

**Your benefit options and a
simple way to choose what's best.**

**Allegheny Health Network
2020 Benefits Decision Guide**



A few things to do now. All the details for later.

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

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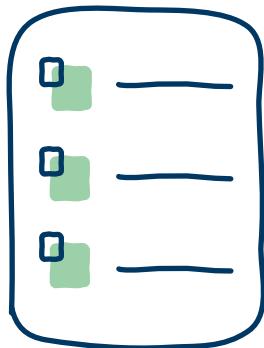
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When you're ready to make your benefit selections, complete your New Hire Enrollment task at hrservices.highmarkhealth.org.



Need help along the way?

Go to [HRservices.highmarkhealth.org](http://hrservices.highmarkhealth.org) or call 844-242-HR4U, 8 a.m. – 5 p.m., Mon – Fri.



Welcome to AHN! Let's get you set up right.

As part of your new hire onboarding, you're going to make your benefit elections. Use this guide as a reference to ensure you set up everything you need for you and your dependents.

Either way, take care of these items first:

1

Don't know what to choose? Meet ALEX®. (page 5)

ALEX gives you an online walk-through of available benefits with personalized recommendations for picking out exactly what you need.

2

Set up your new benefits online. (page 7)

First, complete your enrollment task from your Workday homepage. Then review additional benefits and services through our Employee Advantage program. If you need help, click "Walk Me Through" for step-by-step instructions.

Note: If you enroll dependents, you'll need to provide documentation within 30 days of enrollment, or they won't have coverage. A required document list is on page 30.

3

Want lower expenses for your medical coverage?

Complete the wellness rewards program to earn up to \$1,000 deductible credit. We'll email complete instructions to you after you enroll.

START WITH ALEX ON THE NEXT PAGE

ASK ALEX

**Not sure what to pick?
Here's help.**



Personalized benefits guidance in minutes from ALEX.

Unsure of which benefits to choose? ALEX lays out the benefits that best fit your needs, with plain and simple explanations along the way.

What to do:

step 1

Visit myalex.com/highmark/home/AHN

step 2

Answer a few simple questions to estimate your needs for the year.

step 3

See the benefits plan that makes the most sense for your life and your budget.

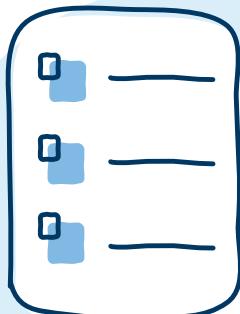
step 4

Complete your New Hire Enrollment task at hrservices.highmarkhealth.org.

And 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.

NOTE: ALEX may not be available to employees in certain bargaining agreements.

Go to myalex.com/highmark/home/AHN to get started.



Here's how to log in:

1. Go to HighWire to access HR Services Online.
2. From HR Services Online, click on Workday Home.
3. Click your Inbox to access the New Hire Enrollment Task.
4. Complete your enrollment within 30 days from your hire date.

How to Enroll

Before you begin, there are a few things you can do to make the enrollment process easier:

1. Know which options are best for you by doing your research in advance. Visit the 2020 Benefits page on HR Services Online for more information and resources.
2. Have your dependent name(s), Social Security number(s), and date(s) of birth available if you will be adding dependents to your coverage. Also note that if you will be covering dependents for the first time, you are required to provide dependent documentation to Human Resources (see page 39 for supporting documentation requirements).
3. If you plan on making contributions to an FSA or HSA, determine what contribution levels are appropriate for you. ALEX can help you out!
4. Ensure that your beneficiary designations are up-to-date.

A note on default benefits:

If you do not actively enroll in benefits, you will automatically be defaulted:

- Medical, dental, vision, FSA, HSA, supplemental life will be waived.
- Full-time employees will be automatically enrolled in employer paid benefits — basic life insurance, short & long term disability

EMPLOYEE ADVANTAGE BENEFITS PROGRAM

**Looking for even more
valuable benefits?
Here's a whole bunch.**



Introducing a benefits program designed to support your lifestyle.

New for 2020, the Employee Advantage benefits program gives you access to a group of programs, services, and tools made for supporting you in areas across your life. For more information on the programs, discounts, and how to enroll in these voluntary benefits, visit hrservices.highmarkhealth.org > Benefits & Wellness > Additional Benefits & Services > Highmark Health Employee Advantage.

The Critical Illness, Hospital, Accident, Legal & ID theft can only be elected as a new hire or during Open Enrollment.

