

2024

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# Total Rewards Guide



## We're glad you're here.

Follow this guide to get the benefits you need in place and keep it as a reference for the coming year.

### Need help along the way?

Open up a service request at [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).

Or, call 844-242-HR4U (4748)  
Monday - Friday | 8 a.m. - 5 p.m. ET

**3**

Using this guide

**8**

Eligibility

**12**

Medical &  
prescription drug

**21**

Dental & vision

**24**

Contributions

**27**

FSA/HSA enrollment

**31**

Disability &  
life insurance

**35**

Time away  
from work

**39**

Other benefits

**43**

Retirement plans

**46**

Resources

# Using this guide

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We're here to help you  
along the way.



# Unsure of what benefits to choose? Ask ALEX.

He is your personalized benefits guide.

ALEX lays out the benefits that best fit your needs, with plain and simple explanations along the way. ALEX is an interactive experience designed to help you make confident choices about your benefits during enrollment.

Don't worry, any answers you give ALEX are totally anonymous and only used to recommend benefits. They're never distributed or shared with anyone.



Scan the QR code to get started.

- 1 Visit [myalex.com/highmark/2024/AHN](https://myalex.com/highmark/2024/AHN).
- 2 Answer a few simple questions to estimate your needs for the year.
- 3 See the benefits plan that makes the most sense for your life and your budget.
- 4 Complete your Open Enrollment task from your Workday inbox.

## Get to know My Highmark.

If it has to do with your medical, prescription drug, or vision coverage — or a health savings (HSA) or flexible spending account (FSA) — the My Highmark app or [myhighmark.com](https://myhighmark.com) can probably help.

### Use the app or website to:

- Find in-network doctors or vision providers.
- Confirm benefit coverage and review claims.
- Find covered drugs and your drug costs.
- Find network pharmacies
- Access HSA or FSA account information.

# Some quick tips before you dig in

## 1 Understand your benefits.

- Learn which options are best for you.  
Review this guide to understand your benefits options.

## 2 Make any changes during 2024 Open Enrollment — or within 30 days of your hire date.

- Whether you're a new hire or not, all your enrollment tasks can be done in Workday.
- If you are a new hire and you don't actively enroll in 2024 benefits within 30 days of your hire date, your medical, dental, and vision coverage will be waived and you will only be enrolled in the employer-provided benefits (Basic Life, STD, and LTD, if eligible).

### Mark your calendar.

2024 Open Enrollment is  
**Oct. 3 through Oct. 13, 2023.**

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### Adding or changing dependents? Gather your dependent information.

That includes name(s), Social Security number(s), and date(s) of birth. You'll need this information to add dependents to your coverage.

# Enrollment

When the time comes, here's how to log in and complete your enrollment:

1. Go to **HR Services Online** and click on **Workday Home**.
2. From your **Workday homepage** or **Inbox**, find and click on your **Open Enrollment** or **Benefit Enrollment** task.
3. **Complete your task by the Open Enrollment or Benefit Enrollment deadline.** If you're a new hire, submit your Benefit Enrollment changes within 30 days of your hire date.
4. **If adding new dependents**, submit your required documentation within 30 days from the date you enroll.

## Don't need to make any open enrollment changes for 2024?

Your current 2023 coverage (including eligible dependents) will automatically carry over to 2024 except:

- HSA payroll contributions will end, but you'll still be eligible to receive the employer contribution.
- FSA election and payroll contributions will end. You won't be able to carry over any 2023 unused funds (up to \$610) into 2024.

# Health care lingo, translated

When you're choosing benefits, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones. These definitions use examples to help explain different out-of-pocket expenses. Example copays and coinsurance amounts may not be specific to your medical plan options.

## Coinsurance

The percentage you may owe for certain covered services after reaching your deductible. For example, if your plan pays 80%, you pay 20%.

## Copay

The set amount you pay for certain covered services. For example, it could be \$20 for a doctor visit or \$30 for a specialist.

## Deductible

The set amount you pay for health services or drug costs before your plan starts paying.

## Elimination Period

The number of days between when your disability starts and your insurance benefits begin.

## Emergency Services

Care at an emergency facility for a condition needing immediate attention to avoid severe harm.

## Formulary

The list of medicines covered by your plan, sorted by tier. Lower tiers usually mean lower copays.

## Health Savings Account (HSA)

An account to set aside pretax money to pay for qualified medical expenses. You can only have an HSA if you are enrolled in a qualified high-deductible health plan.

## High-Deductible Health Plan (HDHP)

A plan that usually comes with a lower premium because you pay more upfront before the insurance company starts to pay. Some of these plans are often combined with a health savings account.

## In-Network Provider

A doctor or hospital that agrees to charge no more than your plan allowance for their services.

## Out-of-Network Provider

A doctor or hospital who does not have a contract with your health insurance plan to accept your plan's allowance for services.

## Out-of-Pocket Maximum

The most you'd pay in deductibles and coinsurance for covered care. If you hit this amount, your plan pays 100% coinsurance after that.

## Preventative Care Services

Routine care like screenings and checkups that help keep health issues from happening.

## Primary Care Provider (PCP)

The medical professional you see for most of your basic care, like yearly preventive visits and screenings.

## Rehabilitative Services

Care that helps you keep, get back, or improve skills and functioning for daily living after you were sick, hurt, or disabled.

## Total Out-of-Pocket Maximum

The federally set, yearly limit on how much you can pay. This is not just in deductibles and coinsurance, but also all medical and drug copays, and other qualified expenses.

# Eligibility

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Let's explore  
your options.





# Who you are and what benefits you can get

If you're a new employee in 2024, your benefits take effect the first of the month on or after your date of hire. Otherwise, Open Enrollment changes take effect January 1 next year.

## 70–80 hours per pay period (.875+ FTE)

### You're eligible for:

- Medical
- Dental
- Vision
- Basic life and accidental death and dismemberment
- Supplemental life
- Short- and long-term disability
- FSAs and HSAs
- Paid time off

## 32–69.9 hours per pay period (.4+ FTE)

### You're eligible for:

- Medical
- Dental
- Vision
- Supplemental life
- FSAs and HSAs
- Voluntary short-term disability
- Paid time off

## Weekend Program Employees: 48 hours per pay period (.6 FTE)

### You're eligible for:

- Medical
- Dental
- Vision
- Supplemental life
- FSAs and HSAs
- Short-term disability
- Paid time off

This program is for employees designated to work 12-hour shifts each weekend and isn't available at all locations.

## Less than 32 hours per pay period or a casual or temporary employee

You aren't eligible for benefits. But if you average more than 30 hours per week, you might be eligible for the high deductible health plan (HDHP) medical option in compliance with the Affordable Care Act. If this applies to you, you'll be notified.

# Dependent eligibility

Eligible dependents include your:

- Spouse.
- Domestic partner.
- Children under age 26.
- Children who are disabled prior to age 26 and dependent on you for care/financial support.

When you're enrolling dependents for the first time, **you have 30 days from the date you enroll** to provide required documentation listed on this page.

