

2025

AHN Physicians

Total Rewards Guide



We're glad you're here.

This interactive guide provides an overview of your benefits, all in one place. You can jump to any section by clicking the topic name at the top of the page. Use this as a reference throughout the year.

Need help along the way?

Send an email to
PhysicianExpress@ahn.org.

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

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Getting started

We're here to help
you along the way.



Some quick tips before you dig in.

- 1

Understand your benefits. There is a lot to understand as you make elections for:

 - Medical and Prescription Drug
 - Dental
 - Vision
 - Spending Accounts (Health Savings & Flexible Spending)
 - Life Insurance (For your spouse, children, and additional for you)
 - Voluntary Benefits (Critical Illness, Hospital Indemnity, Accident Insurance, Legal Insurance, Identity Theft Protection)
 - Short- & Long-Term Disability
- 2

Learn which options are best for you. Review this guide to understand your benefits options.
- 3

When you're ready, complete your 2025 elections during Open Enrollment or within 30 days of your hire date in Workday:

 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.

A few things to remember

We know navigating benefits can feel overwhelming, so we've compiled a few key things for you to know. Whether you're a new hire or a seasoned employee, you'll find helpful information here about enrollment deadlines, changes to your coverage, and how to access support.

Don't need to make any open enrollment changes for 2025?

Your current 2024 coverage (including eligible dependents) will automatically carry over to 2025 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 2024 unused funds (up to \$640) into 2025.

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.

New hires, don't miss your deadline to enroll

If you're a new hire and you don't actively enroll in 2025 benefits within 30 days of your hire date, your medical, dental, and vision coverage will be waived and you'll only be covered by the employer-provided benefits (Basic Life, STD, and LTD if eligible).

Access outside the company network

To access HR Services Online (HRSO) and Workday from outside the company network, you must use Microsoft Authenticator multi-factor authentication (MFA). This includes individuals using personal devices. For assistance, contact TAC at 412-888-4822 or AHN IT Service at 412-330-4357.

Unsure of what benefits to choose? Ask ALEX.

You can count on ALEX to be your benefits partner, here to help you make well-informed decisions for the year ahead.

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.

- 1 Visit start.myalex.com/highmark/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.



Scan the QR code
to get started.

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 \$50 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 coverage 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.

Preventive 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

Let’s explore
your options.



Who you are and what benefits you can get

If you’re a new employee in 2025, 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
- 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
- Time off

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

- Accrued Health Time Off

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, 2025.

Required documentation for enrolling dependents

EVENT	REQUIRED DOCUMENTATION
Spouse (any sex or gender)	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)	Court Order
Disabled dependent child(ren)	Medical certification required — call Highmark Member Service number on the back of your medical ID card for required forms.
Qualified medical child support order or national medical support notices	Federal or State Qualified Medical Support 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 of child	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 of child	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 dependent	Certified copy of 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 is received
Domestic partnership new	Declaration of Domestic Partner Certification form (Form available on HRSO)	1st of month following submission / approval of form
Domestic partnership termination	Termination of Domestic Paartnership Form (Form available on HRSO)	End of month in which form received
Legal guardianship	Court order	Effective Date of Legal Guardianship
Address change	Proof of change of address	First of the month following notification of the change
Disabled dependent over 26	Contact Highmark Member Service number on the back of your medical card for the appropriate form	Once approved by Highmark BCBS, retroactive to coverage effective date

Medical & prescription drug

Great health.
More life.



Two medical plans to meet your needs

Two medical plans are available to help you and your family stay healthy and financially secure in the face of serious illness or injury. Deciding which plan is best depends on your specific health care needs, budget, and lifestyle. Use ASK ALEX to understand the best plan for you.

High Deductible Health Plan (HDHP)

The High Deductible Health Plan (HDHP) offers lower employee contributions in exchange for a higher deductible. This means you pay more out-of-pocket for medical expenses before your insurance kicks in, with the plan covering 80% of costs, until you hit your out-of-pocket limit. Once met, the plan pays 100% for the rest of the benefit period.

HDHPs allow you to open a Health Savings Account (HSA) that offers tax advantages for covering health care expenses. Your HSA gets a boost from us — we contribute \$750 or \$1,500, depending on your coverage level and eligibility.

