Capital

Penn Medicine
Lancaster General Health

# WELCOME TO CAPITAL BLUE CROSS

**For employees of Penn Medicine Lancaster General Health**

**July 2023**

MyHealthToolkitCapital.com

Dear LG Health Colleagues,

At Penn Medicine Lancaster General Health, we believe the best care for our patients starts with the best care for ourselves. Our employee benefits program, including medical, dental and vision insurance, will help you and your family feel supported when it comes to making decisions on your physical, mental and emotional health.

Penn Medicine Lancaster General Health will host annual benefit enrollment May 15-31, 2023. The selections made during the May 2023 enrollment will be valid July 1, 2023 to June 30, 2024. This year's benefit offerings includes several changes that reflect our desire to provide a total rewards package for staff which includes competitive base pay, health insurance and family support programs while at the same time, maintaining our commitment to financial sustainability. Please read the information below carefully.

**What's new for July 1, 2023?**

**Health and Dental Premiums**

- Premiums for medical and dental will increase slightly (5%) with the new rates reflected on the first pay in July dated July 14, 2023.
- Note: Full-time medical, dental and vision premiums will now reflect FTE's of .9 or greater.
- Part-time premiums will reflect FTE's of 0.5 – 0.8. Employees affected by this change have received targeted communications.
- Vision premiums will not be increasing.
- The premium changes only affects the LG Select Health Insurance Plan, where employees pay a bi-weekly premium for their health insurance. Employees who use the LG Consumer Health Insurance Plan will continue to not pay a premium for their health insurance.
- The LG Consumer plan deductible will move to an embedded deductible. For more information, see page 10.
- **P**reauthorization will no longer be required for MRI/MRA/PET/CT imaging when performed at a Tier 1 facility.

**Prescription Drugs**

- The Pharmacy Plan Administrator will change from Express Scripts to Southern Scripts, which will include lower co-pays for all prescriptions secured at any one of the four LG Health Convenience Pharmacy locations.

**Flexible Spending Accounts and Health Care Savings Account**

- The maximum amount employees can contribute to a Health Care Flexible Spending Account (FSA) for the 2023 – 2024 benefit plan year will increase to $3,050 in pre-tax earnings. Previously, the limit was $2,850.

- The maximum amount employees can contribute, during the 2023-2024 benefit plan year, to their Health Savings Account (HSA) is $3,850 for individual coverage or $7,750 for family coverage. Employees age 55 and older may make an additional “catch-up” contribution of $1,000.

**Voluntary Short Term Disability**

- For those employees enrolled in Voluntary Short-Term Disability a slight decrease in premiums will be effective after July 1, 2023. Employees electing Voluntary Short-Term Disability, for the first time during annual benefit enrollment, will be required to answer medical questions to be approved for coverage.

**Caregiver Support Program**

- Addition of a new employer paid caregiver advocacy program, Wellthy, will be added for eligible employees who are a 0.5 FTE or greater. Wellthy is a leading caregiving solution to provide support to those families in areas such as aging parents, veteran’s benefits, special needs and more.

**Medical and Prescription Drug ID Cards**

- Employees will be receiving new medical and prescription drug ID cards (these are separate ID cards). All new ID cards will arrive prior to the end of June from Capital Blue Cross (medical) and Southern Scripts (prescription drugs).

**What do you need to do?**

- **The May 15-31 annual benefit enrollment is a passive enrollment for medical, dental and vision coverage, but other elections still need to happen, including:**
    - **Review Medical, Dental and Vision Coverage:** If an employee does not log in to Workday to make changes, the current medical, dental and vision coverage will carry over for July 1, 2023 to June 30, 2024.
    - **Elect Flexible Spending and Health Savings Accounts:** Elections for Medical Flexible Spending Account (FSA), Dependent Care Flexible Spending and Health Savings Account (HSA) do not roll over automatically. If an employee wishes to participate in these programs between July 1, 2023 and June 30, 2024, they must log into Workday and make new elections.

All employees will also receive this information in a printed newsletter which will be mailed to home addresses. Details related to benefits and annual benefit enrollment may be found at LGHealthBenefits.com. If you have specific questions related to health benefit enrollment, you can email the Benefits Department at lgh-benefits@pennmedicine.upenn.edu

## LG Health Insurance Prescription Co-Pays*

### Managed by Southern Scripts

| Prescription Drug Coverage | Co-payments |
|---|---|
| **LGH Convenience Pharmacies ONLY (30-day supply)** | **$5 Generic**<br>**$15 Preferred Brand**<br>**$30 Non-Preferred Brand**<br>**$0 Specialty**<br>**$0 Hypertension and Hyperlipidemia** |
| **LGH Convenience Pharmacies ONLY (90-day supply)** | **$10 Generic**<br>**$30 Preferred Brand**<br>**$60 Non-Preferred Brand**<br>**$0 Hypertension and Hyperlipidemia** |
| Rx Retail Pharmacy (30-day supply) | $15 Generic / $45 Preferred Brand / $75 Non-Preferred Brand |
| Rx Mail Order (90-day supply) | $30 Generic / $90 Preferred Brand / $150 Non-Preferred Brand |

*LG Consumer co-paymentsare applicable after annual deductible (Individual and/or Family, if applicable) has been satisfied.

All prescription drug co-pays and co-insurances are attributable to annual out-of-pocket limits in the employee's selected Health Insurance Plan.

Southern Scripts has been selected to manage your prescription benefit beginning July 1st, 2023. You may fill your prescriptions at LGH's Convenience Pharmacies, UPHS Pharmacies, a Southern Scripts retail network pharmacy or through home delivery from LGH Convenience Pharmacy.

### Opportunities to save on your prescriptions

Variable Copay™ reduces the cost of eligible specialty and brand medications by using manufacturer-provided coupons. This program is available through your employer's benefits package at LGH Convenience Pharmacies.

### Tools to manage your pharmacy benefits

**Easy**
Register online* or download the Southern Scripts mobile app and have your info with you at all times.

**Convenient**
Prescription history, drug price check, drug formulary search, access your digital ID card and more- all online.

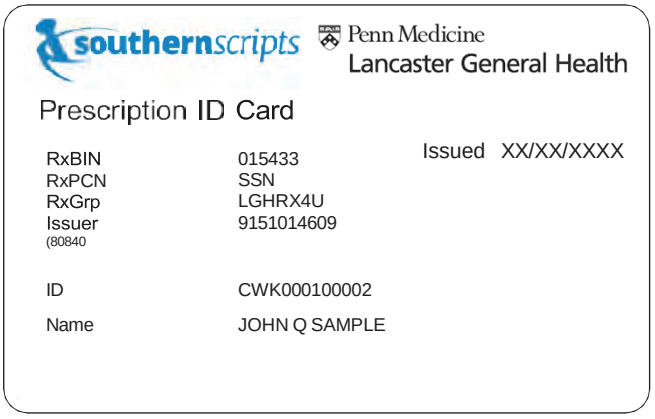
*Registration is available on or after July 1st, 2023

### 2 easy ways to set up your account*

Visitmember.southernscripts.net

Visit your favorite app store to download the Southern Scripts mobile app

## New Prescription Drug ID Cards





Sign in at member.southernscripts.net to view pharmacies available near you.

### Skip the trip with home and desk side delivery.

Get long-term medication (and savings) delivered right to your door from Convenience Pharmacies

### Personalized care for Specialty Medications.

Medications that treat complex conditions are considered Specialty and need to be filled at the LGH Convenience Pharmacies.

*If you have an active prescription at Express Scripts mail order or Accredo Specialty Pharmacy, it will be transferred on 7/1/2023 to the LGH Convenience Pharmacy located on North Duke Street.