During your new hire or open enrollment periods, you can elect

- **Critical Illness Insurance**
(Lump-sum benefit 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**
(payout after a covered accidental injury used for deductibles, out-of-pocket medical, or daily living expenses)
- **Legal Insurance**
- **Identity Theft Program**

You can enroll and take advantage of these other benefits throughout the year:

- **Pet Insurance**
- **Discounts on Home & Auto Insurance**
- **Student Loan Refinancing and Counseling**
- **Employee Discounts**
(With new deals added daily, get exclusive curated vendor offers on event and park tickets, electronics, hotels, rental cars, clothes, gifts, and more.)
- **Employee Purchasing Program through Zebit**
(used for spreading larger purchases such as electronics and appliances over an extended period of time)

**What you're eligible for,
benefits-wise.**



Who you are and what benefits you can get.

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

If you're regularly scheduled to work at least 70 hours per pay period (.875 FTE), you're eligible for medical, dental, vision, basic life and accidental death and dismemberment, supplemental life, short & long term disability, and FSAs.

If you're regularly scheduled to work at least 32 hours per pay period (.4 FTE), you're eligible for medical, dental, vision, supplemental life, FSAs, and short-term disability.

If you're a weekend nurse regularly scheduled at least 48 hours per pay period (.6 FTE), you're eligible for medical, dental, vision, supplemental life, flexible spending accounts, and short-term disability. This program is for nurses who work 12-hour shifts each weekend and isn't available at all locations.

If you're regularly scheduled to work 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 Consumer Choice Health Savings Account (HSA) medical option in compliance with the Affordable Care Act. If this applies to you, you'll be notified.

Eligible dependents can be covered under some plans, including a spouse, domestic partner, children under age 26, or children who are disabled and not self-sufficient. When you're enrolling dependents for the first time, you have 30 days from the date you enroll to provide required documentation listed on page <30>.

THE NEXT PAGES ARE BRIEF REVIEWS OF BENEFIT OPTIONS

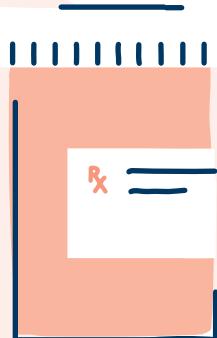
For full descriptions, go to hrservices.highmarkhealth.org.

Medical Coverage

You can choose one of three medical plans or to waive medical coverage. The medical grid here 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.

	90% PLAN		80% PLAN		CONSUMER CHOICE HSA	
	Enhanced Level	Standard Level	Enhanced Level	Standard Level	Enhanced Level	Standard Level
Deductible: Individual Family	\$300 \$600	\$750 \$1,500	\$600 \$1,200	\$1,200 \$2,400	\$1,500 \$3,000	\$3,000 \$6,000
Inpatient Copay/Admission	N/A	\$1,500	N/A	\$1,500	N/A	N/A
Including hospitalization, procedures, labs, diagnostic tests, physical therapy, and more.						
Outpatient Copay/Admission	N/A	\$500	N/A	\$500	N/A	N/A
Including procedures, labs, pathology, other tests.						
Coinurance (plan pays after deductible)	90%	60%	80%	50%	80%	50%
Coinurance applies to: inpatient facility, outpatient facility, professional services, professional diagnostic services (X-rays, labs, etc.), durable medical equipment, Home health care, mental health inpatient, physical speech, and occupational therapy.						
Annual Out-of-Pocket Maximum: Individual Family	\$1,500 \$3,000	\$6,100 \$12,200	\$3,000 \$6,000	\$6,100 \$12,200	\$3,000 \$6,000	\$5,950 \$11,900
Includes deductible and coinsurance and are based on the deductible noted above. The out-of-pocket maximum increases by \$500 for individual or \$1,000 for family coverage if the Wellness Program requirements are not completed by employees.						
Total Out-of-Pocket Maximum: Individual Family	\$6,600 \$13,200		\$6,600 \$13,200		\$6,450 \$12,900	
Includes all medical copays, deductibles, coinsurance, prescription drug copays, and other qualified medical expenses. The limits are set by Federal regulations and are not impacted by Wellness Rewards completion.						
Preventive Care	100% no deductible		100% no deductible		100% no deductible	
WHAT YOU PAY FOR COMMON SERVICES (YOU'LL HEAR THESE CALLED COPAYS)						
PCP	\$10	\$50	\$10	\$50	Enhanced: Plan pays 80% after deductible, you pay 20% Standard: Plan pays 50% after deductible, you pay 50%	
Mental Health & Substance Abuse	\$10	\$50	\$10	\$50		
Specialist	\$20	\$75	\$20	\$75		
Urgent Care	\$40		\$50		Plan pays 80% after deductible, you pay 20%	
ER Visit	Plan pays 100% after \$100 copay (waived if admitted)		Plan pays 80% after deductible		Plan pays 80% after deductible	

Notes: 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 highmarkbcbs.com or call Member Service at 800-472-1506.



Prescription Drug Benefit

Your drug coverage level depends on the type of drug and whether you purchase at a network retail pharmacy, AHN pharmacy, or mail order. Find a network pharmacy at highmarkbcbs.com.

