



Pre-Retirement Workshop 2020 / 2021 School Year

October 2020

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Vendor Contacts		
AMCA Billing /COBRA	Karen Altman – Ext. 605 / Lisa Rodenbeck – Ext. 602	1-724-934-2270
Advance Medical	General Number	1-844-280-2457
LYTLE EAP	Customer Service	1-800-327-7272
Healthcare Bluebook	Customer Service	1-800-341-0504
Livongo	Customer Service	1-800-945-4355
EdLogics	Customer Service	acshic_support@edlogics.com
TelaDoc	Customer Service	1-800-835-2362
American Hearing	Hearing Care Advisor	1-888-706-1459
Highmark Concierge	Customer Service	1-877-258-3123
Highmark Transition Team – Find AHN Doctors	Customer Service	1-844-576-1245
Integrity Pharmacy Concierge	Customer Service	1-866-726-1180
UCCI (United Concordia)	Customer Service	1-866-604-8512
Davis Vision	Customer Service	1-800-999-5431
VBA	Customer Service	1-800-432-4966

Have a Question?	Number You Should Call
HOP Enrollment or HOP in General	1-800-PSERS25 (1-800-773-7725) 8:00 a.m. to 5:00 p.m., EST, Monday thru Friday HOP Website (www.HOPbenefits.com)
Premium Assistance Program	1-866-483-5509 8:00 a.m. to 5:00 p.m., EST, Monday thru Friday
Retirement	1-800-PSER4U (1-888-773-7748) 7:30 a.m. to 5:00 p.m., EST, Monday thru Friday PSERS Website (www.psers.state.pa.us)
Prescription Solutions	1-888-239-1301 TTY/TDD: 1-800-498-5428 HOP Website (www.HOPbenefits.com)
Medicare	1-800-MEDICARE (1-800-633-4227) TTY/TDD: 1-877-486-2048 Medicare Website (www.medicare.gov)
Social Security – www.socialsecurity.gov	1-800-772-1213
Edward Banaszak Medicare / MediConnect	412-654-8710





2020/2021 MEDICAL SCHEDULE OF BENEFITS

Listed below is the 2020/2021 Medical Schedule of Benefits for the

Allegheny County Schools Health Insurance Consortium Health Plans

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, office charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

July 1, 2020

Program Options	Community Blue Flex PPO			Community Blue Flex EPO	
	Enhanced Value	Standard Value	Out-of-Network	Enhanced Value	Standard Value
Benefit Period (1)	Contract Year			Contract Year	
PCP Required for Enrollment	No	No	No	No	No
Deductible	None None	\$1,200 Individual \$2,400 Family	\$2,000 Individual \$4,000 Family	None None	\$500 Individual \$1,000 Family
Out-of-Pocket Maximums (Once met, plan pays 100% for the rest of the benefit period)	None None	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	None None	\$1,600 Individual \$3,200 Family
Coinsurance	100%	80% after deductible	50% after deductible	100%	80% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$0 copay	100% after \$20 copay	50% after deductible	100% after \$0 copay	100% after \$20 copay
Specialist Office & Virtual Visits Virtual visit provider originating site fee	100% after \$10 copay 100%	100% after \$50 copay 80% after deductible	50% after deductible 50% after deductible	100% after \$10 copay 100%	100% after \$50 copay 80% after deductible
Retail Clinic & Virtual Visits Urgent Care Center Visits	100% after \$5 copay 100% after \$10 copay	100% after \$40 copay 100% after \$40 copay	50% after deductible 50% after deductible	100% after \$5 copay 100% after \$10 copay	100% after \$40 copay 100% after \$40 copay
Telemedicine Services (8)	100% after \$0 copay	100% after \$20 copay	Not Covered	100% after \$0 copay	100% after \$20 copay
Preventive Care (2)					
Routine Adult					
Physical Exams	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Adult Immunizations	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Colorectal cancer screening	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Routine gynecological exams, including Pap Test	100% deductible does not apply	100% deductible does not apply	50% deductible does not apply	100% deductible does not apply	100% deductible does not apply
Mammograms, annual routine and medically necessary	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	50% after deductible	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply	Routine: 100% deductible does not apply Medically necessary: 100% deductible does not apply
Diagnostic services and procedures	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Routine Pediatric					
Physical Exams	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Pediatric Immunizations	100% deductible does not apply	100% deductible does not apply	50% deductible does not apply	100% deductible does not apply	100% deductible does not apply
Diagnostic services and procedures	100% deductible does not apply	100% deductible does not apply	50% after deductible	100% deductible does not apply	100% deductible does not apply
Emergency Room Services	100% after \$100 copay (Waived if admitted)			100% after \$100 copay (Waived if admitted)	
Hospital/Medical/Surgical Expenses (Include maternity)					
Hospital Inpatient					
Hospital Outpatient					
Maternity (non preventive facility & professional services)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Med/Surgical (except cfo visits)					
Assisted Fertilization Procedures	100%	80% after deductible	50% after deductible	100%	80% after deductible
	\$5,000 family maximum, per lifetime			\$5,000 family maximum, per lifetime	