*If you are currently filling your Specialty medication at an LGH Convenience pharmacy, there is no action required.

### Choose from a variety of pharmacy options.

- Place orders in person, at the pharmacy or over the phone
- The Lancaster General Health Convenience Pharmacies offer easy access to over-the-counter items and prescription fills/refills, including over- the-phone and on-line prescription refill services, home and desk-side delivery services. Call 717-544-5929 or visit www.LGHealth.org/refill.

### Pharmacy Locations

Convenience Pharmacy: Lancaster General Hospital, First Floor, 555 North Duke St. Lancaster, PA 717-544-5929

Convenience Pharmacy: Kissel Hill
51 Peters Rd, Lititz, PA 717-627-7689

LG Health Convenience Pharmacy Columbia
306 N 7th St, Columbia, PA 717-684-1450

LG Health Convenience Pharmacy Suburban Pavilion:
Suburban Outpatient Pavilion, Third Floor
2108 Harrisburg Pike, Suite 314, Lancaster, PA
717-544-3154

Southern Scripts is an independent company that offers Prescriptions Benefits and related services on behalf of your employer group health plan.

Penn Medicine
Lancaster General Health

# Health, Dental and Vision Insurance Premiums*

| FULL TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.9 FTE and Greater Employees) | | | | | | |
|---|---|---|---|---|---|---|
| | LG Consumer | LG Select | LG Dental | LG Dental Plus | Vision | Vision Plus |
| Employee | $0.00 | $ 53.55 | $ 6.01 | $12.53 | $2.15 | $4.11 |
| Employee + Spouse | $0.00 | $135.45 | $10.16 | $23.58 | $4.30 | $8.22 |
| Employee + Child(ren) | $0.00 | $110.25 | $9.38 | $23.21 | $4.51 | $8.63 |
| Family | $0.00 | $159.60 | $16.17 | $38.08 | $6.66 | $12.74 |

| PART TIME EMPLOYEE PREMIUMS PER PAY (Includes 0.5 – 0.8 FTE Employees) | | | | | | |
|---|---|---|---|---|---|---|
| | LG Consumer | LG Select | LG Dental | LG Dental Plus | Vision | Vision Plus |
| Employee | $0.00 | $ 86.10 | $7.74 | $14.26 | $2.15 | $4.11 |
| Employee + Spouse | $0.00 | $195.30 | $14.90 | $28.32 | $4.30 | $8.22 |
| Employee + Child(ren) | $0.00 | $148.05 | $11.78 | $24.82 | $4.51 | $8.63 |
| Family | $0.00 | $224.70 | $24.49 | $46.40 | $6.66 | $12.74 |

*The premiums reflected above will be effective from July 1, 2023 – June 30, 2024

# LG Select At-A-Glance

| Plan Features | Tier 1 Providers | Tier 2 Providers | Non-Preferred Providers * |
|---|---|---|---|
| **Annual Deductible (ded) – Embedded**<br>Individual<br>Family | $250<br>$500 | $750<br>$1,500 | $900<br>$1,800 |
| | **In-network Co-payment** | **In-network Co-payment** | **Out-of-network Co-Insurance** |
| **Physician Services**<br>Personal Family Physician<br>Specialist<br>Personal Family Physician E-Visit<br>Urgent Care<br>Retail Health Care Clinics<br>Penn Medicine OnDemand | $15 (No ded)<br>$30 (No ded)<br>$20 (No ded)<br>$30 (No ded)<br>$15 (No ded)<br>$0 (No ded) | $40 (No ded)<br>$50 (No ded)<br>$20 (No ded)<br>$50 (No ded)<br>$40 (No ded)<br>N/A | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%*<br>$50 (No ded)<br>Plan pays 60%*<br>N/A |
| | **In-network Co-payment** | **In-network Co-payment** | **Out-of-network Co-Insurance** |
| **Inpatient Hospitalization**<br>Facility Services<br><br>Physician Services | 100% (after $200 copay per admission)<br>After ded, Plan pays 90% | **After Deductible**<br>Plan pays 80%* [1]<br><br>Plan pays 80%* | **After Deductible**<br>Plan pays 60%*<br><br>Plan pays 60%* |
| **Diagnostic Services and Supplies**<br>Inpatient or Outpatient Services<br>Independent Lab | Plan pays 100%<br>N/A | **After Deductible**<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%* |
| **Outpatient Surgery**<br>Ambulatory or Surgical Center Facility<br>Ambulatory or Surgical Center Services<br>Physician's Office Services | Plan pays 100%<br>After ded, Plan pays 90%<br>After ded, Plan pays 90% | **After Deductible**<br>Plan pays 80%<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%* |
| **Preventive/Wellness**<br>Adult and Child Well Exams | Plan pays 100% | Plan pays 100% | **After Deductible**<br>Plan pays 60%* |
| **Specialty RX Administration**<br>Inpatient, Physician Office, Outpatient Hospital or Facility | Plan pays 100% | **After Deductible**<br>Plan pays 60% | **No coverage** |
| **Emergency Room Care**<br>Emergency Care<br>Non-Emergency Care | After Deductible<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 80%*<br>Plan pays 80%* |
| **Rehabilitation Services**<br>Physical, Occupational, Speech and Respiratory Therapies | Plan pays 90% (No ded) | **After Deductible**<br>Plan pays 80% | **After Deductible**<br>Plan pays 60%* |
| **Behavioral Health Services**<br>Outpatient<br>Telemedicine<br>Mental Health/Substance Use Inpatient<br>Emergency Room/Crisis Evaluation | $15 copay, no deductible<br>$15 copay, no deductible<br>100% after $200 copay<br>Plan pays 80% after ded | $40 copay, no deductible<br>$15 copay, no deductible<br>Plan pays 80% after ded*[1]<br>Plan pays 80% after ded | **After Deductible**<br>Plan pays 60%<br>Plan pays 60%<br>Plan pays 60%*<br>Plan pays 80% |
| | **In-network** | **In-network** | **Out-of-network** |
| **Annual Out of Pocket Limit**<br>Embedded<br>Individual<br>Family | $1,500<br>$3,000 | $3,750<br>$7,500 | $6,400*<br>$12,800* |

[1] A $5,000 copayment will be applied for non-life threatening inpatient visits at the following hospitals: Penn State Milton S. Hershey Medical Center, WellSpan York Hospital, WellSpan Ephrata Community Hospital, Reading Hospital, UPMC Lititz, Penn State Health St. Joseph Medical Center, UPMC Harrisburg, Lebanon VA Medical Center, Nemours Children's Hospital, WellSpan Good Samaritan Hospital and Penn State Health Lancaster Medical Center. *paid at UCR (Usual, Customary and Reasonable) This document for summary purposes only, plan document will prevail if any discrepancy between this document and the plan document.