AHN Care Partner Program

An additional resource to help people on a regular drug regimen maintain a healthy and sustainable lifestyle, this program provides certain medications at a discount or no charge. If you're eligible, we'll contact you directly.

Prescription Copay Chart

TYPE OF DRUG	RETAIL (UP TO 30-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	You pay 50%, \$250 maximum	N/A

Notes:

- Copays do not apply to Consumer Choice HSA until deductible has been met.
- National Pharmacy Network
- Saint Vincent employees and dependents must use PharmSV to receive up to the 30-day supply. (Other in-network pharmacies will only dispense a 15-day supply.)

DID YOU KNOW? YOU CAN USE AHN ONSITE PHARMACIES FOR RETAIL AND MAINTENANCE MEDICATION FILLS. SEE PAGE 31 FOR A LIST OF PHARMACIES.



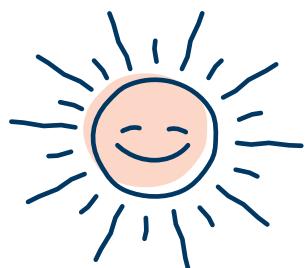
Dental Benefits

You have two plan options for dental, Basic or Enhanced. Or you can waive coverage altogether.

Both plans are a PPO, 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.

Full dental benefit grids are at hrservices.highmarkhealth.org.

To find a network provider online, visit unitedconcordia.com and click 'Find a Dentist.'



Smile for Health-Wellness Program

For people who are pregnant or have certain chronic medical conditions, Smile for Health provides additional dental benefits at a reduced cost.

Here's How to Register and Enroll

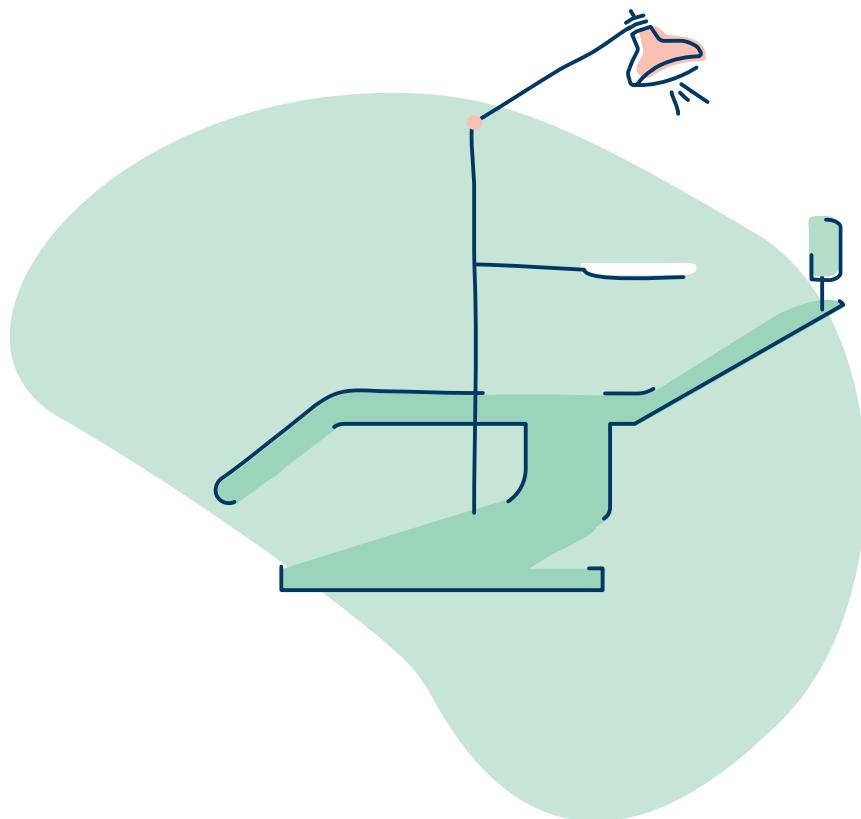
1. Visit unitedconcordia.com.
2. Sign into My Dental Benefits (or create an account).
3. Click the Wellness tab at the top menu.
4. Click the +Add a New Condition and complete the fields as prompted.
5. Your condition status will show as ACTIVE to confirm your activation.

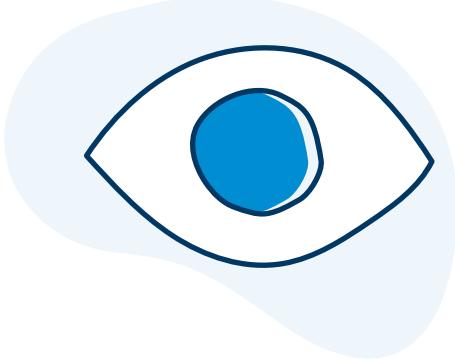
Once registered, talk to your dentist about any additional services you may need to keep your mouth as healthy as possible.