**If you're a new hire**, your benefit enrollment is effective on the first of the month on or following your hire date.

**For open enrollment**, your benefit changes are effective January 1, 2024.

## Required documentation for enrolling dependents

EVENT	REQUIRED DOCUMENTATION
Spouse (same or opposite sex)	Marriage certificate
Domestic partner and their child(ren)	Completion and approval of domestic partnership certification form. Forms and instructions are available on HR Services Online. Addition of domestic partner's child requires a birth certificate for each child.
Dependent child(ren)	Birth certificate
Legally adopted dependent child(ren)	Letter of placement from agency/adoption certificate/order
Legal guardianship of child(ren)	Letter of placement from agency/adoption certificate/order
Disabled dependent child(ren)	Medical certification required – call Highmark Member Service at 844-351-8085 for required forms.
Qualified medical child support order or national medical support notices	Court order

## Changes to your benefits

The only time you can make changes outside of your new hire elections is during Open Enrollment or if you experience a Change in Status event.

Here’s an overview of some types of qualifying events, the documents you need to provide, and when the benefits change would take effect.

## Required documentation for a Change in Status event

EVENT	REQUIRED DOCUMENTATION	EFFECTIVE DATE
Loss/gain of coverage	Notice of Loss/Gain of Coverage from an insurer, employer, or federal/state agency, e.g., CHIP or Medicaid	Date lost or gained coverage
Employee Status Change (full-time/part-time)	No documentation required	Date of status change
Birth	Birth Certificate	Date of Birth
Marriage	Marriage Certificate	Date of Marriage
Enrolling in Medicare Part-B	Medicare Enrollment Confirmation	Date of Medicare Part-B Enrollment
Adoption	Letter of placement from agency/adoption certificate/order	Date of Adoption or Placement for Adoption (whichever comes first)
Changes to dependent care	Notice from care facility of changes with termination date	Within the next 1 – 2 pay periods
Child support order	Federal or State Qualified Medical Support Order	Date of Order
Death of a dependent	Death Certificate	Date of Death
Dependent turning 26	No documentation required	End of month in which child turns 26
Divorce	Divorce Decree	End of month in which form received
Domestic partner	Declaration of Domestic Partner Certification Form (Form available on HRSO)	1st of month following submission/ approval of form
Domestic partner termination	Termination of Domestic Partnership Form (Form available on HRSO)	End of month in which form received
Disabled dependent over 26	Contact Highmark Member Service for the appropriate form by calling the Member Service phone number on the back of your ID card	Once approved by Highmark BCBS, retroactive to coverage effective date
Legal guardianship	Court Order	Effective date of Legal Guardianship

# Medical & prescription drug

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Great health.  
More life.



# Medical and prescription drug benefits

Your medical benefits options are all Exclusive Provider Organization (EPO) plans. That means you can see any in-network doctor with no referral. However, you don't have coverage outside your network, except for emergency care.

Your drug coverage is included with your medical plan. For all plans, if a generic drug is available, you'll pay more if you request the brand name. Plus, certain maintenance medicines are only covered through the Express Scripts mail-order program, AHN pharmacies, or the on-site pharmacy in Camp Hill.

## Your medical plan choices

You can choose one of two medical plans or to waive medical coverage. The plan summary chart on page 15 assumes you've completed all your Wellness Rewards program requirements. If you haven't, when looking at deductibles, add \$500 to the individual and \$1,000 to the family.

## Understanding benefit levels

**If you're in western or central PA,** your plans also have Enhanced and Standard benefit levels. The plan covers more, and you have a lower deductible for Enhanced level providers.

### Enhanced Benefit Level

When you receive care from in-network providers at the Enhanced level, you have higher benefit coverage including a lower deductible and lower copays.

### Standard Benefit Level

When you receive care from in-network providers at the Standard level, you have lower benefit coverage including a higher deductible and higher copays.

## How to find providers

**Contact Highmark Member Service** by calling the number on the back of your medical ID card or download the **My Highmark app** (or use [myhighmark.com](http://myhighmark.com)) and click **Get Care**.

- **If you're already an AHN patient...** Use **(412) DOCTORS** to schedule an appointment over the phone. AHN also has online tools to connect you to care.

Find doctors, locations, and appointment times at [ahn.org/appointments/online-scheduling](http://ahn.org/appointments/online-scheduling).

- **For Penn State Health providers and transitioning your care...** Call the Penn State Health Employee Concierge Line for the best scheduling experience at 833-774-8326.

Visit [hrservices.highmarkhealth.org](http://hrservices.highmarkhealth.org) to see full medical plan grids.

Download the My Highmark app or visit [myhighmark.com](http://myhighmark.com) to:

1. Find a network provider.
2. Find covered drugs and your drug costs (click **Benefits**, then click **Prescriptions**).

### If you're new to western PA or Highmark:

Speak with an AHN patient engagement guide. They'll provide personalized support in finding the right care for you. They can even help you schedule appointments and show you how to use MyChart.

**Call** 412-325-9015.

**Email** [ahnpatientengagement@ahn.org](mailto:ahnpatientengagement@ahn.org).

# Wellness Rewards Program incentives

Prioritizing your health is its own reward. We throw in a little extra for making healthy lifestyle choices like keeping up with your doctor visits, caring for your mental well-being, being tobacco and vape-free, and being active.

Complete a few simple steps that support improved health and you'll pay less for medical coverage. Our Wellness Rewards Program incentives offset the cost of your out-of-pocket medical expenses. The incentives provide you with a deductible credit of \$500 or \$1,000.

## Are you a new hire or enrolling in medical coverage for the first time?

To earn the 2024 Wellness Rewards incentive, you and your covered spouse or domestic partner must complete the Highmark BCBS Health Assessment within 30 days of your medical coverage effective date.

You'll receive detailed instructions on how to complete this activity after you submit your benefit elections. If you have questions about your step completion, contact Highmark BCBS Member Service at **1-844-351-8085**.

## Not a new hire or already enrolled in medical coverage before 2024?

You can receive your 2024 credit by successfully completing the steps of the 2023 Wellness Rewards Program.

## The plan summaries on the following pages assume you've completed all your Wellness Rewards Program requirements.

If you haven't, when looking at deductibles and out-of-pocket maximums, add \$500 to the individual and \$1,000 to the family.

(Full plan grids are available on HR Services Online.)

# Western PA plan summary

Community Blue Select and Community Blue Choice options will be available to you based on your county of residence in western PA.

Your plans also have Enhanced and Standard benefit levels. With Enhanced level providers, the plan covers more and you have a lower deductible.