# LG Consumer At-A-Glance

| Plan Features | Tier 1 & Tier 2 Providers | Non-Preferred Providers * |
|---|---|---|
| **Annual Deductible – Embedded**<br>Individual Only **<br>Family - Per Family Member **<br>Family – Total** | <br>$2,000<br>$3,000<br>$4,000 | |
| | **In-network Co-payment** | **Out-of-network Co-Insurance** |
| **Physician Services**<br>Personal Family Physician<br>Specialist<br>Personal Family Physician E-Visit<br>Urgent Care<br>Retail Health Care Clinics<br>Penn Medicine OnDemand | **After Deductible**<br>$20<br>$35<br>$20<br>Plan pays 90%<br>Plan pays 90%<br>$49 before ded/$20 after ded | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 90%*<br>Plan pays 90%*<br>N/A |
| | **In-network Co-Insurance** | **Out-of-network Co-Insurance** |
| **Inpatient Hospitalization**<br>Facility Services<br>Physician Services | **After Deductible**<br>Plan pays 90%[1]<br>Plan pays 90% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%* |
| **Diagnostic Services and Supplies**<br>Inpatient Services<br>Outpatient Services<br>Independent Lab | **After Deductible**<br>Plan pays 90%<br>Plan pays 100%<br>Tier 1 – N/A, Tier 2 – Plan pays 90% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Plan pays 60%* |
| **Outpatient Surgery**<br>Ambulatory or Surgical Center Facility<br>Ambulatory or Surgical Center Services<br>Physician's Office Services | **After Deductible**<br>Plan pays 100%<br>Plan pays 100%<br>Plan pays 90% | **After Deductible**<br>Plan pays 60%*<br>Plan pays 60%*<br>Play pays 60% |
| **Preventive/Wellness**<br>Adult and Child Well Exams | <br>Plan pays 100% | **After Deductible**<br>Plan pays 60%* |
| **Emergency Room Care**<br>Emergency Care<br>Non-Emergency Care | **After Deductible**<br>Plan pays 80%<br>Plan pays 80% | **After Deductible**<br>Plan pays 80%*<br>Plan pays 80%* |
| **Specialty RX Administration**<br>Inpatient, Physician Office<br>Outpatient Hospital or Facility | **After Deductible**<br>Plan pays 60% | <br>No coverage |
| **Outpatient Rehabilitation Services**<br>Physical, Occupational, Speech and Respiratory Therapies | <br>**After Deductible**<br>Plan pays 90% | <br>**After Deductible**<br>Plan pays 60%* |
| **Behavioral Health Services**<br>Outpatient<br>Telemedicine<br>Mental Health/Substance Use Inpatient<br>Emergency Room/Crisis Evaluation | **After Deductible**<br>$20<br>$15<br>Plan pays 90%[1]<br>Plan pays 80% | **After Deductible**<br>Plan pays 60%<br>Plan pays 60%<br>Plan pays 60%*<br>Plan pays 80% |
| | **In-network Co-Insurance** | **Out-of-network Co-Insurance** |
| **Annual Out-of-Pocket Limit – Embedded**<br>Individual Only<br>Family - Per Family Member<br>Family - Total | <br>$4,000<br>$4,000<br>$8,000 | <br>$6,000*<br>$12,000* |

1 A $5,000 copayment will be applied for non-life threatening inpatient visits at the following hospitals: Penn State Milton S. Hershey Medical Center, WellSpan York Hospital, WellSpan Ephrata Community Hospital, Reading Hospital, UPMC Lititz, Penn State Health St. Joseph Medical Center, UPMC Harrisburg, Lebanon VA Medical Center, Nemours Children's Hospital WellSpan Good Samaritan Hospital and Penn State Health Lancaster Medical Center.

If you do not utilize a LG Health, Penn Care, CHOP, Eliance Health Solutions, Quest, PHC or Capital Preferred Provider, coverage will be reduced to the Non-Preferred Provider level of insurance. Preventive Services must be performed by a personal family physician,, obstetrics/gynecology, internist, or pediatrician; otherwise coverage will be reduced to the Non-Preferred Provider level of insurance, after deductible.

*Paid at UCR (Usual, Customary and Reasonable)

**The Plan begins to make payments for a family member as soon as that family member has reached his/her per family member deductible. Once a per family member deductible is met, as required by the IRS, the family total deductible can be met with combined expenses from all family members.

This document is for summary purposes only. The official plan document will prevail if any discrepancy exists between this document and the plan document.

Penn Medicine
Lancaster General Health


# UNDERSTANDING DEDUCTIBLES
## EMBEDDED

The Select Plan has an *embedded* deductible and an *embedded* out-of-pocket maximum.

The Consumer Plan has an *embedded* deductible and an *embedded* out-of-pocket maximum.


## SELECT PLAN

**Annual Deductible (Tier 1)**

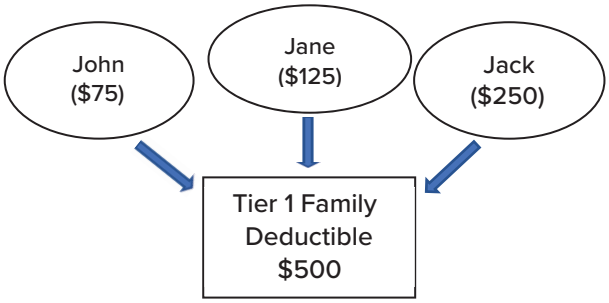
***Employee Only Enrolled***
- $250 Individual

**Employee + 1 or More Enrolled**
- $250 per Family Member (embedded)
- $500 Family Cumulative

**Medical Expenses**
- John: $75
- Jane: $125
- Jack: $250

**Cumulative family expenses = $450**

With an **embedded family deductible**, the plan begins to make payments for a family member as soon as that family member has reached his/her per family member deductible or the family deductible is met with cumulative expenses from all family members.




Jack sprains his wrist and must go to the emergency department. Will co-insurance apply immediately since he has already met the $250 individual deductible? ***YES.***

Jack only has to meet his individual deductible before co-insurance applies, which he did before he went to the hospital. With only $450 in family deductible expenses applied, if John or Jane had sprained his/her wrist, he/she would have to satisfy the remaining $50 toward the family deductible before coinsurance would apply.

## CONSUMER PLAN

**Annual Deductible (Tier 1)**

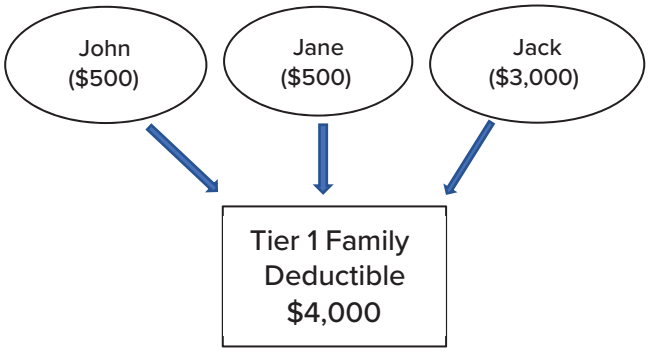
***Employee Only Enrolled***
- $2,000 Individual

***Employee + 1 or More Enrolled***
- $3,000 per Family Member* (embedded)
- $4,000 Family Cumulative

**Medical Expenses**
- John: $500
- Jane: $500
- Jack: $3,000

**Cumulative family expenses = $4,000**

With an **embedded family deductible**, the plan begins to make payments for a family member as soon as that family member has reached his/her per family member deductible or the family deductible is met with cumulative expenses from all family members.




Jane sprains her ankle and must go to the emergency department. Will co-insurance apply immediately since she has not met the $3,000 per family member deductible? ***YES.***

Jane did not have to meet her $3,000 per family member deductible because the family deductible of $4,000 had been met first with the combined expenses of each family member.

*Minimum per family member deductible as required for HSA compatible plans

QUEST
EMPLOYEE ASSISTANCE PROGRAM

# Summary of Benefits

# Lancaster General Health

## Professional Counseling Services

**Professional Counseling –** Employees and dependent family members are each eligible for **eight (8) free counseling sessions** per contract year. **Your benefits renew July 1st of each year**. To access these free services, call Quest at **1-800-364-6352**. The program is a professional, confidential service that helps employees and their dependent family members identify and resolve personal problems that may be affecting them at work or home.

**You can access Quest's full provider network by visiting:**

**www.questbh.com/find-a-provider**

## Legal and Financial Resources

**Legal –** Each employee and dependent family member is entitled to **one (1) initial thirty-minute** office or telephone consultation per separate legal matter at no cost with a network attorney. If you wish to retain a participating attorney after the initial consultation, you will be provided with a preferred **rate reduction of 25%** from the attorney's normal hourly rate.