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

Dental Benefits Summary

TYPES OF SERVICE, SUBJECT TO FREQUENCY LIMITATIONS	BASIC OPTION	ENHANCED OPTION
Diagnostic and Preventive Services, like exams, X-rays, cleanings, fluoride treatments, sealants	Plan pays 100%	Plan pays 100%
Basic Services, like fillings, non-surgical periodontics, simple extractions	Plan pays 80% (Surgical periodontics covered at 40%)	Plan pays 100% (Surgical periodontics covered at 60%)
Major Services, like inlays, onlays, crowns, bridges, dentures	Plan pays 40%	Plan pays 60%
Orthodontic (Children up to age 19)	Not Covered	Plan pays 50%, \$1,500 per child lifetime maximum benefit
Annual Deductible, applies to Basic and Major Restorative Services	\$50 Individual \$150 Family	\$25 Individual \$75 Family
Calendar Year Benefit Maximum, excluding Diagnostic and Orthodontic services	\$1,200 per person	\$1,500 per person





Vision Coverage through Davis Vision

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

- One vision exam and frames with lenses or contacts each calendar year.
- One-year eyeglass breakage warranty for repair or replacement.
- 20% discount at most network offices for extra items like sunglasses or a backup pair.



Triple your money by shopping at Visionworks

Shop at a Visionworks store and you'll get a \$150 frame allowance instead of just \$50. Same goes for visionworks.com which has over 2,000 frames and a handy virtual try-on tool.

To find an in-network vision provider, visit davisvision.com.

Vision Benefits Summary

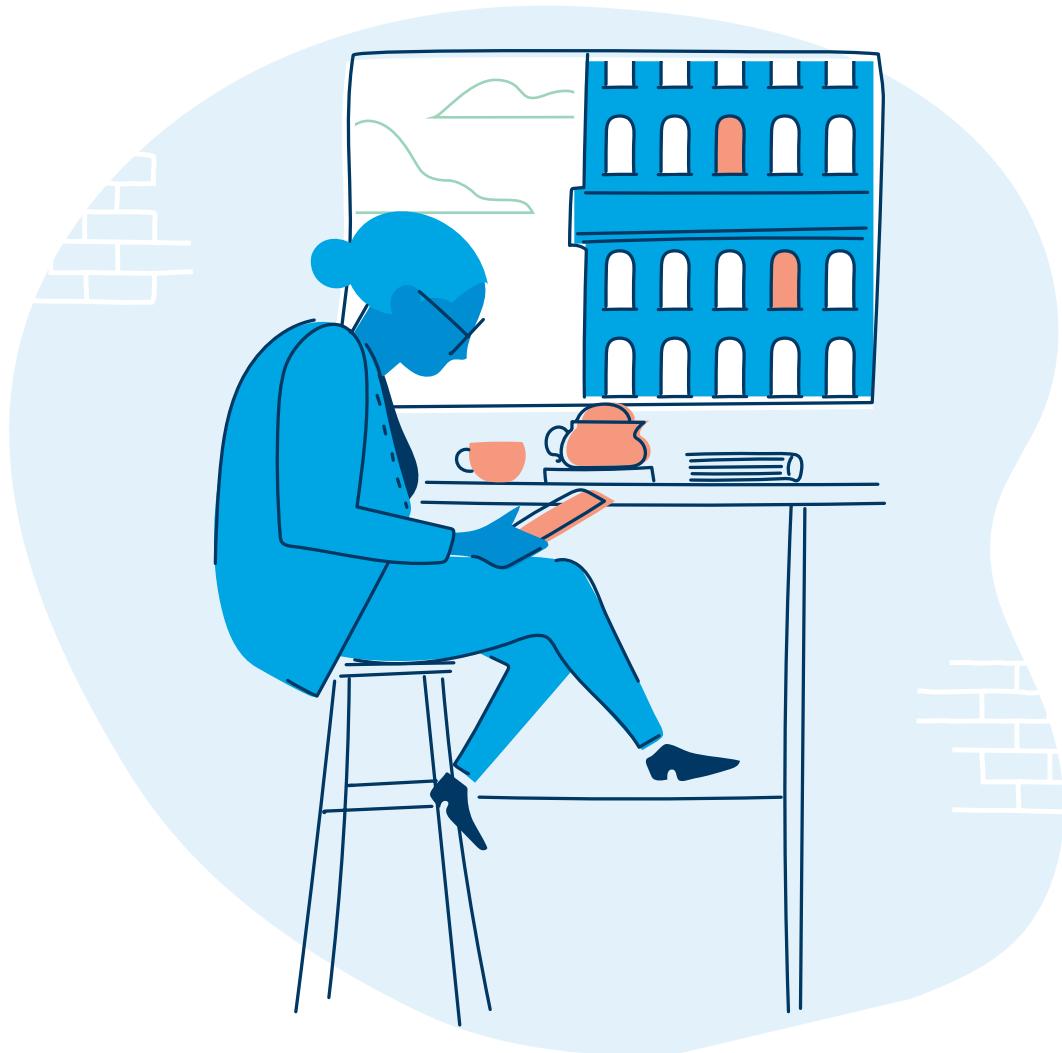
BENEFIT	IN-NETWORK COPAY	COVERAGE DETAILS (IN-NETWORK)	
Eye Exam	\$0	Covered in full. Includes dilation when professionally indicated.	N/A
Spectacle Lenses	\$10	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription, covered in full. (There may be copays for additional lens options and coatings.)	N/A
Frame	\$0	Covered in Full Frames:	Any Fashion or Designer level frame from Davis Vision's Collection. (retail value, up to \$160).
		OR, Visionworks Frame Allowance:	\$150 allowance toward any frame from a Visionworks provider
		OR, Frame Allowance:	\$50 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/2, up to: Two boxes/multi-packs* Four boxes/multi-packs* *Number of contact lens boxes may vary based on manufacturer's packaging.
		OR Contact Lens Allowance:	\$100 allowance toward any contacts from provider's supply
		OR, Medically Necessary Contacts	Covered in full with prior approval