**Find your PA county below to know your options and how your network providers may vary.**

## Community Blue Select EPO or Community Blue Select HDHP

- Allegheny
- Beaver
- Butler
- Erie
- Washington
- Westmoreland

## Community Blue Choice EPO or Community Blue Choice HDHP

- Armstrong
- Bedford
- Blair
- Cambria
- Cameron
- Centre (split)\*
- Clarion
- Clearfield
- Crawford
- Elk
- Fayette
- Forest
- Greene
- Huntingdon
- Indiana
- Jefferson
- Lawrence
- McKean
- Mercer
- Potter
- Somerset
- Venango
- Warren

## Western PA: Community Blue Choice or Select (based on your county of residence)

BENEFIT		EPO OPTIONS: COMMUNITY BLUE SELECT COMMUNITY BLUE CHOICE		HDHP OPTIONS: COMMUNITY BLUE SELECT COMMUNITY BLUE CHOICE	
		Enhanced	Standard	Enhanced	Standard
<b>Deductible</b>	Individual	\$300	\$750	\$1,600	\$3,200
	Family	\$600	\$1,500	\$3,200	\$6,400
<b>Inpatient Copay/Admission</b> (Including hospitalization, procedures, labs, diagnostic tests, physical therapy, and more.)		N/A	\$1,500	N/A	N/A
<b>Outpatient Copay/Admission</b> (Including procedures, labs, pathology, and other tests.)		N/A	\$500	N/A	N/A
<b>Coinsurance</b> (Coinsurance applies to: inpatient facility, outpatient facility, professional services, professional diagnostic services [X-rays, labs, etc.], durable medical equipment, home health care, and mental health inpatient.)		90%	60%	80%	50%
<b>Annual Out-of-Pocket Maximum</b> (Includes deductible and coinsurance and is based on the deductible noted above.)	Individual	\$2,500	\$6,500	\$3,600	\$6,700
	Family	\$5,000	\$13,000	\$7,200	\$13,400
<b>Total Out-of-Pocket Maximum</b> (Includes all medical copays, deductibles, coinsurance, prescription drug copays, and other qualified medical expenses.)	Individual	\$7,500		\$8,050	
	Family	\$15,000		\$16,100	
<b>Preventive Care</b>		100% no deductible		100% no deductible	

**Notes:**

- \*Residents of Centre County with ZIP codes 16666, 16677, 16686, 16829, 16845, 16859, 16860, 16865, 16866, 16874, 16877 will be eligible for the Community Blue Choice Network. All other Centre County ZIP codes will be eligible for the Community Blue Network.
- Except for emergencies, you do not have benefits if you use out-of-network providers.
- To find an Enhanced Level provider or facility, or check the status of a current one, visit MyHighmark.com or call Member Service number on the back of your medical ID card.

The plan summary chart assumes you've completed all your Wellness Rewards program requirements. If you haven't then increase the deductible by \$500 for individual and \$1,000 for family coverage.

### Western PA: Community Blue Choice or Select (based on your county of residence)

BENEFIT	EPO OPTIONS: COMMUNITY BLUE SELECT COMMUNITY BLUE CHOICE		HDHP OPTIONS: COMMUNITY BLUE SELECT COMMUNITY BLUE CHOICE	
	Enhanced	Standard	Enhanced	Standard
<b>COPAYS (what you pay for common services)</b>				
PCP	\$20	\$50	Plan pays 80% after deductible, you pay 20%	Plan pays 50% after deductible, you pay 50%
Mental Health and Substance Abuse	\$20	\$50		
Specialist	\$40	\$75		
Urgent Care	\$40		Plan pays 80% after deductible, you pay 20%	
ER Visit	Plan pays 100% after \$200 copay (waived if admitted)		Plan pays 80% after deductible, you pay 20%	

<b>PRESCRIPTION DRUG COVERAGE</b>		
Type	Retail (up to 34-day supply)	Mail Order (up to 90-day supply)
Generic	You pay \$10	You pay \$25
Preferred Brand	You pay \$50	You pay \$113
Specialty (31-day supply)	You pay 50% up to \$250 maximum (waived if filled through the AHN Care Partner Program)	
		N/A

- Notes:
- Copays do not apply to high deductible health plans until the enhanced deductible has been met.
  - Saint Vincent employees and dependents must use PharmSV to receive up to the 34-day supply. (Other in-network pharmacies will only dispense a 15-day supply.)



# Outside Western PA plan summary

If you reside in a county outside of western PA (or even reside in another state), these Community Blue options will be available to you.

**See details in the following charts to know your options.**

## Outside Western PA: Community Blue

BENEFIT		COMMUNITY BLUE EPO	COMMUNITY BLUE HDHP
Deductible	Individual	\$300	\$1,600
	Family	\$600	\$3,200
Plan Pays (Coinsurance)		90% after deductible	80% after deductible
Annual Out-of-Pocket Maximum (Includes deductible and coinsurance and is based on the deductible noted above.)	Individual	\$2,500	\$3,600
	Family	\$5,000	\$7,200
Total Out-of-Pocket Maximum (Includes all medical copays, deductibles, coinsurance, prescription drug copays, and other qualified medical expenses.)	Individual	\$7,500	\$8,050
	Family	\$15,000	\$16,100
Preventive Care		100% no deductible	100% no deductible

**Notes:**

- Except for emergencies, you do not have benefits if you use out-of-network providers.
- To find an in-network provider or facility, or check the status of a current one, visit [MyHighmark.com](http://MyHighmark.com) or call the Member Service number on the back of your medical ID card.

The plan summary chart assumes you've completed all your Wellness Rewards program requirements. If you haven't then increase the deductible by \$500 for individual and \$1,000 for family coverage.

## Outside Western PA: Community Blue

BENEFIT	COMMUNITY BLUE EPO	COMMUNITY BLUE HDHP
<b>COPAYS (what you pay for common services)</b>		
PCP	\$20	80% after deductible
Mental Health and Substance Abuse	\$20	80% after deductible
Specialist	\$40	80% after deductible
Urgent Care	\$40	80% after deductible
ER Visit	Plan pays 100% after \$200 copay (waived if admitted)	80% after deductible

<b>PRESCRIPTION DRUG COVERAGE</b>		
Type	Retail (up to 34-day supply)	Mail Order (up to 90-day supply)
Generic	You pay \$10	You pay \$25
Preferred Brand	You pay \$50	You pay \$113
Specialty (31-day supply)	You pay 50% up to \$250 maximum (waived if filled through the AHN Care Partner Program)	N/A

**Notes:**

- Copays do not apply to high deductible health plans until deductible has been met.

# Prescription drug benefit

Your drug coverage level depends on the type of drug and whether you purchase at a network retail pharmacy, AHN pharmacy, Camp Hill pharmacy, or mail order. Find a network pharmacy at [myhighmark.com](https://myhighmark.com).

## Prescription Drug Details

### Mandatory Generic

If you're prescribed a brand-name medication that has a generic alternative, you'll be required to use the generic alternative. An exception applies if it is medically necessary to use the brand-name medication.

### Mandatory Mail Order

If you take a maintenance medication, you must obtain 90-day fills through our mail-order program with home delivery through Express Scripts or fill at an AHN pharmacy or the on-site pharmacy located in the Camp Hill office. Otherwise, you'll pay the full cost at a retail pharmacy after the second refill. For information on how to get started with Express Scripts, call 1-800-903-6228 and contact your doctor for a 90-day prescription.

## AHN and on-site pharmacy services

### Available services include:

- Maintenance medications.
- Prescriptions — up to a 90-day supply.
- Private pharmacist consultations, including clinical monitoring and recommendations.
- Over-the-counter medication selection.
- Personal instruction on blood sugar meter and test strip use.
- Fully covered preventive vaccines, such as shingles, tetanus, and pneumonia (select locations only). Please contact the pharmacy to confirm.
- Staff will explore cost savings (generic alternatives/manufacturer discounts).