**Financial –** Each employee and dependent family member is entitled to **one (1) initial thirty-minute** office or telephone consultation per separate financial matter at no cost. Speak to professionals with experience in accounting, banking, and insurance; CPA's and Certified Financial Planners (CFP's). If you wish to retain a participating financial advisor after the initial consultation, you will be provided with a preferred **rate reduction of 25%** from the normal hourly rate.

**Mediation –** Each employee and dependent family member is entitled to **one (1) initial thirty-minute** office or telephone consultation per separate legal matter at no cost with a network mediator. Matters may include divorce and child custody, contractual and consumer disputes, real estate and landlord/tenant issues, car accidents and insurance disputes, etc. If you wish to retain a participating mediator after the initial consultation, you will be provided with a preferred **rate reduction of 25%** from the mediator's normal hourly rate.

**To schedule your free consultation** with a qualified network attorney, mediator, or financial advisor, **call 888-254-8104 and provide them with your Company Code: qeap-lgh.**

**There's more →**

Revised: April 13, 2023

**Website –** Employees and their dependent family members have unlimited access to the Legal & Financial Resources Website. Search through legal and financial topics, legal forms, financial calculators, professionally written articles, FAQ's, and much more. Visit www.worklifeservices.net

**Registration –** The first time you visit this confidential website, you will need to register using your **company code: qeap-lgh.** You will be prompted to create your own personal username and password. Keep your login information handy for future use.

**"Do It Yourself" Legal Forms Document Preparation –** Our simple process will enable members to download and complete their own legal document preparation from the comfort of their home without incurring the cost of an attorney or dealing with lengthy completion and delivery periods.

## Eldercare Consultants

**Caring for elderly loved ones** - As we live longer, healthier lives, the demand for combining work along with care giving responsibilities for older family members becomes a greater challenge.

To help you meet these challenges, Quest offers **one (1) telephonic consultation** per family per contract year with our Eldercare Specialists. Call Senior Management Services at **800-253-9236** and tell them you are a member of Quest EAP. This is an excellent resource, whether you are seeking emotional support, counseling, guidance, or information regarding care and support of elderly loved ones. Some question topics include:

- What to look for and ask when selecting personal care facilities
- Medicare & Medicaid services
- Senior Transportation services
- Assisted Living facilities
- Nursing Home options
- In-Home Care services
- Senior Centers
- Adult Day Care facilities
- Alzheimer's Disease and other forms of dementia

**Feel free to call us with any questions about your EAP benefits at 1-800-364-6352 or visit www.QuestEAP.com**

MyHealthyLiving

# SUPPORTING WHOLE-PERSON WELL-BEING

MyHealthyLiving is the free, voluntary employee well-being program at Penn Medicine Lancaster General Health. Support your personal well-being by accessing wellness program tools and resources through Limeade.

Earn points toward cash reward$ in your paycheck by activating your Limeade account and participating in activities to earn points.

## HOW TO GET STARTED

limeade

ONLINE: Visit LGH.LIMEADE.COM

**OR**

PHONE APP:

- Download the **Limeade ONE** app
- Enter Employer name: Lancaster General or Program Code: LGH

**ACTIVATE YOUR ACCOUNT:**

- Enter your PMLGH Credentials
  - These are the credentials you use to login to an LGH computer (ex. cr111)
- Agree to the Prompted Consents

Use this QR code to visit the Limeade sign in page.

## ADDITIONAL SUPPORT WITHIN LIMEADE

meQuilibrium

Once signed on to the Limeade platform (app or online), you have access to the full meQuilibrium platform.

meQuilibrium is a clinically-validated tool harnessing behavioral psychology and neuroscience to create personalized training support around burnout, stress, purpose, performance, and well-being.

### GET STARTED WITH MEQ

**Within Limeade:**
Click on "Discover". Scroll through cards under "Recommended by MyHealthyLiving".
Choose "meQ: What's Your Stress Personality"
"meQuilibrium: Reach Your Weekly Activity Goal"
or "meQuilibrium: Build Your Resilience"

Use this QR code to visit the "meQuilibrium Spotlight Page" for quick access to a few free tools.

Limeade is an independent company that benefits and related services on behalf of your employer group health plan.

AblePay
SIMPLE HEALTH SAVINGS

**What is AblePay Health?**

AblePay is a program that can help save you up to 13% on your out-of-pocket medical expenses (copays/deductible/coinsurance) along with helping you if you ever have questions/concerns on a medical bill. AblePay is offered at **NO-COST (no monthly/annual fees)** to you by Penn Medicine Lancaster General Health and it also provides flexible payment terms for any of your deductible/coinsurance expenses (all with savings or 0% interest)

**Six of our employees have each saved over $400 on medical bills through this program!**

**How do I get started?**

1. Visit the website (ablepayhealth.com) and click "Enroll Now" or follow this link: https://enroll.ablepayhealth.com/apply/lgh22
2. Enter your demographic Information and put "Penn Medicine Lancaster General Health" as your employer
3. Add your family members that you'll be responsible for (they can have a different insurance plan)
4. Add your default payment term and payment method(s)
5. Receive your AblePay card in the mail and keep with insurance card

**Where can I use AblePay?**

Penn Medicine – Lancaster General Health (LGH) and Penn Medicine accept the AblePay program (includes all hospitals and employed doctors in the physician groups).

**How do I use AblePay?**

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After your service is complete and your insurance company processes your claim, your provider will bill AblePay. You will get an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

**Savings example:**

You have a $1000 medical bill at Penn Medicine LGH. You pay AblePay $870, save $130, while the full $1000 goes toward your deductible! **Have an existing bill at Penn Medicine LGH or Penn Medicine? Contact AblePay to see if they can help!**

| | |
|---|---|
| 1 Payment | Save 13% with Bank ACH, 10% with credit/debit card |
| 3 Payments | Save 10% with Bank ACH, 7% with credit/debit card |
| 6 Payments | Save 8% with Bank ACH, 5% with credit/debit card |
| 12 Payments | Save 0% with Bank ACH and with credit/debit card (no interest) |

**Any questions? Visit the website (ablepayhealth.com) or call them at (484) 292-4000!**

Penn Medicine Lancaster General Health  Penn Medicine

AblePay Health is an independent company that offers services on behalf of your employer group health plan.

# MAKE THE MOST OF YOUR BENEFITS

Health issues are in the news more than ever. It's a good thing you have access to top-quality care from the largest provider network in the nation!

Please use this guide to make the most of your benefits. We appreciate having you as a member and will do all we can to serve you.

For your health,
Capital Blue Cross

## These topics are included in this guide:

- Using your member ID card
- Finding doctors and cost details on our website
- Discounts on health products and services
- Connecting in ways that work for you — including texts, phone calls, emails, web inquiries and our app
- Tips on the benefits available with your health plan — including telehealth, if applicable

## Symbols in this guide:

Log in to your **My Health Toolkit®** account.

Call the number on the back of your membership ID card to speak to a **customer service advocate**.