OR

EPO Plan

The EPO has copays and a lower deductible in exchange for a higher employee contribution. You pay less out-of-pocket for other medical expenses (labs, inpatient and outpatient services) before your insurance kicks in, with the plan covering 90% of costs until you hit your out-of-pocket limit

Medical and prescription drug plan summary

Community Blue Select / Community Blue Choice / Community Blue (based on where you live. See page 15.)

BENEFIT	Select / Choice / Community Blue			
	EPO		HDHP	
	Enhanced Level Individual / Family	Standard Level Individual / Family	Enhanced Level Individual / Family	Standard Level Individual / Family
Deductible (you pay 100% until you reach the deductible)	\$400 / \$800	\$850 / \$1,700	\$1,650 / \$3,300	\$3,300 / \$6,600
Plan Pays	90% after deductible	60% after deductible	80% after deductible	50% after deductible
Out-of-Pocket Limit (Once met, plan pays 100% coinsurance for the rest of the benefit period) (All in-network services are credited to both the standard and the enhanced out-of-pocket limits includes deductible, coinsurance)	\$3,500 / \$7,000	\$6,500 / \$13,000	\$4,000 / \$8,000	\$7,200 / \$14,400
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only. Once met, the plan pays 100% of covered services for the rest of the benefit period.)	\$6,500 / \$13,000		\$7,200 / \$14,400	
Primary Care	\$20	\$50	80% after deductible	50% after deductible
Specialist	\$50	\$75	80% after deductible	50% after deductible
Preventive Care	\$0		100% deductible does not apply	
Outpatient Mental Health/Substance Abuse	\$20	\$50	80% after deductible	50% after deductible
Urgent Care	\$75		80% after enhanced deductible	
Emergency Room	\$200 (waived if admitted)		80% after enhanced deductible	
Hospital Inpatient Services	90% after deductible	60% after deductible and \$1,500 copayment per admission	80% after deductible	50% after deductible
Outpatient Surgery	90% after deductible	60% after deductible and \$500 copayment per service	80% after deductible	50% after deductible
The plan summary chart assumes you’ve completed the Wellness Rewards program requirements. If you haven’t then increase the deductible by \$500 for individual coverage and \$1,000 for family coverage. Standard level does not apply to Community Blue Out of Area plan				

PRESCRIPTION DRUG		
Retail drugs (34-Day Supply)	Generic: \$15; Formulary Brand: \$60	
Mail order (90-Day Supply)	Generic: \$38; Formulary Brand: \$136	
Maintenance drugs (90-Day Supply)	Maintenance Drugs through Express Scripts Mail Order or AHN Pharmacies	
Specialty drugs	50% up to a \$250 max per Rx; limited to 31-day supply; available through AHN pharmacies and all in-network Specialty Pharmacies and not available through Mail Order	50% after enhanced deductible up to a \$250 max per Rx; limited to 31-day supply; available through AHN pharmacies and all in-network Specialty Pharmacies and not available through Mail Order

Copays do not apply to HDHP until deductible has been met.

Make the most of your medical coverage.

We know that who provides your care and where you get care matters. An important part of our Living Health strategy is to partner with providers who share our vision for health care.

Your coverage is based on location

The physician and hospital in-network providers that apply to you and your family are determined by where you live. The EPO Plan and HDHP have the same network:

- If you live within the 29 counties of western PA, you’ll have access to one of these networks:
 - Community Blue Select network, or
 - Community Blue Choice network
- If you live in a county outside of Western PA or outside of PA, you can access the Community Blue network.
- There is no coverage for out-of-network providers, other than for emergency services.

Find your PA county here to know your options and how your network providers vary.

WESTERN PA		OUTSIDE WESTERN OR CENTRAL PA
Community Blue Select	Community Blue Choice	Community Blue
<ul style="list-style-type: none">• Allegheny• Beaver• Butler• Erie• Washington• Westmoreland	<ul style="list-style-type: none">• Armstrong• Bedford• Blair• Cambria• Cameron• Centre (split)*• Clarion• Clearfield• Crawford• Elk• Fayette• Forest• Greene• Huntingdon• Indiana• Jefferson• Lawrence• McKean• Mercer• Potter• Somerset• Venango• Warren	<p>If you reside in a county outside of western PA (or reside in another state), the Community Blue network will be available to you.</p>

• *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.