## HDHP Preventive Drug List

Your health plan includes a Preventive Drug List. Drugs on this list will be covered as if you already met your deductible, so you're only responsible for a copay, if applicable. This enhanced benefit makes it easier to stay healthy today and beyond.

To determine if your medication qualifies, contact Member Service on the back of your member ID card.

## AHN Care Partner Program

This resource helps people who are on a regular drug regimen maintain a healthy and sustainable lifestyle. The program provides certain medications at a discount or no charge. If you're eligible, we'll contact you directly.

For a list of on-site pharmacies and services, see next page.

# Two great ways to get your maintenance medications.

- 1. Use on-site pharmacies** to fill prescriptions or consult one-on-one with a pharmacist. You can also purchase over-the-counter medications.
- 2. Get them delivered through Express Scripts.** Express Scripts offers convenient home delivery, free standard shipping, and lower out-of-pocket costs. This is for maintenance medications. To get started, contact Express Scripts at 1-800-903-6228.

## AHN On-Site Pharmacies

AGH APOTHECARY	Allegheny General Hospital 320 East North Ave., Suite 111 Pittsburgh, PA 15212	412-359-8677
AHN PHARMACY	Wexford Pavilion 12311 Perry Highway, Suite F Wexford, PA 15090	878-332-4118
AHN PHARMACY #2	West Penn Hospital 4800 Friendship Ave, Suite 1422 Pittsburgh, PA 15224	412-605-6389
FORBES DISCHARGE PHARMACY	Forbes Hospital 2570 Haymaker Road Monroeville, PA 15146	412-858-2394
JEFFERSON PHARMACY	Jefferson Hospital 565 Coal Valley Road Jefferson Hills, PA 15025	412-469-7618
PHARM SV	Saint Vincent Health Center 232 West 25th Street Erie, PA 16544	814-452-5600

## Camp Hill On-Site Pharmacy

CAMP HILL	Walgreens 1800 Center Street Camp Hill, PA 17011 Location 2A – First Floor	717-761-2490
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# Dental & vision

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All you need for  
healthy teeth and eyes.



# Dental benefits

You have two plan options for dental: Basic or Enhanced.

Both plans are PPOs, so you can use any licensed dentist you want. But if you use one in the United Concordia network, you'll only pay the deductibles and coinsurance for covered services. Plus, those dentists submit your claims forms for you, which is nice.

See full dental benefit grids at [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).

## Find a network dentist

1. Visit [unitedconcordia.com](https://unitedconcordia.com) and click **Find a Dentist**.
2. Then select the Advantage Plus Network.



Or, just scan here.

For questions, visit [unitedconcordia.com](https://unitedconcordia.com) or call 1-800-332-0366.

## Smile for Health® –Wellness

Enjoy additional dental benefits at a reduced cost if you have certain medical conditions and need gum disease treatment.

## Pregnancy benefit

Expectant mothers are susceptible to gum disease during pregnancy. Stay covered for additional dental services and all the Smile for Health – Wellness gum disease treatments.

## Register for Smile for Health–Wellness and/or the pregnancy benefit:

1. Visit [unitedconcordia.com](https://unitedconcordia.com) and log in to or create your account.
2. Click the **Wellness** tab at the top.
3. Click **+Add a New Condition** and complete the fields as prompted.
4. Your condition status will show as **Active** to confirm your activation.

Once registered, talk to your dentist about any additional services you may need.

## Dental Benefits Summary

TYPES OF SERVICE*	BASIC OPTION	ENHANCED OPTION
<b>Diagnostic and Preventive Services</b> (Exams, X-rays, cleanings, fluoride treatments, sealants, etc.)	Plan pays 100%	Plan pays 100%
<b>Basic Services</b> (Fillings, simple extractions, etc.)	Plan pays 80%	Plan pays 100%
<b>Major Services</b> (Inlays, onlays, crowns, bridges, dentures, etc.)	Plan pays 40%	Plan pays 60%
<b>Orthodontic</b> (Children up to age 19)	Plan pays 50%, \$1,200 per child lifetime maximum benefit**	Plan pays 50%, \$1,500 per child lifetime maximum benefit
<b>Annual Deductible</b> (Applies to basic and major restorative services)	\$50 Individual \$150 Family	\$25 Individual \$75 Family
<b>Calendar Year Benefit Maximum</b> (Excludes diagnostic and orthodontic services)	\$1,200 per person	\$1,500 per person

\* Subject to frequency limitations  
\*\* New for 2024

# Vision benefits

You can choose vision coverage or waive coverage altogether. Your vision plan provides:

- One vision exam per year.
- Frames with lenses or contact lenses each calendar year
- One-year eyeglass breakage warranty for repair or replacement.
- Discounts at most network offices for extra items like sunglasses or a backup pair.

## Find an in-network Highmark vision provider.

Launch the **My Highmark app** or visit [myhighmark.com](https://myhighmark.com), then:

1. From the main menu, select **Benefits**.
2. Select **Vision**.
3. Then, select **Go to Vision Benefits**.
4. On the vision benefits page, select **Find a Provider**.
5. Enter the required information to begin your vision provider search.

Log into [myhighmark.com](https://myhighmark.com) or use the **My Highmark app** to check eligibility, search providers, and view vision coverage and claims.

## Vision Benefits Summary

BENEFIT	IN-NETWORK	COVERAGE DETAILS
Eye Exam	\$0	Covered in full. Includes dilation when professionally indicated.
Spectacle Lenses	\$10	Clear plastic lenses in any single vision, bifocal, trifocal, or lenticular prescription, covered in full. (There may be copays for additional lens options and coatings.)
Frame	\$0	Covered in full: Frames. Any Fashion or Designer level frame from Davis Vision's Collection (retail value up to \$160).
		OR, Frame Allowance: \$100 toward any frame from a network provider.
Contact Lens Evaluation and Fitting	\$0	Davis Vision Collection Contacts. Non-Collection Contacts: covered in full, \$60 allowance.
Contact Lenses (in lieu of eyeglasses)	\$0	Covered in full: Contacts, Planned Replacement, Disposable. From Davis Vision's Collection, up to: Two boxes/multipacks* Four boxes/multipacks*
		OR, Contact Lens Allowance, \$100 allowance toward any contacts from provider's supply.
		OR, Medically Necessary Contacts, covered in full with prior approval.

Notes:  
 The Non-Collection frame allowance is \$100 at all independent local providers and national retailers such as Target, Walmart, Pearle, and Visionworks.  
 \*Number of contact lens boxes may vary based on manufacturer's packaging.

See full vision benefit grids at [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).

# Contributions

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Understanding the cost of your coverage.