Life Insurance

If you're eligible, basic life and accidental death and dismemberment insurance are both included automatically. 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. If you do, contributions are made after-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.



Additional Life Insurance Benefits Summary

PLAN	COVERAGE OPTIONS
Basic Life and AD&D	<ul style="list-style-type: none"> • 1 times annual salary • \$1,000,000 maximum • No Evidence of Insurability (EOI) required • Paid for by employer • Full-time employees only • Automatically enrolled
Supplemental Life and AD&D	<ul style="list-style-type: none"> • 1 to 8 times annual salary • \$1,000,000 maximum • Evidence of Insurability may be required • Paid for by you
Spouse/Domestic Partner Life and AD&D	<ul style="list-style-type: none"> • Spouse - \$10,000 to \$100,000 in \$10,000 increments • Spousal guaranteed issue of \$50,000 • Spouse coverage amount can't be greater than Basic & Supplemental combined • Paid for by you
Child Life and AD&D	<ul style="list-style-type: none"> • Child - \$10,000 or \$20,000 • If employee and spouse both work for AHN, both cannot elect • Paid for by you
Business Travel Accident	<ul style="list-style-type: none"> • Up to 4 times annual salary for full-time employees - \$600,000 maximum • 2 times annual salary for part-time employees - \$300,000 maximum • Automatically enrolled • Paid for by employer

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 by going to hrservices.highmarkhealth.org.

Disability

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

Short-Term Disability

If you're unable to work for an extended period of time due to a non-work-related personal illness or injury, disability insurance provides income protection. 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.

Pre-existing conditions impact Short-Term Disability Benefits

If you are a part time employee and choose to purchase the short-term disability benefit, having a pre-existing condition may impact your disability benefit. A pre-existing condition refers to the 90-day period prior to your coverage effective date and during which you received treatment for the injury, illness, pregnancy, or any related manifestations, symptoms, findings, or aggravations.

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.

Pre-existing 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 pre-existing condition that caused or contributed to the disability during the three months immediately before coverage started. Long-term disability can cover work-related disabilities, but benefit payments are offset by any other disability payments you're eligible to receive, including Workers Compensation.

The employer-paid disability programs may not apply to employees who are covered under certain collective bargaining agreements.

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)

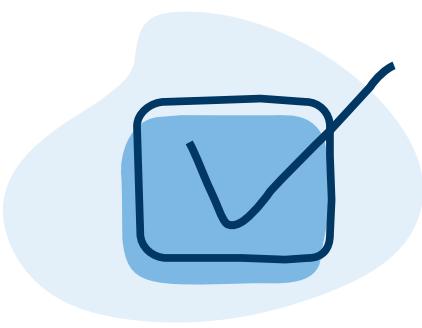
Part-time employees

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)

Summary of Long-Term Disability Benefits

Full-time employees only

	LONG-TERM DISABILITY (EMPLOYER PAID)	VOLUNTARY LTD (EMPLOYEE PAID)
Benefit	50% base earnings	60% base earnings
Benefit Monthly Maximum		\$12,500
Elimination Period		180 calendar days
Duration	Based upon disability and occupation; may be payable to age 65	



Magellan Employee Assistance Program

One-to-One Help with Personal or Work-Related Challenges

All employees, family and household members, and other dependents are eligible for unlimited phone consultations, web resources, educational information, and up to five in-person counseling 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	Marital & relationship problems
Burnout	Self-improvement planning
Co-worker challenges	Substance abuse
Elder care	Time management
Emotional issues	Work-life balance
Family & parenting concerns	And more!