Finding in-network care with ease

Understanding Enhanced and Standard Benefits

Easily locate in-network doctors, specialists, and facilities, ensuring you receive the best possible care while maximizing your benefits. If you’re in western PA, Your plan also has Enhanced and Standard benefit levels. The plan covers more if you seek care from an Enhanced level provider.

For employees who reside outside of these specific Pennsylvania counties, both plans provide only one level of benefit coverage, same as the higher Enhanced Benefit Levels with lower copays, lower deductibles, and coinsurance.

Understanding benefit levels

Enhanced Benefit Level

When you receive care from in-network providers at the Enhanced level, you have higher benefit coverage including lower copays, lower deductibles, and coinsurance, if applicable.

Standard Benefit Level

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

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) and click Get Care.
- If you’re already an AHN patient, call (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.
- 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 to see full medical plan grids.

Download the My Highmark app or visit 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.

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® Core program. BCBS Global® 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://www.bcbsglobalcore.com).

BlueCard (Out of State) Program

It applies to employees whose plans have the Community Blue Select and Community Blue Choice networks. When seeking care 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: Western PA – 6 counties	Enhanced	Standard
Community Blue Choice: Western PA – 23 counties	Enhanced	Standard
Community Blue: Out of Area	In Network	

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

Make the most of your prescription drug coverage.

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.

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

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 by calling the number 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.

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
ALLEGHENY VALLEY DISCHARGE PHARMACY	1301 Carlisle St. Natrona Heights, PA 15065	724-226-7197
FORBES DISCHARGE PHARMACY	Forbes Hospital 2570 Haymaker Road Monroeville, PA 15146	412-858-2393
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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Make the most of your wellness resources.

Helping you be and feel your best is our goal. That’s why we offer wellness programming to support prevention and condition management along with your mental, physical, and social health needs.

Wellness Rewards Program Incentive

Prioritizing your health is its own reward. We throw in a little extra toward your medical coverage when you complete a few simple steps that support good health. Our Wellness Rewards Program incentives reduce your deductible amount, which means less out of pocket expense for you. The incentives are \$500 for employee only coverage and \$1,000 for employee plus one or more coverage.

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

You and your covered partner will be asked to complete the My Highmark Health Assessment within 30 days of your medical coverage effective date. Once you submit your benefit elections, you’ll receive a detailed instructions on how to complete this activity. If you have questions contact Highmark Member Services at 1-844-351-8085.

Not a new hire or already enrolled in medical coverage before 2025?

You had to successfully complete all steps of the 2024 Wellness Rewards program to receive the 2025 incentive.

The plan summaries 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 plan.

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

Managing your well-being should be personalized.

That’s why we offer a variety of resources and support that you can access any day of the week.

As an employee, you can find all of your wellness resources in one place on the MyWellness microsite located on the Digital Hub. On the microsite you’ll find education, resources, and support from everything from mental health and stress management to fitness, nutrition, prevention, condition management, and more. We’ve got you covered from head to toe!

Dental & vision

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.

For questions, visit unitedconcordia.com or call 1-800-332-0366.

Find a network dentist

1. Visit unitedconcordia.com and click Find a Dentist.
2. Then select the Advantage Plus Network.



Or, just scan here.

See full dental benefit grids at hrservices.highmarkhealth.org.

Dental Benefits Summary

TYPES OF SERVICE*	BASIC OPTION	ENHANCED OPTION
Types of Service*	Basic Option	Enhanced Option
Diagnostic and Preventive services (Exams, X-rays, cleanings, fluoride treatments, sealants, etc.)	Plan pays 100%	Plan pays 100%
Basic services (Fillings, simple extractions, etc.)	Plan pays 80%	Plan pays 100%
Major services (Inlays, onlays, crowns, bridges, dentures, etc.)	Plan pays 40%	Plan pays 60%
Orthodontic (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
Annual deductible (Excludes Class I & Orthodontic Services)	\$50 Individual \$150 Family	\$25 Individual \$75 Family
Calendar Year Benefit Maximum (Excludes Class I & Orthodontic Services)	\$1,200 per person	\$1,500 per person

* Subject to frequency limitations

Smile for Health® – Wellness Program

- Enhanced dental insurance coverage for people with certain medical conditions
- Provides additional coverage for treatment of gum disease for members with certain chronic health conditions
- You may be eligible to get gum disease treatment at no cost by an in-network dentist

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 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.