**2024 Full-Time Employee (.875+ FTE and .6 FTE Weekend Program) Contributions: What you pay each of the 26 pay periods per calendar year.**

MEDICAL				
EPO OPTIONS: COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE				
HOURLY RATE	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
<\$18.50	\$35.63	\$85.71	\$95.99	\$110.23
\$18.50 – \$30.99	\$45.37	\$109.16	\$122.22	\$140.37
\$31.00 – \$46.99	\$51.03	\$122.80	\$137.50	\$157.92
\$47.00 – \$93.99	\$57.84	\$139.17	\$155.83	\$178.98
>\$94.00	\$61.21	\$147.28	\$164.90	\$189.40
HDHP OPTIONS: COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE				
HOURLY RATE	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
<\$18.50	\$13.52	\$32.53	\$36.42	\$41.83
\$18.50 – \$30.99	\$18.96	\$45.59	\$51.05	\$58.64
\$31.00 – \$46.99	\$22.59	\$54.37	\$60.88	\$69.92
\$47.00 – \$93.99	\$26.96	\$64.89	\$72.66	\$83.45
>\$94.00	\$28.53	\$68.67	\$76.89	\$88.31

DENTAL				
PLAN	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Basic	\$5.88	\$10.36	\$11.77	\$17.34
Enhanced	\$9.04	\$19.44	\$18.08	\$26.58

VISION				
PLAN	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Highmark Vision	\$1.27	\$2.68	\$2.55	\$4.08

**2024 Part-Time Employee (.4 FTE) Contributions: What you pay each of the 26 pay periods per calendar year.**

MEDICAL			
EPO OPTIONS: COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$97.54	\$234.69	\$262.78	\$301.78
HDHP OPTIONS: COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$47.04	\$150.82	\$168.89	\$193.96

DENTAL				
PLAN	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Basic	\$7.80	\$17.56	\$15.62	\$26.81
Enhanced	\$13.26	\$28.51	\$26.52	\$42.55

VISION				
PLAN	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Highmark Vision	\$2.56	\$5.36	\$5.10	\$8.16

# FSA/HSA enrollment

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A little savings goes a long way.



# Two convenient ways to plan and pay for qualified health expenses

Besides making it easier to budget, setting up an HSA or an FSA can actually save you money by lowering your taxes.

To enroll for 2024, complete your Benefit Enrollment task in Workday.

## 1

### TOP ADVANTAGES

#### Health Care Flexible Spending Account (FSA)

- You can use your money right away.
- Your money can go in tax-free and lower your taxable income.
- You can carry over up to \$610 by reenrolling the following year.

## 2

### TOP ADVANTAGES

#### Health Savings Account (HSA)

- Money can go in tax-free and lower your taxable income.
- Money comes out tax-free when used for qualified medical expenses.
- Interest and earnings on any unused money grows tax-free.
- Unused money rolls over from year to year.
- You may also be eligible for an HSA employer incentive.\*

\*Excludes members of certain AHN collective bargaining units.

# Flexible spending accounts

FSA's offer another way to save money by paying for eligible health care and dependent day care expenses with pre-tax funds.

## The company offers these types of FSA's:

1. Health Care FSA
2. Dependent Care FSA
3. Limited-Purpose FSA

### Learn more about spending accounts

To learn more about FSA's or HSA's in general, visit [highmark.com/education/spending-accounts](https://highmark.com/education/spending-accounts).



Or, just scan here.

### Health Care FSA (HCFSA)

- Available if you enroll in a copay plan or waive coverage (HCFSA's are not available if you enroll in the high deductible health plan).
- Allows you to set aside up to \$3,050 per year for eligible medical, dental, and vision expenses.
- Funds are available at the beginning of the year so you can immediately access them to pay for qualified medical expenses.
- Can carry over unused funds determined by the IRS from the previous year by reenrolling in an FSA during the annual open enrollment period.

### Dependent Care FSA (day care expenses)

- Allows you to use your pre-tax dollars for dependent care services (like child or adult day care).
- Available regardless of the medical plan you choose.
- Allows you to set aside up to \$5,000 per year for eligible expenses.
- Unused funds don't carry over from year to year.
- Funds are not available until your contribution is deposited (unlike the Health Care FSA).
- Dependents must be claimed on your federal taxes.

### Limited-Purpose FSA

- Only available if you enroll in a high deductible health plan.
- Allows you to set aside up to \$3,050 per year for eligible dental and vision expenses only.
- These funds cannot be used for medical expenses as your HSA is intended for this purpose.
- Funds are available at the beginning of the year so you can immediately access your money to pay for qualified dental and vision expenses.
- Can carry over unused funds determined by the IRS from the previous year by reenrolling in an FSA during the annual open enrollment period.

# Health savings accounts

An HSA is a tax-free personal savings account used in conjunction with a qualified high deductible health plan. It helps you pay for medical expenses now or into the future.

During New Hire or Open Enrollment, you'll automatically be enrolled in an HSA if you select the high deductible health plan. This allows you to contribute to your HSA on a pre-tax basis. Your contributions will be automatically deposited into your account.

Your balance rolls over each year so that you don't have to worry about forfeiting your money. However, your payroll contribution does not roll over. It's important to reelect your payroll contribution each year during Open Enrollment.

## How much can you contribute to an HSA?

The IRS sets a limit each year on how much you can contribute to an HSA. If you're 55 or older, you can add an extra amount each year, called a "catch-up" contribution.

- 2024 maximum HSA contribution: \$4,150/employee-only coverage, \$8,300/family coverage.
- 2024 catch-up contribution (55+): \$1,000.
- These maximums include any employer contribution.

## You can't have an HSA if:

- You have health coverage that isn't a qualified high deductible health plan.
- You're claimed as a dependent on another individual's tax return.
- You're enrolled in Medicare or Tricare.

## HSA Employer Contribution

The company provides an employer contribution to your HSA based on your plan election of

- \$500 individual/\$1,000 family.
- When electing, remember your employer contribution amount. It is needed to calculate your annual HSA contribution. The employer contribution is provided in two parts: 50% in January and 50% in July. If you're a new hire in 2024, your employer HSA contribution will be prorated based on your hire date.

# Disability & life insurance

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Support for you and your family.



# Life insurance

Basic life and accidental death and dismemberment insurance are both included automatically, if eligible. There's no cost to you, and you can't waive this coverage.

You can also add additional protection for yourself, a spouse, domestic partner, or any unmarried children up to age 26. If you do, contributions are made post-tax and the cost of the benefit is based on your age and your annual salary. That means the cost of coverage will change during the year if your pay rate changes.

**Always assign a beneficiary for your life insurance.**

Assigning a beneficiary ensures that life insurance money goes to the person you want it to. Beneficiaries for life insurance can be changed at any time in Workday.

## Paid by employer

### Basic Life and AD&D

- 1 times annual salary
- \$1,000,000 maximum
- \$40,000 minimum
- No Evidence of Insurability (EOI) required

- Full-time employees only

- Automatically enrolled

### Business Travel Accident

- Up to 4 times annual salary for full-time employees: \$600,000 maximum
- 1 times annual salary for part-time employees: \$300,000 maximum
- Automatically enrolled

## Paid by you

### Supplemental Life and AD&D

- 1 to 8 times annual salary
- \$1,500,000 maximum
- EOI may be required
- Tobacco/Non-Tobacco rates

### Spouse/Domestic Partner Life and AD&D

- \$10,000 to \$100,000 in \$10,000 increments
- EOI may be required
- Coverage amount can't be greater than Basic and Supplemental combined

### Child Life and AD&D

- Child: \$10,000 or \$20,000
- If both employee and spouse work for Highmark or AHN, both may be eligible to elect child life coverage.



# Disability

Our insurance carrier and third-party administrator are responsible for reviewing and approving any disability claims.