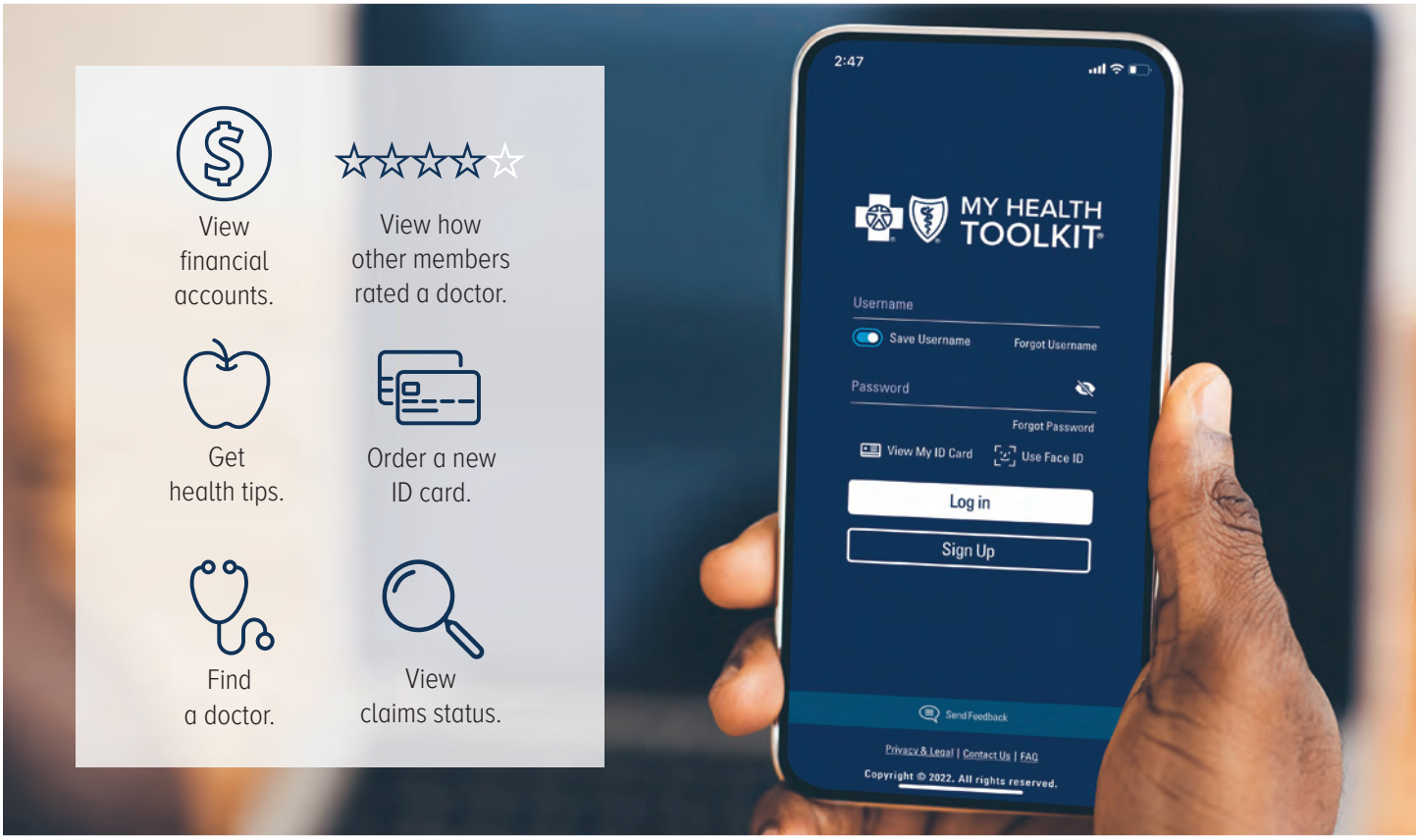
Capital

# TRY THIS SHORTCUT

Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free on the App Store or Google Play.

Download on the App Store | GET IT ON Google Play

Register quickly through the app using your member ID number. Or just log in if you're already a My Health Toolkit user.




Your account homepage will link you to all of the helpful resources included with your health benefits plan.

Now you have anywhere, anytime access to your benefits information, including claims, discounts and how you prefer to be contacted.

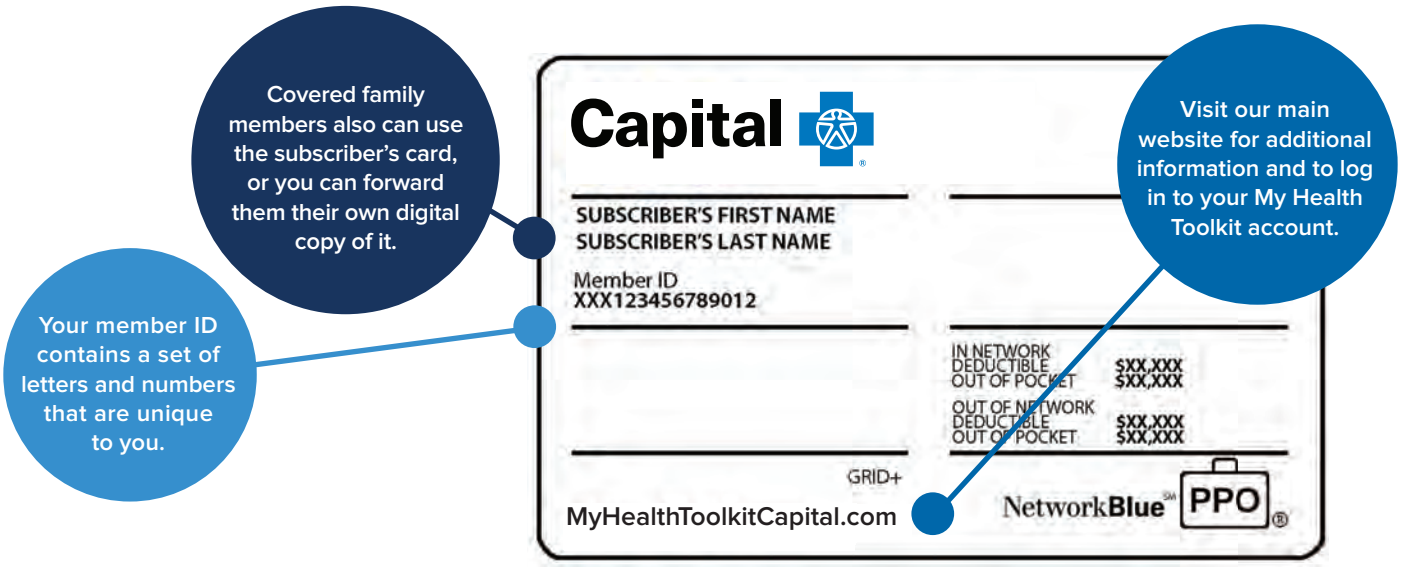
**Rather get My Health Toolkit from a desktop or laptop computer?**

Go to **www.MyHealthToolkitCapital.com** and then:

- Select **Create An Account** within the **Member Login** section.
- Enter your **member ID** (from your ID card).
- Follow the instructions to **create your profile**.

# WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Your Capital Blue Cross membership card contains important information that helps providers apply your benefits correctly. Keep it with you at all times or download a digital ID card to keep on your smartphone. A health care provider usually will ask to see your insurance card at the beginning of your visit.




## Convenient option: your digital ID

It's all about convenience! Your digital ID card has the same information as the card you receive in the mail, but you can:

- View the digital ID on a smartphone, tablet or computer.
- Email the card to a spouse, child, doctor's office or pharmacy.
- Print the card from a smartphone, tablet or computer and use the printout just like a plastic card.

### Accessing your digital ID

- From a computer or mobile device, log in to My Health Toolkit.
- Follow the prompts to select/view your insurance ID card.

# TELL US THE BEST WAY TO REACH YOU

Occasional communications from your health plan help you stay on top of your health, save money and make the most of your benefits. Just let us know which contact option is most convenient. We'll send a brief message when it's time for your annual checkup, for example, or there's an update on a prior authorization request.


Personalized member messages — by text, mail, app notification or email — help us keep in touch by providing useful information and tips. These could include wellness reminders or news on benefit changes.