Qualified referral services for all life's major events

Certified individuals provide consultations, resources, educational materials, and customized information packets on topics such as:

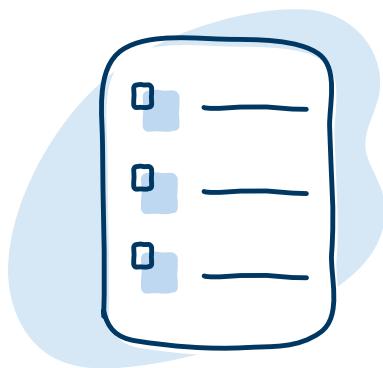
Adoption	Relocation
Child care	Retirement
Educational choices	Special needs
Elder care	Substance abuse
Parenting	Work-life balance
Preparing for pregnancy	And more!

Easy-to-browse, personalized health content

Magellan Ascend provides you with timely, curated content each time you visit the site, magellanascend.com, including:

- Interactive self-assessments, screenings, and planners
- On-demand educational webinar series
- Clickotine app – clinically – driven app technology to help you create a quit plan and overcome nicotine cravings
- Live Chat – Instantly connect with a live online specialist

Extra Programs



COMMUTER BENEFIT

Pay for your daily commute with pre-tax dollars

Wageworks® Commuter makes your commute convenient, affordable, and saves an average of 30% on public transit. Visit hrservices.highmarkhealth.org to sign up.

ERNST & YOUNG (EY) FINANCIAL WELLNESS

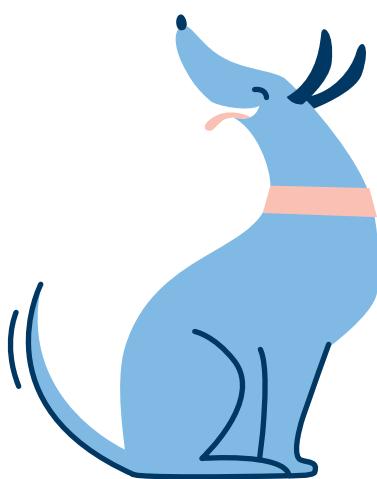
Free personal financial planning and resources

Get unlimited access to financial counseling over the phone. For more info, visit highmark.eyfpc.com or call **888-394-3578** to talk with a financial planner.

PARKING BENEFIT

Parking lease discounts at certain work locations

If you're eligible, information on parking will be provided to you during new hire orientation, or you can visit your onsite parking office for further details.



HEALTH FSA/HSA ENROLLMENT

**Budgeting for health?
Here's how.**



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.

For more information on qualified medical expenses and max contributions amounts, visit highmarkspendingaccounts.com.

You can't have an HSA if:

1. You have health coverage that isn't a Qualified High-Deductible Health Plan (HDHP).
2. You're claimed as a dependent on another individual's tax return.
3. You're enrolled in Medicare.

Health Savings Account (HSA)

Top Advantages:

- 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.

Health Care Flexible Spending Account (FSA)

Top Advantages:

- 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 \$500 by re-enrolling the following year.

FSA ENROLLMENT

**Budgeting for other care?
Here's your answer.**



Save even more by setting aside pre-tax dollars for additional needs.

For more information on qualified expenses and max contributions amounts, visit highmarkspendingaccounts.com.

Dependent Care FSA

Like other FSAs, a Dependent Care FSA saves money by lowering your taxable income. But unlike other FSAs, it lets you use your pre-tax dollars for dependent care services (like child or adult daycare) when that service is used to enable you or your spouse to work, look for work, or go to school.

- 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
- 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



401(k) Benefits

As part of your total compensation, AHN will contribute to your 401(k) in two ways: matching contributions and an annual employer contribution.

Matching contributions

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

Remember: You are always 100% vested in the employer's matching contributions as well as your own contributions. The matching contributions and yearly accumulation will be shown on your paycheck.

Employer contribution

You'll receive an annual employer contribution of 1% of your eligible pay, regardless of your contributions, as long as you are:

- Eligible for the AHN 401(k) Plan;
- Earn at least 1,000 hours during the plan year; and
- Employed on Dec. 31 of the plan year (or terminate employment during the year due to death, disability, or retirement).

This employer contribution will generally vest after three years of service.

Eligibility

Generally, you'll begin participating in the 401(k) Plan if you meet the following requirements:

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

With the exception of represented employees of the Canonsburg Ambulance Service and Jefferson Hospital, employees covered by a collective bargaining agreement may not be eligible for this program based on the terms and provisions for bargaining unit-specific retirement programs addressed in the respective collective bargaining agreements.



401(k) Benefits Continued

Enrollment

To help make saving for your retirement easier, 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 of the Plan. However, you can change this contribution rate or opt out of the plan altogether at any time.