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.

Log in to [MyHighmark.com](#) or use the **My Highmark app** to check eligibility, search providers, and view vision coverage and claims.

Find an in-network Highmark vision provider.

Launch the My Highmark app or visit [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.

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. (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.
		OR, Frame Allowance: \$100 toward any frame from a network provider.
Non-Collection Contact Lens Evaluation, Fitting & Follow Up Care - Standard Lens types (in lieu of eyeglasses)	\$0	Non-Collection Materials allowance up to \$100 Evaluation, Fitting & Follow-Up Care – Specialty Lens Types: \$60 allowance.
CollectionContact Lens Evaluation, Fitting, Follow Up Care & Contact Lenses (in lieu of eyeglasses)	\$0	Covered in full: Contacts, Planned Replacement, Disposable 4 Boxes; .Planned replacement 2 Boxes
		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 \$130 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 [hrrservices.highmarkhealth.org](#).

Contributions

Understanding the
cost of your coverage.



2025 Full-Time Employee Contributions

EPO (COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE)				
HOURLY RATE	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
<\$20.50	\$35.08	\$84.55	\$104.30	\$119.81
\$20.50 - \$31.99	\$44.94	\$108.30	\$130.81	\$150.26
\$32.00 - \$48.49	\$50.75	\$122.31	\$146.44	\$168.22
\$48.50 - \$73.99	\$59.05	\$142.32	\$168.78	\$193.88
\$74.00 - \$119.99	\$70.13	\$169.00	\$198.57	\$228.09
>\$120.00	\$81.20	\$195.69	\$228.35	\$262.31

HDHP (COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE)				
HOURLY RATE	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
<\$20.50	\$16.00	\$38.57	\$49.39	\$60.38
\$20.50 - \$31.99	\$22.30	\$53.74	\$66.33	\$79.84
\$32.00 - \$48.49	\$25.94	\$62.52	\$76.13	\$91.10
\$48.50 - \$73.99	\$31.25	\$75.31	\$90.41	\$107.50
\$74.00 - \$119.99	\$38.33	\$92.37	\$109.44	\$129.36
>\$120.00	\$45.40	\$109.42	\$128.48	\$151.22

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	\$1.32	\$2.79	\$2.65	\$4.24

2025 Part-time employee contributions

EPO (COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$99.65	\$240.16	\$278.00	\$319.33

HDHP (COMMUNITY BLUE SELECT, COMMUNITY BLUE CHOICE, COMMUNITY BLUE)			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$51.89	\$159.15	\$177.65	\$204.06

DENTAL				
Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Basic	\$7.72	\$17.38	\$15.46	\$26.54
Enhanced	\$13.26	\$28.51	\$26.52	\$42.55

VISION				
Plan	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Highmark Vision	\$2.66	\$5.57	\$5.30	\$8.49

FSA/HSA enrollment

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 2025, 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.
 - Money comes out tax-free when used for qualified health care expenses.
 - You can carry over up to \$640 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 contribution.
 - Can be combined with a Limited-Purpose FSA to maximize long-term savings.

Flexible spending accounts

FSAs 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 FSAs:

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

Learn more about spending accounts

To learn more about FSAs or HSAs in general, visit 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 \$3,200 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 and be:
 - a child under age 13 who lives with you
 - or a spouse, child, or relative of any age who lives with you and is unable to care for themselves.

Limited-Purpose FSA

- Only available if you enroll in a high deductible health plan.
- Allows you to set aside up to \$3,200 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.

- 2025 maximum HSA contribution: \$4,300 for employee-only coverage, \$8,550 for family coverage.
- 2025 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

- \$750 for employee only coverage
- \$1,500 for family coverage
- 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 2025, your employer HSA contribution will be prorated based on your hire date.