You have great benefits; make sure you use them! Please take a minute to update your contact preferences in My Health Toolkit. Just let us know which channels and contacts you prefer. Check out the easy opt-in tips below.

**Log in to My Health Toolkit, and under My Profile, select My Contact Preferences. Update your contact information and tell us the best way to reach you.**

**You also can opt in to receive text messages by calling 844-206-0624.**

# WHERE SHOULD YOU GO WHEN YOU NEED CARE?

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it may be an emergency?

**Here are tips to help you choose the right type of care for various situations:**

## Doctor's Office

**Your primary care physician, or regular doctor, is the best option for routine medical care like:**

- Annual checkups, physicals
- Health screenings, immunizations
- Prescription refills

**And unexpected health issues, if they can wait a day, like:**

- Sprained muscles
- Minor cuts and bruises
- Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- Sinus or respiratory infections
- Urinary tract infections
- Seasonal allergies
- Pinkeye
- Migraines
- Rashes, insect bites, sunburn, other skin irritations

## Urgent Care Center

**If you can't wait for an appointment with your regular doctor, an urgent care center may be your best option for unexpected health issues like:**

- Minor fractures and sprains, especially if an X-ray is required
- Minor cuts and animal bites, especially if stitches may be required
- Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- Sinus or respiratory infections
- Urinary tract infections
- Seasonal allergies
- Pinkeye
- Migraines
- Rashes, insect bites, sunburn and other skin irritations

## Emergency Room

**Go to the ER or call 911 for potentially life-threatening conditions like:**

- Heavy, uncontrolled bleeding
- Signs of a heart attack, like chest pain that lasts more than two minutes
- Signs of stroke, such as numbness, sudden loss of speech or vision
- Loss of consciousness or sudden dizziness
- Major injuries such as broken bones or head trauma
- Coughing up or vomiting blood
- Severe allergic reactions

# SHOPPING FOR CARE

Find the best health care options just like you check out your choices in cars, hotels or restaurants.

"Know before you go." It's a smart idea before you make any important decision, including finding a new doctor or choosing a location for surgery.

Your health plan makes these decisions easier with Shopping for Care. Find it at your health plan's **My Health Toolkit®** website.

- Find health care providers and services within our vast provider network.
- Check out cost information to make sure you're getting the care you need at the best possible price.*
- See reviews from other patients who have rated a provider you're considering.
- Identify the highest-quality providers in your area, with Total Care and Blue Distinction® Specialty Care designations.
- View a detailed map to help you get where you need to go.

## After you've registered with My Health Toolkit®:

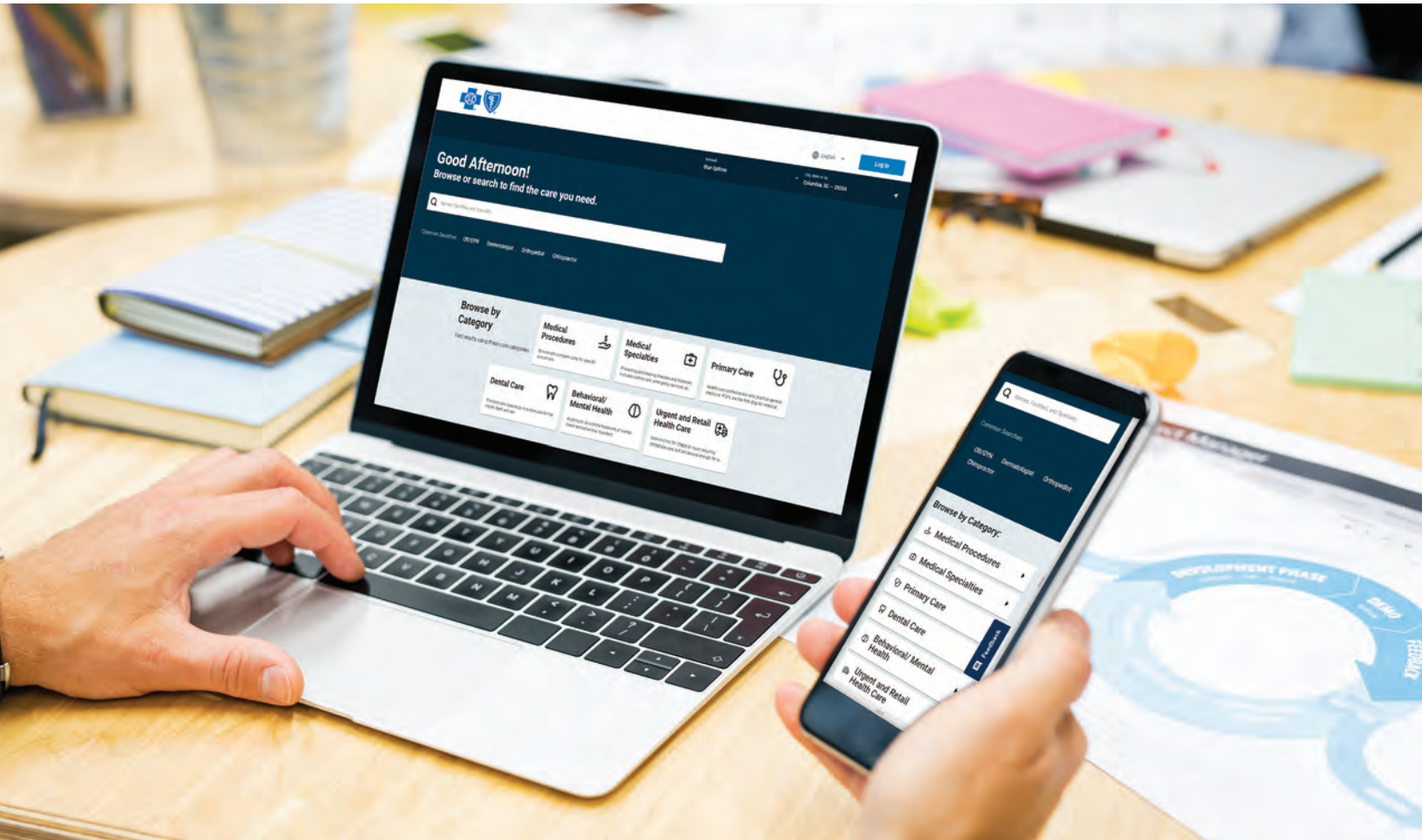
### Access Shopping for Care from your computer:

- Visit your health plan's **My Health Toolkit** site.
- Log in to your account, select **Resources**, and then choose **Find Care**.
- We'll walk you through each step!

