mutation Screening (Requires prior authorization)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
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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
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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:

- Additional annual preventive office visits specifically for obesity
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
 - 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



Applies to Adults

- 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

NTIC Wyalusing Area SD PPO Blue HDHP 10213175, 10213176, 10213177

Effective: 7-1-2023

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	In Network	Out of Network
General Provisions		
Benefit Period(1)	Contract Year	
Deductible (per benefit period)		
Individual	\$1,250	\$2,500
Family	\$2,500	\$5,000
Plan Pays – payment based on the plan allowance	90% after deductible	70% after deductible
Out-of-Pocket Limit (Includes prescription drug expenses, coinsurance and copays. Once met, plan pays 100% coinsurance for the rest of the benefit period)		
Individual	\$750	\$4,000
Family	\$1,500	\$8,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, 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	\$2,000	not applicable
Family	\$4,000	not applicable
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits	90% after deductible	70% after deductible
Primary Care Provider Office Visits & Virtual Visits	90% after deductible	70% after deductible
Specialist Office Visits & Virtual Visits	90% after deductible	70% after deductible
Virtual Visit Originating Site Fee	90% after deductible	70% after deductible
Urgent Care Center Visits	90% after deductible	70% after deductible
Telemedicine Services (3)	90% after deductible	not covered
Preventive Care (4)		
Routine Adult		
Physical Exams	100% (deductible does not apply)	70% after deductible
Adult Immunizations	100% (deductible does not apply)	70% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	70% after deductible
Mammograms, Annual Routine	100% (deductible does not apply)	70% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)	70% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Routine Pediatric		
Physical Exams	100% (deductible does not apply)	70% after deductible
Pediatric Immunizations	100% (deductible does not apply)	70% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)	70% after deductible
Emergency Services		
Emergency Room Services (5)	90% after deductible	
Ambulance (includes coverage for wheelchair van transports) (6)	90% after deductible	70% after deductible
Hospital and Medical / Surgical Expenses (including maternity)		
Hospital Inpatient	90% after deductible	70% after deductible
Hospital Outpatient	90% after deductible	70% after deductible
Maternity (non-preventive professional services) including dependent daughter	100% (deductible does not apply)	70% after deductible
Maternity (non-preventive facility services) including dependent daughter	90% after deductible	70% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	90% after deductible	70% after deductible
Therapy and Rehabilitation Services		

Benefit	In Network	Out of Network
Physical Medicine	90% after deductible limit: 20 visits/benefit period	70% after deductible
Respiratory Therapy	90% after deductible	70% after deductible
Speech Therapy	90% after deductible limit: 12 visits/benefit period	70% after deductible
Occupational Therapy	90% after deductible limit: 12 visits/benefit period	70% after deductible
Spinal Manipulations	90% after deductible limit: 12 visits/benefit period	70% after deductible
Cardiac Rehabilitation Therapy	90% after deductible	70% after deductible
Infusion Therapy	90% after deductible	70% after deductible
Chemotherapy	90% after deductible	70% after deductible
Radiation Therapy	90% after deductible	70% after deductible
Dialysis	90% after deductible	70% after deductible
Mental Health / Substance Abuse		
Inpatient Mental Health Services	90% after deductible	70% after deductible
Inpatient Detoxification / Rehabilitation	90% after deductible	70% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	90% after deductible	70% after deductible
Outpatient Substance Abuse Services	90% after deductible	70% after deductible
Other Services		
Allergy Extracts and Injections	90% after deductible	70% after deductible
Autism Spectrum Disorder Including Applied Behavior Analysis (7)	90% after deductible Limit: \$40,000 annual maximum	70% after deductible
Assisted Fertilization Procedures	not covered	not covered
Dental Services Related to Accidental Injury	90% after deductible	70% after deductible
Diagnostic Services		
Advanced Imaging (MRI, CAT, PET scan, etc.)	90% after deductible	70% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	90% after deductible	70% after deductible
Durable Medical Equipment Orthotics and Prosthetics	90% after deductible	70% after deductible
Home Health Care	90% after deductible	70% after deductible
Hospice	90% after deductible limit: 180 days/ lifetime maximum of 30 days can be used for continuous or inpatient care 10 days/ lifetime can be used for respite care	70% after deductible
Infertility Counseling, Testing and Treatment (8)	90% after deductible	70% after deductible
Private Duty Nursing	not covered	not covered
Skilled Nursing Facility Care	90% after deductible limit: 60 days/benefit period	70% after deductible
Transplant Services	90% after deductible	70% after deductible
Precertification Requirements (9)	Yes	Yes
Prescription Drugs		
Prescription Drug Deductible		
Individual	Integrated with medical deductible	
Family	Integrated with medical deductible	
Prescription Drug Program (10)		
Hard Mandatory Generic		
Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.		
Your plan uses the Comprehensive Formulary with an Incentive Benefit Design		
	Retail Drugs (30-day Supply) \$3 formulary low cost generic copay \$3 non-formulary low cost generic copay \$10 formulary generic copay \$10 non-formulary generic copay \$25 formulary brand copay \$50 non-formulary brand copay Maintenance Drugs through Mail Order (90-day Supply) \$6 formulary low cost generic copay \$6 non-formulary low cost generic copay \$20 formulary generic copay \$20 non-formulary generic copay \$50 formulary brand copay \$100 non-formulary brand copay	



HRA – How does it work?