Therapy and Rehabilitation Services					
Physical Medicine, Speech & Occupational Therapy	100% Unlimited visits	100% after deductible Unlimited visits	50% after deductible Unlimited visits	100% Unlimited visits	100% after deductible Unlimited visits
Respiratory Therapy	100% Unlimited visits	80% after deductible Unlimited visits	50% after deductible Unlimited visits	100% Unlimited visits	80% after deductible Unlimited visits
Spinal Manipulations	100% after \$25 copay	100% after \$50 copay	50% after deductible	100% after \$25 copay	100% after \$50 copayment
Other Therapy Services (Cardio Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy & Dialysis)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Mental Health/Substance Abuse					
Inpatient	100%	100%	50% after deductible	100%	100%
Inpatient Detoxification/Rehabilitation	100%	100%	50% after deductible	100%	100%
Outpatient – Includes virtual behavioral visits	100%	100%	50% after deductible	100%	100%
Other Services					
Diagnostic Services – Advanced Imaging (MRI, CAT, PET scans, etc.)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Basic Diagnostic Services - (standard imaging, diagnostic medical, lab, pathology, allergy testing)	100%	80% after deductible	50% after deductible	100%	80% after deductible
Transplant Services	100%	80% after deductible	50% after deductible	100%	80% after deductible
Skilled Nursing Facility Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Durable Medical Equipment, Orthotics and Prosthesis					
Home Health Care	100%	80% after deductible	50% after deductible	100%	80% after deductible
Hospice					
Infertility Counseling, Testing and Treatment (3)					
Private Duty Nursing		100%			100%
Precertification Requirements (4)		YES			YES
Prescription Drugs (5)					
Prescription Drug Program					
Defined by the Advantage Pharmacy Network – Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.		Retail Drugs \$8 generic copay \$35 brand copay, formulary \$60 brand copay, non-formulary Mandatory Generic 34 day supply		Retail Drugs \$8 generic copay \$35 brand copay, formulary \$60 Brand copay, non-formulary Mandatory Generic 34 day supply	
Your plan uses the Comprehensive Formulary with an Incentive Benefit Design.		Maintenance Drugs – Mail Order \$12 generic copay \$50 brand copay, formulary \$90 brand copay, non-formulary Mandatory Generic 90 day supply		Maintenance Drugs – Mail Order \$12 generic copay \$50 brand copay, formulary \$90 brand copay, non-formulary Mandatory Generic 90 day supply	
Questions? Call 1-800-215-7865		REFERENCE CODE: COMM040215 (please have reference code ready when you call)		REFERENCE CODE: COMM030215 (please have reference code ready when you call)	

(1) Your group's benefit period is based on a Contract Year. The contract year is a consecutive 12 month period, beginning July 1st and ending June 30th.

(2) Services are limited to those listed on the Highmark Preventive Schedule. (Women's Health Preventive Schedule may apply).

(3) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(4) Highmark Healthcare Management Services (HMS) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity related inpatient admission. Some facility provider will contact HMS and obtain precertification of the inpatient admission on your behalf. Be sure to verify that your provider is contacting HMS for precertification. If not, you are responsible for contacting HMS. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.