### Or take it with you:

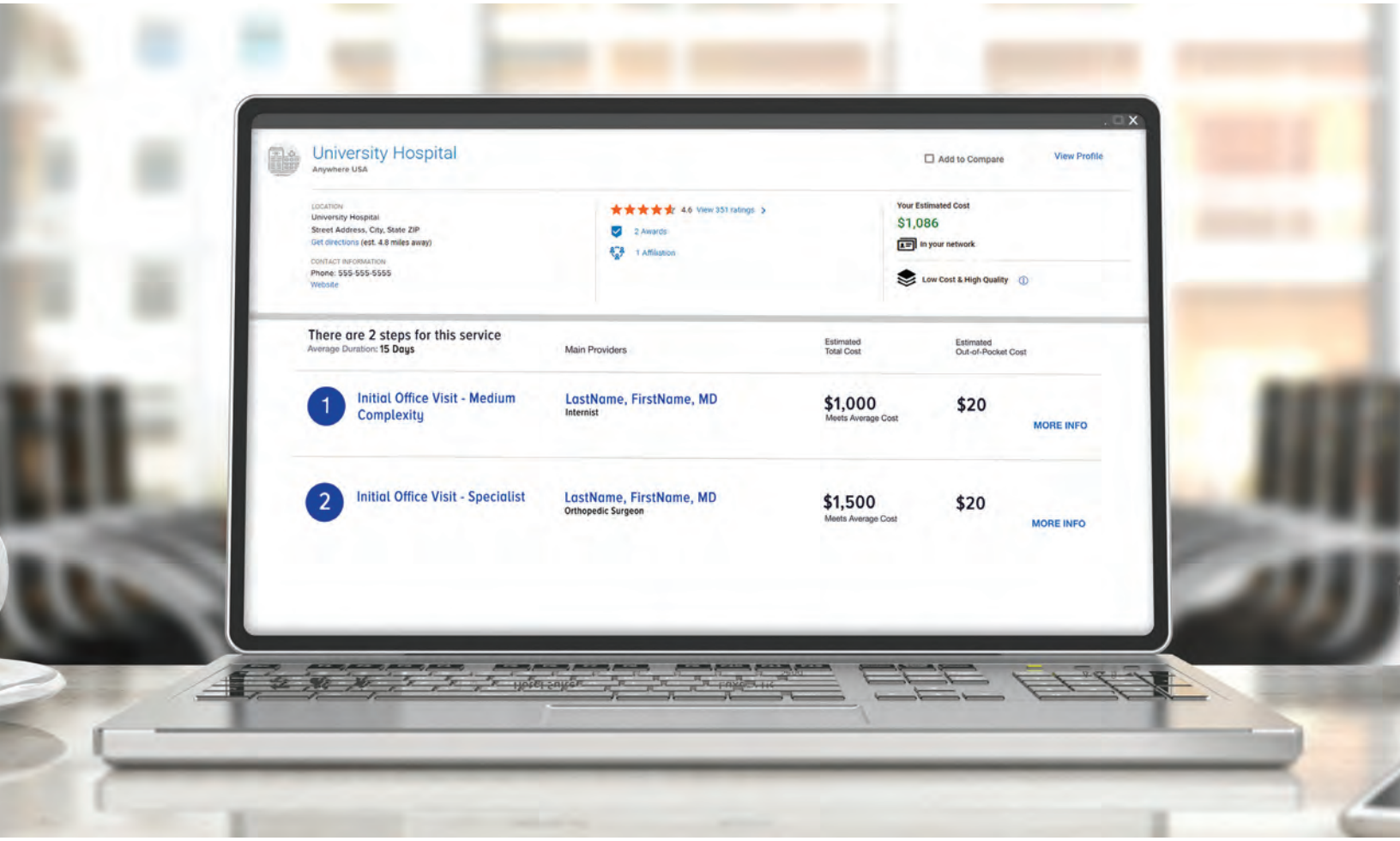
- Log in to the **My Health Toolkit** app from your mobile device.
- Select **Find Care**.

*Cost details might not be included with all plans.



## “How much will it cost?”

Estimates help you avoid surprises when the bills come.




Costs for a medical procedure — like an ultrasound, a checkup, X-rays or joint replacement — can vary by hundreds of dollars. Our Shopping for Care feature includes cost estimates to help you find the right care at the right price. (Cost information might not be included for all plans.)

Estimate your out-of-pocket expenses for medical procedures — and compare pricing details that show you the most cost-efficient providers.

- At your health plan’s **My Health Toolkit** website, log in to your **My Health Toolkit** member account.
- Under **Resources**, select **Find Care** under **Shopping for Care**.

As you explore the **Find Care** categories further, you’ll see a **Cost Estimates** tab that’s loaded with price information about hundreds of procedures, from mammograms and MRIs to allergy testing, sleep studies, physical therapy and various types of surgery.

**TIP: When you get your member ID card, use your ID number to create your My Health Toolkit account. Then you’ll see cost information about copays and other details specific to your health plan.**

# EXPLANATION OF BENEFITS

**Savvy health care consumers check their EOBs!**

Keep track of your medical and dental services by checking each Explanation of Benefits, or EOB. You also can choose whether to receive your EOBs by text, email or regular mail.

### What is an EOB?

Whenever you use your health insurance, we send you an Explanation of Benefits. It shows you:

- How much the doctor charged.
- How much your health plan paid.
- The amount applied toward your deductible.
- How much you may still owe.

### Why look at your EOB?

When you eat out, you at least glance at the bill before paying, right? Double-checking your medical expenses is even more important. You can:

- Compare your doctor and hospital bills with the EOB to make sure you're being billed — and paying — the correct amount.
- Share your EOB with your provider if you notice any differences.

# MAKE SURE YOU'RE COVERED

## Why coordination of benefits is important

### Do you have other health insurance?

Coordination of benefits — COB, for short — affects your benefits when you or a family member also is covered under another health insurance plan. COB makes sure the right plan processes your claims first. It prevents overpayments and duplication of services. And that helps keep costs down for everyone.

**Examples of other insurance:** These may include coverage under a spouse's insurance plan, Medicaid or Medicare.

**What you need to do:** Be sure we have up-to-date information about your other insurance. That way we can process your claims correctly and promptly.

- If you receive an Other Health Insurance Questionnaire in the mail, fill it out and return it right away. Even if you do not have coverage with another health plan, we need to know that, too.
- You also can give us this information by logging in to **My Health Toolkit**. Select the **Benefits** tab, then **Other Health Insurance**. On a mobile device, select **Health Benefits** or **Dental Benefits**, then **Other Health Insurance**.
- Or call the number on the back of your membership card and provide the information to a customer service advocate.

We appreciate your help with this.

### Getting benefits after you have declined coverage

Special enrollment rights may apply to you, your spouse or other dependents even after you have declined coverage.

- For example, you might have declined coverage because other health insurance or another group health plan was in effect. Later, you may want to seek coverage with this plan if you or your dependents became ineligible for the other coverage or the employer stopped contributing to the other coverage. You must request our coverage within 30 days after this other coverage ends OR after the employer contribution stops.
- You also may be able to get coverage if you have a new dependent because of marriage, birth, adoption or placement for adoption. Again, you must request enrollment within 30 days of the event.

Please note that you may have been required to provide a written statement when you declined enrollment with us. If you did not provide this written statement, this health plan is not required to grant special enrollment rights to you or your dependents.

For more information, contact your employer's benefit department.

# MEMBER PERKS

**Discounts for you — just for being Blue!**

In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that generally are not covered byhealth insurance.

Log in to My Health Toolkit, select the **Resources** tab, then **Blue365® Discounts**. On a mobile device, select **Menu**, then **Blue365® Discounts**. You'll find details on discounts for:

### Fitness

- Gym memberships
- Wearable fitness devices
- Activewear
- Magazine subscriptions
- 5K and obstacle course registration
- Home fitness equipment
- Vitamins and nutritional supplements

### Personal care

- Allergy relief
- Acupuncture
- Chiropractic services
- Massage therapy
- Hair restoration
- Teeth whitening

### Healthy eating

- Weight loss programs
- Cookbooks and recipes
- Online cooking classes

### Hearing and vision

- Hearing aids
- Eyewear

### Lifestyle

- Travel clubs
- Vacation packages
- Pet care

# YOU'VE GOT AN ADVOCATE IN YOUR CORNER

Managing your health care issues is easier if you don't have to do it alone. Care Connected links you with someone who's knowledgeable about the issues you face and about your benefits plan. Depending on your needs, this could be a dedicated customer service advocate or a dedicated nurse.