- ▶ Your HRA money comes from your employer.
- ▶ Your HRA funds can only be used for in-network services that are a covered expense on your medical plan.
- ▶ Your HRA debit card is only to be used for covered prescriptions on your plan. You cannot use your HRA for any OTC medications or non covered prescriptions.
- ▶ Your medical claims will automatically go over to your HRA for you to approve. Highmark will then send payment to your provider.
- ▶ If you pay out of pocket for a covered expense, you can request reimbursement from your HRA>

NVA Vision Benefit

SCHEDULE OF BENEFITS: WYALUSING AREA SCHOOL DISTRICT (EFFECTIVE 07/01/2020)

Copayments (in-network only)			
Examination Copay		\$0	
Lenses Copay		\$0	
Frame Copay		\$0	
Contact Lenses Copay		\$0	
Contact Lens Fit/Follow-up Copay (Daily Wear)		\$0	
Contact Lens Fit/Follow-up Copay (Extended Wear)		\$0	
Contact Lens Fit/Follow-up Copay (Specialty Wear)		\$20	
Benefits	Frequency	In-Network	Out-of-Network
Eye Examination			
Routine Examination	Once every 12 months	Covered 100%	Up to \$40
Contact Lens Fit/Follow-up			
Standard Daily Wear	Once every 12 months	Covered 100%	Up to \$20
Standard Extended Wear	Once every 12 months	Covered 100%	Up to \$30
Specialty Wear	Once every 12 months	Covered 100%	Up to \$30
Lenses (Standard Glass or Plastic)			
Single Vision	Once every 12 months	Covered 100%	Up to \$24
Bifocal	Once every 12 months	Covered 100%	Up to \$36
Trifocal	Once every 12 months	Covered 100%	Up to \$46
Lenticular	Once every 12 months	Covered 100%	Up to \$72
Lens Options			
Solid Tints	Once every 12 months	Covered 100%	Up to \$5
Fashion Gradient Tints (Single Vision)	Once every 12 months	Up to \$4	Up to \$2
Fashion Gradient Tints (Bi-focal/Tri-focal)	Once every 12 months	Up to \$6	Up to \$3
Prisms	Once every 12 months	Covered 100%	Up to \$15
Frames			
Retail Frame Allowance	Once every 24 months	Up to \$60	Up to \$24
20% Discount on Frame Balance ¹		Yes	N/A
Contact Lenses			
Elective ²	Once every 12 months	Up to \$75	Up to \$48
15% discount on Conventional/10% discount on Disposable on remaining balance ³		Yes	N/A
Medically Necessary ⁴	Once every 12 months	Covered 100%	Up to \$200

¹Discount does not apply at Walmart/Sam's Club locations or for certain proprietary frame brands or where prohibited by law. Discounts are not insured benefits.

²If a member chooses a frame, the member is not eligible for contact lenses for 24 months.

³Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations (if applicable) or Contact Fill. Prohibited by some manufacturers or where prohibited by law. Discounts are not insured benefits.

⁴Prior authorization required from NVA. Includes Fitting & Follow-up.

Note: if covered participants choose extra options, they are responsible for the additional cost of the options paid directly to the provider.

Fixed Pricing on Lens Options			
Lens Option	Fixed Fee	Lens Option	Fixed Fee
Polycarbonate SV	\$25.00	Progressive (Standard)	\$50.00
Polycarbonate BI	\$30.00	Progressive (Premium)	\$100.00
Polycarbonate TRI	\$30.00	Scratch-Resistant Coating (Standard)	\$10.00
Transitions SV (Standard)	\$65.00	UV Coatings	\$12.00
Transitions BI (Standard)	\$70.00	Polarized	\$75.00
Transitions TRI (Standard)	\$70.00	High Index	\$55.00
Glass Photogrey SV	\$20.00	Blended Bifocals (Segment)	\$30.00
Glass Photogrey BI	\$30.00	Anti-Reflective Coating (Standard)	\$40.00
Glass Photogrey TRI	\$30.00		
Note: Members pay the lower of the fixed price or 20% off the provider's usual and customary price. Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Walmart/Sam's Club locations. Discounts are not insured benefits. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.			
Added-Value Services Included			
Mail Order Contact Lens Replacement Program		See Appendix section for more details about the NVA Mail Order Contact Lens Replacement Program	
Lasik Discount		Extensive discounts at participating LASIK Providers. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.	
EYEESSENTIAL® Discount Plan			
After the enrolled member has exhausted their funded benefit, they are eligible to access the EYEESSENTIAL® Plan discount on additional purchases during the plan period.			
NVA introduces the EYEESSENTIAL® Discount Plan – a low cost, member-friendly vision discount plan which includes significant discounts on materials through participating NVA network providers. Below is the plan design.			
Service or Material		Member Cost	
Comprehensive Vision Examination (Including dilation as professionally indicated)		Balance after \$10 Discount	
Lenses		Standard Glass or Plastic	
Single Vision		\$35.00	
Bifocal		\$55.00	
Trifocal		\$70.00	
Lenticular		\$70.00	
Lens Options			
UV Coating		\$12.00	
Tint (Solid & Gradient)		\$12.00	
Scratch-Resistant Coating (Standard)		\$15.00	
Polycarbonate (Standard)		\$35.00	
Anti-Reflective Coating (Standard)		\$45.00	
Polarized		\$75.00	
Transitions (Standard)		Single Vision - \$65.00 / Bifocal & Trifocal - \$70.00	
Progressive (Standard)		\$50.00 + Bifocal/Trifocal Charge	
Other Add-On Services		20% off retail	
Frames (Any eligible frame at provider's location)		35% off retail	
Contact Lenses (Discount does not apply at Contact Fill)			
Conventional		15% off retail price	
Disposable		10% off retail price	
Fitting and Follow Up		10% off retail price	
Please Note: The NVA EYEESSENTIAL® Plan is available at an in-network provider only. Frequency of use is unlimited. EYEESSENTIAL® Discount Program prices do not apply at select retail locations including Walmart/Sam's Club locations due to Wal-Mart/Sam's Club Everyday Low Prices and Cole corporate locations. In certain states, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.			