(5) The formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copay or coinsurance amount listed above. You are responsible for the payment differential when a generic drug is authorized by your doctor and you elect to purchase a brand name drug. Your payment is the price difference between the brand name drug and generic drug in addition to the brand name drug copayment or coinsurance amount, which may apply. Your plan requires that you use Alliance Rx Walgreens Prime or Giant Eagle specialty pharmacy for select specialty medications. To obtain medications for hemophilia, you must use a specific pharmacy, please contact member services for more details.

(6) Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual Behavioral Health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health benefit.

The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.

The terms "enhanced value" and "standard value" are not descriptors of the provider's ability. This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/plan documents, as limitations and exclusions may apply. The policy/plan documents control in the event of a conflict with this benefits summary.

The benefit grid has numerous benefits listed at 100% paid. This can include: hospitals, doctors, ambulance, therapies/physical medicine, mental health, durable medical equipment, etc. to name a few. However, that 100% paid is 100% of Highmark's allowance. The important fact is Highmark is paying 100% of an allowance not 100% of the billed charge. If your provider is participating in-network at the Enhanced tier they should accept our 100% payment as payment in full minus any benefit copay. However, if your provider is out of network or non-participating, they may bill you for balance bills which you will be responsible for. You pay the least if you use a provider in the Enhanced Network. You pay more if you use a provider in the Standard Network. You will pay the most if you use an out-of-network provider, and you may receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing).

Please note, that CommunityBlue products including CommunityBlue Flex, are high performing network products and those products do not provide full access to all UPMC providers. Please reference separate materials, the Highmark website, or call Highmark Concierge 1-877-258-3123 to determine which UPMC providers are in and out of network.



UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

Dental Benefits Summary for ACSHC with All Riders

Effective Date: July 1, 2020

Network: Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams		
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Two per July 1-June 30 contract year)	100%	100% UCR*
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings, Including Posterior Resins)		
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures	100%	100% UCR*
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns		
Complex Oral Surgery	80%	80% UCR*
Surgical Periodontics		
Prosthetics (Bridges, Dentures)	50%	50% UCR*
Implants	\$1,000 Allowance per implant/3 per lifetime	
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50% UCR*
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none"> Covers 1 additional cleaning during pregnancy Covers 1 additional periodontal maintenance Scaling and root planing 4 periodontal surgery procedures 	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none"> Covers 1 additional periodontal maintenance per year and all are covered at 100% Scaling and root planing are covered at 100% 4 periodontal surgery procedures are covered at 100% 	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	Unlimited	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Reimbursement Inside Pennsylvania	Advantage	Advantage
Reimbursement Outside Pennsylvania	Advantage	90 th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. *Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.

EEM-0142-0514

UnitedConcordia.com • 1-866-604-8512



davisvision.com | 1 (877) 923-2847, 4230

Allegheny County Schools Health Insurance Consortium
your vision plan

Client code: 4230

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 24 mos.
Contacts, evaluation & fitting: 12 mos.



Sign up during open enrollment For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



Exams & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:

Conventional lens \$0 copay Covered in full	Specialty lens \$0 copay Covered in full
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Lenses

Lens copay:
\$0



Frame

Allowance:

Other locations \$100	or	Visionworks® \$150
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+Additional 20% off any overage.†



Contacts³
in lieu of glasses

Allowance:
\$80 for disposable

\$110 for specialty and non-disposable

The Exclusive Collection copay:

Fashion Covered in full	Designer \$20	Premier \$40
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Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

01000275_3/20/20



⦿⦿⦿ Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$35
High-index Lenses 1.67.....	\$60
High-index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra Ultimate).....	\$0 / \$40 / \$90 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra Ultimate).....	\$40 / \$55 / \$69 / \$85
Ultraviolet Coating.....	\$15
Tinting of Plastic Lenses (Solid / Gradient).....	\$15
Plastic Photochromic Lenses (Transitions® Signature™).....	\$70
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

Additional savings

Retinal Imaging (Member charge).....	-\$39
Additional pairs of eyeglasses.....	30% discount ¹



Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)

<p>Eye Examination: \$40 Frame: \$64 Single-Vision Lenses: \$30 Bifocal / Progressive Lenses: \$40 / \$130 Dependents up to age 19 may receive: Single Vision Polycarbonate: \$70 Bifocal Polycarbonate: \$80 Trifocal Polycarbonate: \$95</p>	<p>Trifocal Lenses: \$60 Lenticular Lenses: \$80 Elective Contact Lenses: \$80 Evaluation/Fitting \$35 Visually Required Contacts: \$225</p>
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1. Excludes Mail (in) eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.