Transamerica (Our Plan Administrator)

Transamerica, a full-service retirement plan provider for more than 80 years, helps nearly five million people across America invest their retirement assets. Transamerica gives you access to online tools and services that can help you pursue your retirement savings goals, plus:

- Review and change contributions and investments anytime
- Set smart goals and identify ways you can meet those goals
- Protect what's important by designating beneficiaries

To access your account:

- Go to HR Services Online, myShortcuts, and click Retirement Services.
- Call 844-242-4748, option 1 to check your balance, manage your account, initiate transactions, and more.

*Employees covered by a collective bargaining agreement may have different retirement plan benefits than described herein. Refer to your collective bargaining agreement for details.

How to update your benefits for a “Change in Status” event

The only time you can make changes outside of open enrollment or new hire enrollment is 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.

LIFE EVENT	REQUIRED DOCUMENTATION	EFFECTIVE DATE
Adoption of child	Letter of Placement from agency/adoption certificate/court order	Date of adoption or placement for adoption (whichever occurs first)
Birth of child	Birth certificate	Date of birth
Death of dependent	Certified copy of death certificate	Date of event
Divorce	Divorce decree	End of month in which divorce occurs
Domestic Partner	Declaration of Domestic Partnership form	1st of the month after approval
Job change	No documentation needed	Event date
Legal Guardianship	Court order	Date of court order
Marriage	Marriage certificate	Date of marriage
Qualified medical child support order/national medical support notice	Court order	Date of court order
Spouse/Domestic Partner/dependent job change resulting in gain or loss of coverage	Letter from spouse/domestic partner and/or dependent's employer indicating effective date of employment change, noting loss or gain of insurance	Event date

You have 30 days from the qualifying event date to make benefit changes

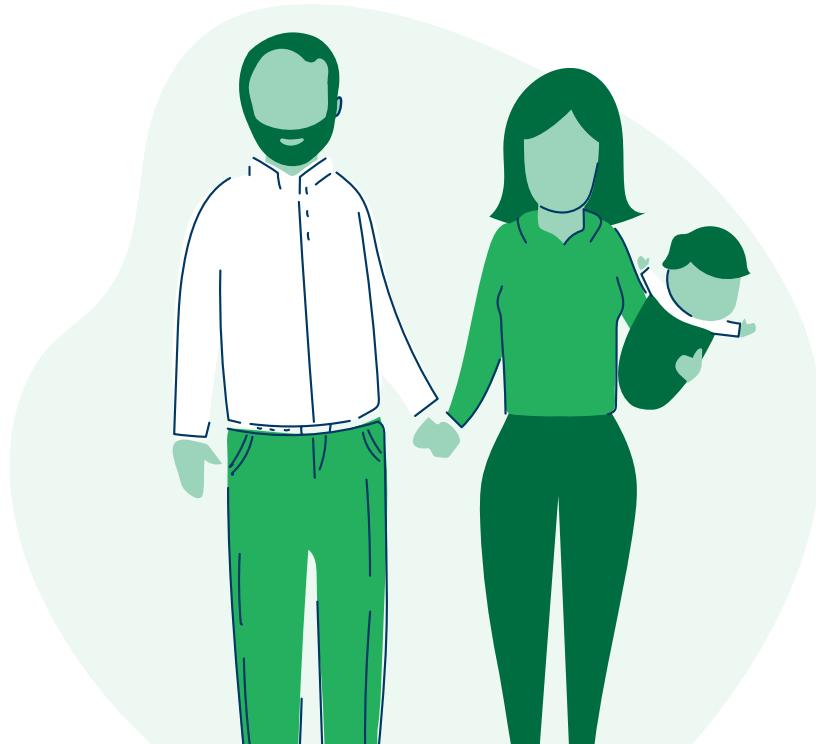
Any mid-year changes to your benefits must be consistent with the qualifying event. For example, if you adopt a child, you can add your child as a dependent on your medical coverage, but you cannot switch medical options.

You can initiate your life event and make updates to your benefits by logging in to your WorkDay Home page at hrservices.highmarkhealth.org.

Required Documentation for Enrolling Dependents

When newly enrolling a spouse or dependent child, you will need to provide proof of the relationship. Below is a list of required documentation. Required documentation must be received within 30 days from enrollment.

DEPENDENT	REQUIRED DOCUMENTATION (CAN BE A COPY)
Spouse (same or opposite sex)	Marriage certificate
Domestic partner and his/her 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 Services at 1-800-472-1506 for required forms
Qualified medical child support order or national medical support notices	Court order



AHN Pharmacies

Use convenient, on-site pharmacies to fill prescriptions, consult one-on-one with a pharmacist, or purchase over-the-counter medications.