## Short-term disability

Disability insurance provides income protection. This helps if you're unable to work for an extended period of time due to a non-work related personal illness or injury. If you're disabled, benefits start after a length of time called an elimination period. The length of time you're covered varies based on your disability and terms of the plan.

## Summary of short-term disability benefits

FULL-TIME EMPLOYEES	
Short-Term Disability (Employer Paid)	Coverage Details
<b>Benefit</b>	60% base earnings, up to a \$2,000 weekly maximum benefit
<b>Elimination Period</b>	14 calendar days until disability benefits begin
<b>Duration</b>	Up to 24 weeks (after 14-day elimination period)
PART-TIME EMPLOYEES	
Short-Term Disability (Employee Paid)	Coverage Details
<b>Benefit</b>	60% base earnings, up to a \$1,150 weekly maximum benefit
<b>Elimination Period</b>	15 calendar days until disability benefits begin
<b>Duration</b>	Up to 24 weeks (after 15-day elimination period)

## Preexisting conditions impact short-term disability benefits

Having a preexisting condition may impact your disability benefit. If you are a part-time employee and purchase the short-term disability benefit, you could be affected. A preexisting condition refers to the 90-day period prior to your coverage effective date. Your condition is preexisting if during that time you received treatment. That goes for the injury, illness, pregnancy, or any related findings.

### Long-term disability

If you have exhausted your short-term disability benefits and you remain disabled, you may be eligible for long-term disability benefits.

### Summary of long-term disability benefits

FULL-TIME EMPLOYEES		
BENEFIT	Long-Term Disability (Employer Paid)	Voluntary LTD (Employee Paid)
		50% base earnings
<b>Benefit Monthly Maximum</b>	\$12,500	
<b>Elimination Period</b>	180 calendar days	
<b>Duration</b>	Based upon disability and occupation; may be payable to age 65	

### Preexisting conditions impact long-term disability benefits

Long-term disability doesn't cover any disability that begins during the first 12 months of coverage if you have a preexisting condition that caused or contributed to the disability during the three months immediately before coverage started. Long-term disability can cover work-related disabilities. However, benefit payments are offset by any other disability payments you're eligible to receive. That includes workers' compensation.

# Time away from work

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We all need some time  
to recharge.



# Taking time away from work helps us be our best.

Maintaining an appropriate work-life balance is important. Providing health care and serving patients places demands on our lives. It's important to take time away from work for yourself and your family.

## Paid time off

PTO will be accrued each pay period based upon eligible hours paid up to 80 hours per pay period (biweekly). Your PTO accrual is based upon your job classification and years of service.

### PTO increments

- Non-exempt employees can schedule PTO at a minimum of one-hour increments.
- Exempt employees can schedule PTO in four-hour increments. Or, in their full regularly scheduled shift length.
- There are times when Intermittent Family and Medical Leave Act (FMLA) PTO or accrued PTO is used to cover your scheduled work. If you were sent home due to lack of work, the PTO time used may be recorded in the lowest possible increments permitted by the time clock.

## Paid time off (PTO)

YEARS OF SERVICE	Non-exempt	Exempt and Manager	Director	VP
0 to 4	18 days (144 hours)/year .0693/hour 5.54 hours/pay	23 days (184 hours)/year .0885/hour 7.08 hours/pay	28 days (224 hours)/year .1077/ hour 8.62 hours/pay	25 days (200 hours)/year .096/hour 7.68 hours/pay
5 to 9	23 days (184 hours)/year .0885/hour 7.08 hours/pay	28 days (224 hours)/year .1077/hour 8.62 hours/pay		
≥ 10	28 days (224 hours)/year .1077/hour 8.62 hours/pay			

### PTO accrual, balances, and usage

- **The maximum number of hours** you can have in your PTO bank is 100% of your annual accrual or 160 hours, whichever is less. (For nonexempt employees, less than five years, the maximum is 144 hours.)
- **If you have a PTO balance**, you can't take unpaid time off, unless you were scheduled to work but were sent home due to lack of work.
- **PTO can't be used for tardiness** or to supplement earnings for a suspension of any length.
- **PTO is not accrued on any kind of paid leave** that extends beyond 14 consecutive calendar days.
- **Employees cannot have** a negative PTO balance.
- **PTO is subject to management approval** as well as the operational needs of the department.

## Payouts

**Accrued but unused PTO will be paid out if all of these apply:**

- You've separated from employment voluntarily.
- You're 100% vested in PTO (vesting occurs after three consecutive years of service).
- You provide proper notice (as defined in the Separation from Employment Policy).

**Unused PTO will be automatically vested and paid if any of the following happens to you:**

- Total and permanent disability or death.
- Reduction in force results in the elimination of your position, through no fault of your own.

**PTO is not paid out if:**

- You're not vested in PTO.
- You voluntarily separate from employment and don't give proper notice.
- You're involuntarily separated from employment and forfeit your accrued PTO. That's regardless of vesting status. If this happens due to a Reduction in Force, it doesn't apply.

## Paid time away for other reasons

### Bereavement

Provides for paid time away to mourn the loss of family members or loved ones and make necessary arrangements. The benefit provides:

- Up to 5 days for immediate family (parents, spouses, eligible domestic partners, and children).
- Up to 3 days for extended family.

### Military

Provides up to 20 paid days of time off if you have to miss work to perform your duties in the Armed Services.

### Jury Duty

Provides paid time off if you're called to jury duty or required by court order to testify in administrative and court proceedings.

### Paid Sick or Health Time Off

Certain state, city, or local ordinances require employers to provide paid sick days. The company's PTO plan meets the requirements of these ordinances so time taken as Health Time Off will be deducted from your PTO balance. This time can be used for specific personal or family care

purposes. If you're not eligible for the PTO plan, you'll see a Health Time Off bank in Kronos.

### Leaves of absence

We provide extended time away from work for various reasons so you can care for yourself or your family.

Contact HR Services at [hrservices@highmarkhealth.org](mailto:hrservices@highmarkhealth.org) for information on how to request a leave of absence.

## Paid Holidays

Full-time and part-time employees will accrue 10% of their authorized hours per pay for the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

You can accrue up to 32 hours in the holidays bank.

## Accommodations

If you're a person with a disability under the American Disability Act (ADA) and need a modification or adjustment to your job, work environment, or the way job tasks are usually accomplished, we'll work with you to implement a reasonable accommodation.

To qualify for an accommodation, you must have a physical or mental impairment. It must substantially limit one or more major life activities. You may also provide a record of such a substantially limiting impairment.

**To request a medical accommodation,** submit a service request to HR Services. Use [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org). Be sure to describe the accommodation you need. In most cases, you'll need to:

- Complete an Accommodation Request Form.
- Have your provider complete the Accommodation Treating Provider Request Form.
- Attach the provider request form to your open service request or fax it to 888-316-0295, Attention: Leave Management.

These forms are available on **HR Services > HR Topics > Employee Resources > Employee Accommodations.**

**NOTE:** If time away from work is the accommodation you need, you must first apply for a leave of absence.

# Other benefits

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Things are about to  
get even better.