Disability & life insurance

Support for you
and your family.



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.

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.

Summary of short-term disability benefits

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

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.

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.

Summary of long-term disability benefits

FULL-TIME EMPLOYEES	
BENEFIT	Long-Term Disability (Employer Paid)
	60% base earnings
Benefit Monthly Maximum	\$25,000
Elimination Period	180 calendar days
Duration	Based upon disability and occupation; may be payable to age 65

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

- Per 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.

Time away from work

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 place demands on our lives. It’s important to take time away from work for yourself and your family.

Time off eligibility

- Physicians with eligibility for paid time off benefits are 0.4 to 1.0 FTE. Benefits are based on a 1.0 equivalency. Benefit time is prorated for part time physicians.
- Shift-based physicians are excluded from Vacation and Holiday time off benefits and physicians with employment contracts whose terms differ than those outlined are subject to the terms of the applicable contract or agreement.
- Paid Time off benefits are to be tracked in Workday. No time off benefit is eligible for pay out, and no physician is in Kronos.

Time Off Benefits

YEARS OF SERVICE	Vacation accrual
0 to 1	Prorated 20 days (160 hours)/year
1 to 7	20 days (160 hours)/year
≥ 7	25 days (200 hours)/year
<ul style="list-style-type: none">• Provided there is no break in service > 1 year, previous AHN service is recognized, excluding residency.• Physicians must meet and/or exceed the institute productivity metric from year prior to be eligible for the additional 5 days at 7+ years of service.• The additional 5 days are available at the top of the calendar year following the anniversary date.• Unused Vacation days can carry over to the next year, not to exceed 7 weeks per year.	

Paid time away for other reasons

Sick Days

- All eligible physicians are awarded 8 paid sick days (64 hours) per calendar year.
- 40 of the 64 hours can be used to care for your or your family members’ health care needs each year.
 - Every year, the remaining 24 hours are maintained in a sick bank up to a maximum of 1200 hours. These can be used while on an approved medical leave of absence for the physician’s own health condition.
 - Certain state, city, or local ordinances require employers to provide paid sick days. The company’s Sick plan meets the requirements of these ordinances so time taken as Health Time Off will be deducted from your Sick balance. This time can be used for specific personal or family care purposes.

Holiday

- AHN recognizes the following legal holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day.
- An eligible physician that works or is on call on the legal holiday, is paid a regular workday and the holiday time can be rescheduled as an alternate day off.

Bereavement

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

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.

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 for information on how to request a leave of absence.

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. 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 877-603-6094, or email to HRServices@highmarkhealth.org, Attention Customer Intake

These forms are available on [HR Services>Culture and Inclusion>Accommodations](#)

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

Other benefits

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.

For program and enrollment information, visit hrservices.highmarkhealth.org.

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

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.
- **Purchasing Power**
Used for spreading larger purchases such as electronics and appliances over an extended period of time.

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 telephonic consultations, dependent care and daily living services, web resources, and 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

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**, 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

To contact Magellan, call 1-800-424-5808 or visit **member.magellanhealthcare.com**.

Retirement plans

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.

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.

Enrollment

You can access your accounts in a few ways:

- Visit digital.alight.com/highmarkhealth.
- Log in to HR Services at hrservices.highmarkhealth.org.
- Under HR Tools (on the right-hand side of your screen) click on **Retirement Services Alight Worklife**.
- 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.

457(b) Plan

The Allegheny Health Network Physicians’ 457(b) Deferred Compensation Plan, also referred to as the AHN 457(b) Plan, is a non-qualified deferred compensation plan offered to AHN physicians in the fall of each calendar year for the upcoming year. This plan was established to provide physicians a vehicle to defer additional eligible compensation above the limits of the AHN 401(k) plan, invest those contributions as you choose among the investment funds offered and take the contributions (as adjusted for your investment experience) into retirement.