AGH Apothecary	Allegheny General Hospital North Avenue, Ste 111 Pittsburgh, PA 15212	412-359-8677
AHN Pharmacy	Wexford Pavilion 12311 Perry Highway, Ste F Wexford, PA 15090	878-332-4118
AHN Pharmacy #2	West Penn Hospital 4800 Friendship Ave, Ste 1422 Pittsburgh, PA 15224	412-605-6389
AHN Pharmacy #5	FAP Pharmacy 120 Fifth Avenue 3rd Floor Pittsburgh, PA 15222	412-442-2350
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	412-469-5265
Pharm SV	Saint Vincent Health Center 232 W. 25th Street Erie, PA 16544	814-452-5600



Here's how to get benefit questions answered

BENEFIT	CONTACT	PHONE	WEBSITE
Medical & Rx Claims Network Providers	Highmark Dedicated Member Services Unit	1 (800) 472-1506	highmarkbcbs.com
Dental Coverage	United Concordia	1 (800) 332-0366	unitedconcordia.com
Vision Coverage	Davis Vision	1 (800) 999-5431	davisvision.com
FSAs & HSAs	Highmark Dedicated Member Services Unit	1 (800) 472-1506	highmarkbcbs.com

How to find care:

AHN lets you and your family choose from over 2,800 physicians at more than 270 western PA care locations.

Here's a few ways to find a great one near you:

- Call **412-DOCTORS**.
- Visit **AHN.org** and search for doctors.
- Go to **drmatchquiz.com** to find a doctor you'll connect with on a personal level.

**QUESTIONS ON ENROLLMENT OR ELIGIBILITY? CONTACT HR SERVICES
AT 844-242-4748 OR VISIT HRSERVICES.HIGHMARKHEALTH.ORG.**

2020 Full-Time Employee Contributions

(What you pay based on calendar year and 26 pay periods)

Consumer Choice HSA (HDHP)

HOURLY RATE	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
<\$15.75	\$12.62	\$30.37	\$34.00	\$39.05
\$15.75-\$29.99	\$17.70	\$42.56	\$47.66	\$54.74
\$30.00 – \$44.99	\$21.09	\$50.76	\$56.83	\$65.27
≥\$45.00	\$25.17	\$60.58	\$67.83	\$77.90

80% EPO Plan

HOURLY RATE	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
<\$15.75	\$23.95	\$57.62	\$64.52	\$74.10
\$15.75 – \$29.99	\$32.32	\$77.76	\$87.07	\$100.00
\$30.00 – \$44.99	\$37.22	\$89.55	\$100.27	\$115.15
≥ \$45.00	\$43.10	\$103.68	\$116.10	\$133.33

90% EPO Plan

HOURLY RATE	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
<\$15.75	\$33.26	\$80.01	\$89.61	\$102.90
\$15.75 – \$29.99	\$42.35	\$101.90	\$114.10	\$131.04
\$30.00 – \$44.99	\$47.64	\$114.64	\$128.36	\$147.42
≥ \$45.00	\$54.00	\$129.92	\$145.47	\$167.08

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
Davis Vision	\$1.27	\$2.68	\$2.55	\$4.08

2020 Part-Time Employee Contributions

(What you pay based on calendar year and 26 pay periods)

Consumer Choice HSA (HDHP)

	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
High Deductible	\$45.05	\$140.80	\$157.66	\$181.07
80% EPO	\$74.43	\$202.65	\$226.91	\$260.60
90% EPO	\$91.06	\$219.09	\$245.31	\$281.72

Dental Plan

	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Basic	\$10.18	\$17.94	\$20.37	\$30.01
Enhanced	\$13.34	\$28.68	\$26.68	\$42.55

Vision Plan

	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Davis Vision	\$2.56	\$5.36	\$5.10	\$8.16

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.

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, 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 pre-tax money to pay for qualified medical expenses. You can only have an HSA if you have a Qualified High-Deductible Health Plan.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A plan that usually comes with a lower premium because you pay more up front 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 that generally charges more than your plan allowance amount for the same 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 not just in deductibles and coinsurance, but also all medical and drug copays, and other qualified expenses.

There's a whole lot of legalese around these plans. We put it all in one place for you.

Some business units and job classifications are covered by collective bargaining agreements and may not be eligible, or have different provisions for all benefits described herein. In the event of any discrepancy between the information in this sheet and the Plan documents or policies, the Plan documents or policies govern. This is only a brief summary of the benefits available to eligible employees of AHN. This document is not, nor should it be considered to be, an agreement or contract, express or implied. AHN may, at any time, in its sole discretion, modify or vary from anything stated in this document with or without advanced notice.

Your health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, Highmark Coverage Advantage, or Highmark Choice Company, all of which are independent licensees of the Blue Cross and Blue Shield Association.

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>. If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyon tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم . 1-800-876-7639

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

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。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان با تماش با شماره 1-800-876-7639

When you're ready to make
your benefit selections, complete
your New Hire Enrollment task at
hrservices.highmarkhealth.org.



2020 Allegheny Health Network Employee Benefits