# Voluntary benefits designed to support your lifestyle

The Employee Advantage benefits program gives you access to programs, services, and tools that support your lifestyle.

## Enroll during New Hire or Open Enrollment

### IN WORKDAY

- **Critical Illness Insurance:**  
Includes a lump-sum benefit. It's paid after a covered condition diagnosis for out-of-pocket medical or daily living expenses.
- **Hospital Indemnity Insurance:**  
Benefit for expenses related to a hospitalization to help pay out-of-pocket medical costs or living expenses.
- **Accident Insurance:**  
A payout is sent after a covered accidental injury. It is used for deductibles, out-of-pocket medical, or daily living expenses.

### IN EMPLOYEE ADVANTAGE

- Legal Insurance
- IDShield: Identity Theft Protection

## Enroll anytime

### IN EMPLOYEE ADVANTAGE

- Pet insurance
- Discounts on home and auto insurance
- Student Loan Refinancing and Counseling
- **Employee Discounts:**  
New deals are added daily. Get exclusive, curated vendor offers on event and park tickets, electronics, hotels, rental cars, clothes, gifts, and more.

For program and enrollment information, visit [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).

From there, either head to Workday or search for Highmark Health Employee Advantage.



# When you travel, you're covered.

You and your covered dependents still have access to benefits coverage when traveling out of the country through the Blue Cross Blue Shield (BCBS) Global<sup>®</sup> Core program. BCBS Global<sup>®</sup> Core provides you with access to in-network providers all over the world.

## International travel

Before traveling, you should contact our dedicated Member Service unit by calling the number on the back of your medical ID card. They can help you find out how your policy will cover various medical situations when traveling outside the United States. Additionally, you can contact the BCBS service center at 1-800-810-2583. They can find providers located near your travel destination.

Learn more about international travel benefits at [bcbsglobalcore.com](https://bcbsglobalcore.com).

## BlueCard (Out of Area/State) Program

It applies to employees enrolled in Community Blue Select or Community Blue Choice plans. When seeking care outside of your plan service area or outside of Pennsylvania:

- Professional (physician) services pay at the Enhanced level.
- Facility (hospital) services pay at the Standard level.
- Medical emergencies are covered at the Enhanced level.

## BlueCard (Out of Area/State) Program

PLAN NAME	PAYMENT	
	Professional	Facility
Community Blue Select or Community Blue Choice EPO:	90% Enhanced	60% Standard
Community Blue Select or Community Blue Choice HDHP:	80% Enhanced	50% Standard

Note: Penn State Health, Johns Hopkins and Westfield Hospital pay at the Enhanced level for both professional and facility services.

# Magellan Employee Assistance Program

One-to-one help with personal or work-related challenges. All employees, dependents, and household members are eligible. Services include unlimited coaching consultations, web resources, educational information. You can also receive up to five in-person or virtual counseling sessions (per problem, per year) — and up to six coaching sessions — at no charge.

**You can get assistance — 24 hours a day, 7 days a week, 365 days a year — for a variety of different topics, including:**

- Adjusting to change
- Grief and bereavement
- Anger management
- Burnout
- Family and parenting concerns
- Marital and relationship problems
- Self-improvement
- Co-worker challenges
- Time management
- Work-life balance
- Emotional issues

To contact Magellan, call 1-800-424-5808 or visit [member.magellanhealthcare.com](https://member.magellanhealthcare.com).

## Easy-to-browse, personalized health content

The Magellan member website provides you with timely, curated content each time you visit the site, [member.magellanhealthcare.com](https://member.magellanhealthcare.com), including:

- Relevant articles, videos, and resources
- On-demand educational webinar series
- Emotional Wellbeing platform (online or app) — Full-spectrum emotional wellness tool to help with common concerns
- Live Chat — Instantly connect with a live online specialist

## Qualified referral services for all life’s major events

Certified individuals provide consultations, resources, educational materials and customized information packets, and qualified referrals to providers. Topics include:

- Adoption
- Relocation
- Child care
- Retirement
- Educational choices
- Special needs
- Elder care
- Substance abuse
- Parenting
- Work-life balance
- Preparing for pregnancy
- And more

# Retirement plans

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You'll thank  
yourself later.



# Allegheny Health Network retirement plans

AHN partners with you in saving for your retirement by offering a comprehensive retirement benefit program.

## Allegheny Health Network 401(k) plan

As part of your total compensation, the company will contribute to your retirement savings in two ways. We will match contributions and provide an annual employer contribution to the AHN 401(k) plan. Contributions are made until IRS limits are reached.

Call the Highmark Health Retirement Service Center at 1-833-964-3015, 8 a.m. - 8 p.m. ET, Monday through Friday.

## Save more, get more.

You can feel good about making contributions to the AHN 401(k) plan. Afterward, your account will automatically be credited with matching employer contributions. The matching contributions and yearly accumulation will appear on your paycheck.

For every \$1 you contribute, your employer will also contribute \$1 for the first 4% of your eligible pay. That means you can get free money just by contributing up to 4% of your eligible pay every year.

Reminder: You're always 100% vested in the employer's matching contributions, as well as your own contributions

## Eligibility

Generally, if you satisfy the following eligibility requirements, you'll begin participating in the AHN 401(k) plan if:

- You're an employee of one of the AHN hospitals.
- You're at least 21 years old.
- You have completed 30 days of continuous employment with AHN or any affiliate.

## Non-elective 1% employer contribution

You'll also be eligible for an annual employer contribution of 1% of your eligible pay, regardless of your contributions. You'll receive this annual contribution after the end of the plan year as long as:

- You're eligible for the AHN 401(k) plan.
- You work at least 1,000 hours during the plan year.
- You're employed on Dec. 31 of the plan year (or terminate employment during the plan year due to death, disability, or retirement).

This annual contribution will generally vest after three years of service. You'll receive it even if you don't make contributions to the AHN 401(k) plan.

## 401(k) Enrollment

We want to make saving for retirement easier. So, we'll take care of the paperwork and enroll you in the AHN 401(k) plan at a 4% pre-tax contribution rate once you meet the eligibility requirements. You can change this contribution rate or opt out of the plan at any time.

### Your investment options

Under the AHN 401(k) plan, you can choose from pre-mixed portfolio funds and individual investment funds. You can also create a diversified portfolio through a BlackRock LifePath Index Fund. It provides the convenience of a professionally managed fund.

- Pre-mixed funds offer a one-step approach to diversifying your investments. Access the BlackRock LifePath Index Funds. You can use them to allocate your contributions to a fund that is optimized for the year you expect to retire.
- Individual investment funds may be a good fit if you prefer choosing your own investments and want to actively manage your portfolio. Fund options include large and small cap growth, stable value, and international stock funds. You can change your allocations at any time.

## Enrollment

You can access your accounts in a few ways:

- Visit the Upoint site at [upointhr.com/highmarkhealth](http://upointhr.com/highmarkhealth).
- Log in to HR Services at [hrservices.highmarkhealth.org](http://hrservices.highmarkhealth.org).
- Click **Shortcuts**, then choose **Retirement Services - Alight**.
- Call the Highmark Health Retirement Service Center at 1-833-964-3015. They can check your balance, manage your account, initiate transactions, and more. Hours are 8 a.m. – 8 p.m. ET, Monday – Friday.