Eligibility

You are eligible to enroll in the AHN 457(b) Plan in the fall of each calendar year for the upcoming year (Fall of 2025 for CY 2026) if you are employed as a physician within Allegheny Health Network. Elective deferrals will begin in the paycheck after you exceed the 2025 annual earnings limit as established by the IRS (\$350,000 in 2025). If your eligible wages in 2025 do not exceed the limit, you will not have any deferrals to the AHN 457(b) plan.

The annual enrollment window is normally held each November to December for the upcoming plan year.

Please keep in mind that eligible earnings may exclude bonuses you receive.

The AHN 457(b) Plan allows you to contribute the maximum amount allowable by law (\$23,500 in 2025). (There is no catchup contribution for those age 50 or older like there is in the 401(k) Plan.).

Enrollment

There are a few things you need to do in order to enroll in the AHN 457(b) Plan for 2026. Beginning in November of 2025 and ending in December 2025 you will receive instructions sent to your AHN email on how to enroll along with all the information you need to make an informed choice.

Physicians new to AHN for CY 2025 will not be allowed to enroll for CY 2025. However, you will be eligible to enroll in the Fall of 2025 for CY 2026.

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

Need help?
It's easy to reach out.



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** 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.



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 19**



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.



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 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.



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 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.

Check eligibility and enroll at [MyHighmark.com](https://myhighmark.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



VIRTUAL PHYSICAL CARE PROGRAM POWERED BY SWORD

A virtual physical care platform.

Virtual Joint Health – Thrive aims to free people from joint, muscular, and post-surgical pain. Virtual Pelvic Health – Bloom aims to support pelvic pain and female anatomy-related pain. The solution pairs expert physical therapists with medical-grade wearable technology to deliver effective, simple, custom treatment plans.

Check eligibility and enroll at [MyHighmark.com](https://myhighmark.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.



SPRING HEALTH

Your digital mental well-being tool.

Get fast access to personalized care and therapy, book provider visits, build better habits with coaches, and develop long-term skills with on-demand exercises.

Check eligibility and enroll at [MyHighmark.com](#)



COMMUTER BENEFIT

Pay commuting costs with pre-tax funds.

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

Learn more and enroll at [hrrservices.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](#).
Or, call [1-833-394.3578](#).



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](#).

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

Dental Coverage

United Concordia
1-800-332-0366
unitedconcordia.com

Vision Coverage

Vision Network Providers

Highmark Dedicated
Member Service Unit
1-844-351-8085
MyHighmark.com

FSAs and HSAs

Highmark Dedicated
Member Service Unit
1-844-351-8085
MyHighmark.com

Life Insurance

Securian

1-800-872-2214
lifebenefits.com/highmark

Short-Term Disability

AbsenceOne
absenceone.com/
highmarkhealth
888-480-9282

Long-Term Disability

Prudential
mybenefits.prudential.com
1-800-842-1718

Need help with enrollment?

You can reach HR Services at 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.

Our friends in the legal department asked us to include this. Enjoy all the nitty gritty details.



Highmark Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

The pharmacy and/or provider network may change at any time. You will receive notice when necessary. This information is not a complete description of benefits. Call the phone number on the back of your member ID card (TTY users may call 711) for more information.

TruHearing is a registered trademark of TruHearing, Inc. TruHearing is an independent company that administers the routine hearing exam and hearing-aid benefit.

Davis Vision, Inc. is a separate company that administers Highmark vision benefits.

United Concordia is a separate company administering dental benefits.

Express Scripts is a separate company that administers the pharmacy benefit for your health plan.

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. 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, 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）。

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.

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

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).

אכטונג: אויב איר רעדט אידיש, זענען שפראך הילף סערוויסעס, פריי פון אפצאל, אוועילעבל פאר אייך. רופט די נומער וואס איז אויף די פארקערטע זייט פון אייער ID קארטל (TTY:711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ রয়েছে। আপনার আইডি কার্ডের (TTY:711) পিছনে থাকা নম্বরে ফোন করুন।

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).

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

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (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).

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

ΠΡΟΣΟΧΗ: Σε περίπτωση που μιλάτε Ελληνικά, οι διαθέσιμες υπηρεσίες γλωσσικής βοήθειας σας παρέχονται δωρεάν. Καλέστε τον αριθμό στο πίσω μέρος της ταυτότητας σας (TTY:711).



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