Expert Solutions. Exceptional Service.

**Allegheny County Schools
Health Insurance Consortium**

VBA# 6000's
2020 Renewal Enhancement
Effective: 7/1/2020 – 6/30/2021
\$0 Exam / \$0 Materials Copay

DEPENDENT AGE: 26

FREQUENCY OF SERVICE: Last Date of Service	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months

BENEFITS: Employee can select either:

	VBA Participating Provider Amount Covered/Benefit (Zero Copayment)	Non-Participating Provider Amount Reimbursed (Zero Copayment)
Vision Exam (Glasses or Contacts)	100%	\$35
Clear Standard Lenses (Pair):		
Single Vision	100%	\$30
Bifocal	100%	\$40
Blended Bifocal	100%	\$40
Trifocal	100%	\$60
Progressives	Partially Covered ^A	\$60
Lenticular	100%	\$80
Polycarbonate	100% ^B	N/A
Scratch Coat-1 Yr	100%	N/A
Frame	100% ^C	\$40
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	\$125 ^D	\$125
Fitting Fee	15% off UCR ^A	N/A
-OR-		
Medically Necessary Contacts	100% ^E	\$250
Low Vision Aids (Per 24 Months. No Lifetime Max)	\$750	\$500

- A Participation may vary by location. Check with your Provider for details.
- B Available In-Network at no charge for children under age 19.
- C Up to the program's \$50 wholesale allowance.
- D The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.
- E Requires prior approval. May only be selected in lieu of all other material benefits listed herein.



Community Blue PPO Network facility listing

ALLEGHENY

- Allegheny General Hospital
- Allegheny Valley Hospital
- Children's Hospital of Pittsburgh of UPMC
- Forbes Hospital
- Heritage Valley Sewickley
- Jefferson Hospital
- Ohio Valley General Hospital
- St. Clair Hospital
- West Penn Hospital
- Western Psychiatric Institute and Clinic

ARMSTRONG

- Armstrong County Memorial Hospital

BEAVER

- Heritage Valley Beaver

BEDFORD

- UPMC Bedford

BLAIR

- Conemaugh Nason Medical Center
- Tyrone Hospital
- UPMC Altoona

BUTLER

- Butler Memorial

CAMBRIA

- Conemaugh Memorial Medical Center
- Conemaugh Miners Medical Center

CLARION

- Clarion Hospital
- Clarion Psychiatric Center

CLEARFIELD

- Penn Highlands Clearfield
- Penn Highlands DuBois

CRAWFORD

- Meadville Medical Center
- Titusville Area Hospital

ELK

- Penn Highlands Elk

ERIE

- Corry Memorial Hospital
- Millcreek Community Hospital
- Saint Vincent Hospital

FAYETTE

- Highlands Hospital
- Uniontown Hospital

GREENE

- Washington Health System Greene

HUNTINGDON

- Penn Highlands Huntingdon

INDIANA

- Indiana Regional Medical Center

JEFFERSON

- Penn Highlands Brookville
- Punxsutawney Area Hospital

LAWRENCE

- Ellwood City Hospital
- UPMC Jameson

MCKEAN

- Bradford Regional Medical Center
- UPMC Kane

MERCER

- Edgewood Surgical Hospital
- Grove City Medical Center
- Sharon Regional Medical Center
- UPMC Horizon

POTTER

- UPMC Cole

SOMERSET

- Chan Soon-Siong Medical Center at Windber
- Conemaugh Meyersdale Medical Center
- UPMC Somerset

VENANGO

- UPMC Northwest

WARREN

- Warren General Hospital

WASHINGTON

- Advanced Surgical Hospital
- Canonsburg Hospital
- Monongahela Valley Hospital
- Washington Hospital

WESTMORELAND

- Excelsa Frick Hospital
- Excelsa Latrobe Hospital
- Excelsa Westmoreland Hospital

*Provider list as of August 2019. Please refer to the online Find a Doctor tool at highmarkbcbs.com for a current list of in-network providers. The BlueCard® Program — With BlueCard®, your coverage travels with you. With Community Blue PPO group coverage, you have access to thousands of providers and hospitals nationwide. Getting access to care is as easy as presenting your Highmark identification (ID) card. When you are outside of western and central Pennsylvania, providers who participate with the local Blue Cross and/or Blue Shield plan will recognize and honor your card. So your benefits go with you.