Delta Dental



Eligibility

Who may receive benefits?

- Primary enrollee and spouse (includes domestic partner)
- Eligible dependent children to age 26

Delta Dental of Pennsylvania

One Delta Drive
Mechanicsburg, PA 17055
deltadentalins.com

Customer Service

800-932-0783

Claims Address

P.O. Box 2105
Mechanicsburg, PA 17055

Educators EAP Plan



Information Resources:

A vital benefit to help with everyday issues

Educators face daunting challenges: budget crises, rapidly changing technology, and government requirements are just a few of the emerging issues. Educators' EAP offers extensive links, tools, and resources to help educators deal with these and other professional challenges:

- Budget Boosters for Educators
- Parental Challenges
- Social Media for Educators
- Managing the Classroom
- Cyber Safety for You & Your Students



To access this benefit, you can call the EAP or log on to the website, **www.EducatorsEAP.com**, for thousands of articles, videos and tools to help you resolve personal problems. Find information on thousands of topics including:

- Adoption & Childcare
- Financial Planning
- Consumer Rights
- Mental Health
- Divorce
- Home Ownership
- Legal Issues
- Loss and Grief
- Stress
- Elder Care & Childcare Locators
- Family Violence
- Work-Life Balance
- Wills and Other Legal Forms
- Training & Education

More benefits than any other EAP.

www.EducatorsEAP.com • 1-800-252-4555 • 1-800-225-2527

TO ACCESS THE WEBSITE AND RESOURCES FOR EMPLOYEES

1. Log on to **EducatorsEAP.com**
2. Click **Employee & Family Login**
3. If you've already created a User Name and Password, simply enter that information in the appropriate boxes. **If you have not registered, complete steps 4 - 7.**
4. Click on **REGISTER HERE**
5. Enter your employer's name and click **Continue**
6. Your employer's name will appear; select the button and click **Continue**
7. Fill out the Registration Form and create your own User Name and Password, then click **Continue**. **You only need to register once.**



You'll find an entire library of problem-solving resources including assessments, trainings, videos, tools and calculators such as 2,000+ Harvard Medical School articles • Thousands of Legal articles • 800,000 Child/Elder care providers • Personal Growth programs • Mental and Physical Health assessments • Financial tools and calculators • Career Development information • 900 Health videos • Plus, important new resources that include:

CAREGIVER CENTER

A vast array of tools designed to help those providing care for a chronically ill, disabled, or aging family member or friend.

TRAINING CENTER

Access hundreds of personal and professional development trainings and courses.

LOCATORS

Search for childcare and eldercare resources in your local area.

RESILIENCE JOURNEY

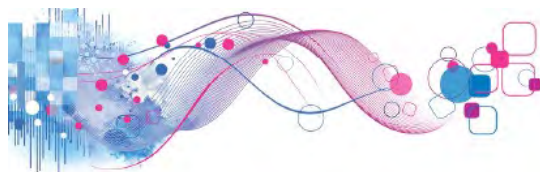
An interactive new benefit to help you develop your maximum potential, experience less stress, less depression and improve physical and emotional health.

ESI WELLNESS CENTER

Articles, health assessments, courses, videos, and FAQs related to dieting, nutrition, stress, smoking, and physical fitness.

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Identity Protection Services from Experian®

You now have access to Experian IdentityWorksSM and Identity Restoration services.



Experian IdentityWorksSM



Protection 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: HIGHMARK20
- 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 DB14218

* 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.



If you would like to schedule a one-on-one personal session with a member of our team, please reach out to Randileigh for scheduling.

Randileigh.kirliko@henrydunn.com