**This is just a brief overview of the retirement benefits offered.** It is not intended to be a comprehensive source of plan details. If you belong to a collective bargaining unit, you may have different benefits than these. The terms of your collective bargaining agreement hold specific retirement benefit information. You can also review the plan document, or visit HR Services online.

# Resources

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Need help?  
It's easy to reach out.



# Extra programs, tools, and resources



## ONLINE TOOLS AND MEMBER WEBSITE

### Your entire plan at your fingertips.

No more searching for old files or waiting on snail mail. Your digital ID card, Find a Doctor tool, deductible progress, and claims status are all available online.

Use the **My Highmark app**.  
Or visit **myhighmark.com**.



## COST ESTIMATOR

### See what care might cost you.

Before making an appointment for a test, scan, or procedure, the cost estimator helps you figure out what you'll owe.

Visit **myhighmark.com**.



## EXPRESS SCRIPTS

### Your prescriptions, delivered to your home.

Get free shipping on 90-day supplies, plus lower out-of-pocket costs on most maintenance medications.

Call Express Scripts  
at 1-800-903-6228.



## AHN AND ON-SITE PHARMACY SERVICES

### Convenient pharmacy services.

Use pharmacies inside AHN facilities or at Highmark's Camp Hill location to fill prescriptions, consult one-on-one with a pharmacist, or purchase over-the-counter medications.

See page 20



**BLUE365®**

**Discounts to help you stay healthy.**

From workout gear to gym memberships to healthy meal services, we'll take a little off the top while you're taking a little off your middle.

Find deals at [blue365deals.com](https://blue365deals.com).



**FIND A DENTIST TOOL**

**See in-network dentists in your area.**

Search the Advantage Plus network (or the Elite Plus network if you live in New York) by ZIP code, mile radius, and type of dentist to find exactly what you need.

Visit [unitedconcordia.com](https://unitedconcordia.com) and click **Find a Dentist**.  
For help, call 1-800-332-0366.

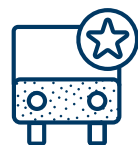


**FIND A VISION PROVIDER**

**Get vision care and products near you.**

Use My Highmark to find a provider. For assistance, contact Highmark Vision by calling the number on the back of your vision ID card.

Use the My Highmark app.  
Or visit [myhighmark.com](https://myhighmark.com).



**PARKING BENEFIT**

**Parking lease discounts at certain locations.**

Save money on parking at select AHN locations. New hires receive information at new hire orientation.

Learn more at your **on-site parking office**.





**ONDUO**

**Tools to manage type 2 diabetes.**

A virtual diabetes care program with tools, coaching, and clinical support, including access to virtual health services. Onduo provides an FDA-cleared blood glucose meter with an unlimited supply of test strips, along with the Onduo app to track glucose levels.

Enroll at [enroll.onduo.com](https://enroll.onduo.com).



**TUITION REIMBURSEMENT**

**Full- and part-time employees can receive tuition reimbursement for a formal, job-related degree program.**

Highmark Health provides tuition reimbursement annually for full- and part-time employees. Visit HR Services Online and search Tuition Reimbursement for details on tuition reimbursement limits, requirements, and application information.

Visit [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org)



**WORD HEALTH**

**A digital musculoskeletal care platform.**

WORD Health aims to free people from chronic, acute, and post-surgical pain. Its clinical-grade platform pairs expert physical therapists with medical-grade wearable technology to deliver effective, simple, custom treatment plans.

Enroll at [enroll.swordhealth.com](https://enroll.swordhealth.com).

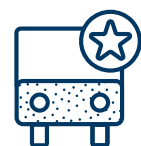


**BABY BLUEPRINTS**

**Pregnancy advice, answers, and support.**

Our free maternity education program for mom-to-be questions and over-the-phone support team from a nurse health coach.

Connect with a coach at [1-866-918-5267](tel:1-866-918-5267).



**COMMUTER BENEFIT**

**Pay commuting costs with pre-tax funds.**

WageWorks® Commuter makes your commute convenient, affordable, and saves an average of 30% on public transit, if eligible.

Learn more and enroll at [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).



**WELLNESS COACHING**

**Personalized support for health goals.**

Get the support you need to lead a healthy lifestyle by working with a health or wellness coach over the phone. Set goals and stay motivated.

Connect with a coach at 1-800-650-8442.



**ERNST & YOUNG (EY)**

**Personal financial planning and resources.**

Get unlimited access to financial counseling over the phone.

Visit [highmark.eynavigate.com](https://highmark.eynavigate.com).  
Or, call 1-888-394-3578.



**WELLBEATS**

**Your free virtual wellness benefit.**

Wellbeats gives you access to more than 1,000 fitness, nutrition, and mindfulness classes.

Get started at [portal.wellbeats.com](https://portal.wellbeats.com).

Use your employee email address as your username, then click **Forgot Password** and follow the prompts.

# How to get benefits questions answered

## Medical/Rx Claims

### Network Providers

Highmark Dedicated  
Member Service Unit

1-844-351-8085

[myhighmark.com](http://myhighmark.com)

## Dental Coverage

United Concordia

1-800-332-0366

[unitedconcordia.com](http://unitedconcordia.com)

## Vision Coverage

### Vision Network Providers

Highmark Dedicated  
Member Service Unit

1-844-351-8085

[myhighmark.com](http://myhighmark.com)

## FSAs and HSAs

Highmark Dedicated  
Member Service Unit

1-844-351-8085

[myhighmark.com](http://myhighmark.com)

## Life Insurance

### Securian

1-800-872-2214

[lifebenefits.com/highmark](http://lifebenefits.com/highmark)

## Short-Term Disability

AbsenceOne

[absenceone.com/  
highmarkhealth](http://absenceone.com/highmarkhealth)

888-480-9282

## Long-Term Disability

Prudential

[mybenefits.prudential.com](http://mybenefits.prudential.com)

1-800-842-1718

## Need help with enrollment?

You can reach HR Services at [hrservices.highmarkhealth.org](http://hrservices.highmarkhealth.org) to open up a service request.

**Or, call 844-242-HR4U (4748)** and follow the prompts.

## Additional Information and Important Benefit Notices

The following notices are available on HR Services Online:

- Women's Health and Cancer Rights Act
- Children's Health Insurance Program (CHIP) Reauthorization Act
- HIPAA Notice of Privacy Practices for Protected Health Information
- HIPAA Special Enrollment Notice
- Wellness Rewards Program Notice
- Notice of Creditable Coverage
- Summary of Benefit Coverage (SBCs)

### Ready to make your benefit selections?

Complete your Enrollment task by accessing Workday through [hrservices.highmarkhealth.org](https://hrservices.highmarkhealth.org).

## There’s extra legal language, even for our own employees. Enjoy.

### Discrimination is Against the Law

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, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: [CivilRightsCoordinator@highmarkhealth.org](mailto:CivilRightsCoordinator@highmarkhealth.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

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）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga librang serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d’assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d’identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d’identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود ( TTY: 711 ) تماس بگیرید.



When you see this logo, the communication was developed using Highmark Health’s SMPL standard for helping people find, understand, and use health information.