### What is Care Connected?

Care Connected is a free program that can help you make informed health care decisions. Our team includes dedicated customer service advocates, registered nurses, pharmacists, social workers, physicians, respiratory therapists, certified diabetes educators, licensed behavioral health specialists, and other health and well-being professionals. Connect online or by phone!

### Your Care Connected team can help you:

- Understand your insurance plan.
- Choose the right care.
- Navigate the system and review your bills.
- Deal with difficult health issues.

### Your dedicated nurse can assist you with:

- Heart failure.
- Chronic obstructive pulmonary disease.
- Diabetes (adults and children).
- Cancer.
- End-stage renal disease.
- Maternity.
- Neonatal intensive care.
- Depression and other behavioral health conditions.

### Connect with an app

The **My Health Planner**[SM] app is free for eligible members! It helps you keep track of what you need to do between doctor visits and stay in touch with your care team.

If you qualify for one of our care management programs, we will reach out to you with a phone call, email, text or letter to help you get started. You can also reach the Care Connected team at the phone number on the back of your ID card. The first time you call, you will be assigned a dedicated customer service advocate, someone who is familiar with your benefits plan and your personal health needs. Subsequent calls will be automatically routed to your dedicated advocate.

To learn more, log in to **My Health Toolkit**®, select the **Wellness** tab, and then choose **Care Connected**.

# HELPFUL TERMS

## Words commonly used in health care

Health care lingo can be confusing. Here are some terms you might need to know.

**Claim:** A request for payment that you or your health care provider submits to your health insurance company after you receive services.

**Coinsurance:** Your share of the costs for a covered health care service, calculated as a percentage. You pay coinsurance plus any deductibles you owe. For example, say your health plan's allowed amount for an office visit is $100 and you've met your deductible. Your coinsurance payment of 20 percent would be $20. Your health plan pays the rest of the allowed amount.

**Copayment:** The fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary, depending on the provider and the type of health care service.

**Deductible:** The amount you pay for services received before your health plan begins to pay. For example, if your deductible is $1,000, your health plan will not pay for covered services until you've paid $1,000 toward your covered health care expenses. After that, your health plan will pay for all covered services in that benefit year.

**Network:** The facilities, providers and suppliers your health plan contracts with to provide health care services. You will typically pay less for services received in network versus out of network.

**Out of pocket:** Your costs for medical care expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services, plus costs for services that aren't covered.

**Subscriber:** The person who enrolls in a health plan. There is only one subscriber per health plan. The subscriber can add eligible dependents to a family health plan.

**Prior authorization:** A decision verifying that a service, prescription drug or type of treatment is medically necessary. Certain services and medications require prior authorization before you receive them, except in an emergency.

**Premium:** The amount you pay for your health plan, usually every two weeks or monthly.

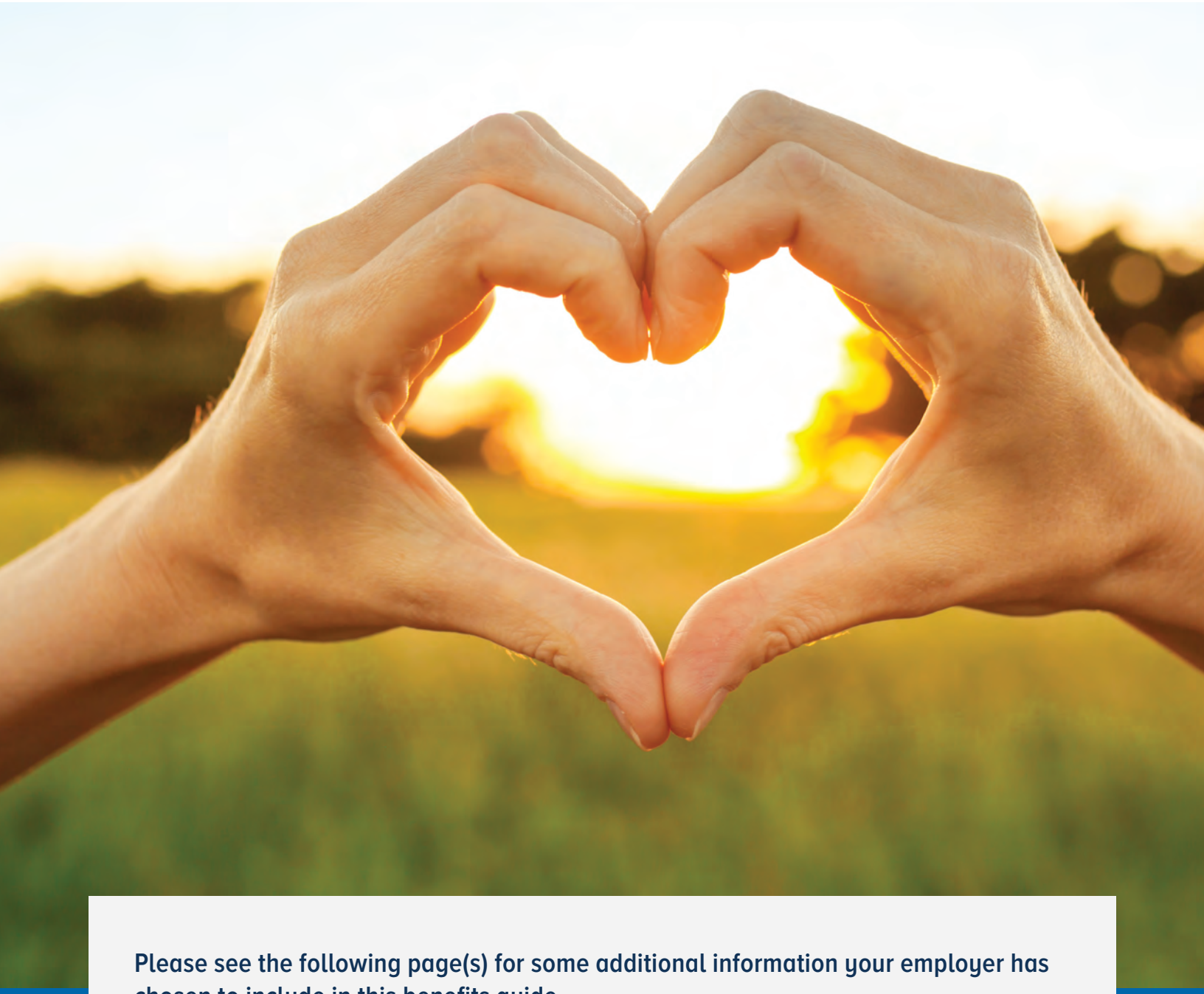
**Primary care physician (PCP):** The main doctor and primary contact for your health care services.

**Specialist:** A doctor or health care professional who focuses on a specific area of medicine. For example, orthopedic surgeons, dermatologists and cardiologists are specialists.

**Telehealth:** Allows a patient to connect with a health care provider with virtual visits through an electronic device such as a smartphone or computer. Licensed telehealth providers offer nonemergency consultations for a variety of conditions and can prescribe medication when appropriate.

# JUST FOR YOU:

## Benefits information from your employer



Please see the following page(s) for some additional information your employer has chosen to include in this benefits guide.

# NON-DISCRIMINATION STATEMENT AND FOREIGN LANGUAGE ACCESS

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or when we provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice **(TDD 711)**.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing **contact@hcrcompliance.com** or by calling our Compliance area at **800-832-9686** or the U.S. Department of Health and Human Services, Office for Civil Rights at **800-368-1019** or **800-537-7697 (TDD)**.

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

---

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

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Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

---

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

---

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ąąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

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Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

# NOTES

# NOTES

We're glad to have you as a member of Capital Blue Cross. What did you think of this open enrollment guide? Please take a moment to scan this QR code and give us some feedback.

Capital



OE-CBC-7-2022