High Performing Network Product FAQs;

Q. What does it mean for me right now?

- In Western Pennsylvania, commercial members in high performing narrow network products such as Community Blue Flex or Connect Blue are in a high-quality lower cost plan. Members in these products will have access to some, but not all, UPMC facilities and doctors on July 1st, 2019. This is very similar to your access prior to the negotiation of this new agreement.
- Certain services (like exception hospitals and some community oncology services) will be in-network. See list below.
- Other facilities and services (like Hillman and Passavant) will remain be out-of-network after July 1. See list below.
- As more details become clear there will be specific outreach to you in order to clarify how this decision affects you.
- Please see the attached grid for additional product details.

Q. What does this mean for emergency department (ED) protections?

- In an emergency situation, you should always go to the closest emergency room. You will have strong out-of-network protections for emergency department services at all UPMC facilities.

Q. What about Children's Hospital?

- The new agreement includes a 10-year extension of Children's Hospital contract for 10 years starting on July 1, 2019 including oncology and all affiliated pediatric practices.

Q. What about Western Psychiatric Institute and Clinic?

- The new agreement includes a 10-year extension of Western Psychiatric Institute and Clinic starting on July 1, 2019.



Q. What does this mean to community hospitals?

- Highmark Health is committed to its strategy of community-based, close-to-home care for its members and patients. Community hospitals will continue to play an important role in serving the needs of our members and patients going forward. A contract with UPMC does not change that.

Q. Will all of the planned AHN projects in the community continue?

- Absolutely. Our plans will continue. We have made commitments to building an AHN community-focused network that will reinvent health care for consumers. We are committing to driving change in how care is delivered at the community level.

Q. Will this change Highmark's strategy in investing in AHN and other health systems?

- Not at all. We are focused on doing what's right for our members and the community. Competition in health care will help drive lower costs, higher quality and innovations in care.

Q. Which UPMC Hospitals do I have access to?

- Prior to the negotiated contract, your plan would have provided very limited access to UPMC doctors or hospitals. You will now have in-network access to a number of UPMC doctors and hospitals after July 1, 2019. The UPMC hospitals and other providers listed below will be in-network for you starting July 1:
 - UPMC Altoona
 - UPMC Bedford
 - UPMC Cole
 - UPMC Horizon
 - UPMC Jameson
 - UPMC Kane
 - UPMC Northwest
 - UPMC Somerset
 - Western Psychiatric Institute and Clinic of UPMC
 - Children's Hospital of Pittsburgh of UPMC (including oncology and all affiliated pediatric practices)
 - Doctors affiliated with the Hospitals listed above



Q. Which UPMC Joint Ventures do I have access to at Community Hospitals?

- The UPMC hospitals and other providers listed below will be in-network for you:
 - Butler Health System Medical Oncology
 - Butler Health System Radiation Oncology
 - Excela Arnold Palmer Cancer Center – Greensburg (Medical & Radiation Oncology)
 - Excela Arnold Palmer Medical Oncology - Mt. Pleasant
 - Excela Arnold Palmer Medical Oncology – Norwin
 - Grove City Medical Oncology
 - Heritage Valley Radiation Oncology - Moon
 - Heritage Valley Radiation Oncology - Beaver
 - John P. Murtha Regional Cancer Center - Johnstown (Radiation Oncology)
 - The Regional Cancer Center – Erie (Radiation Oncology)
 - St. Clair Cancer Center
 - IRMC Cancer Center
 - UPMC Cancer Center at UPMC Horizon Medical & Radiation Oncology Center
 - UPMC Cancer Center at UPMC Northwest
 - UPMC Hillman Cancer Center - Altoona (Medical & Radiation Oncology)
 - UPMC Hillman Cancer Center - Beaver (Medical Oncology)
 - UPMC Hillman Cancer Center - Greenville (Medical Oncology)
 - UPMC Hillman Cancer Center - Johnstown (Medical Oncology)
 - UPMC Hillman Cancer Center - Moon (Medical Oncology)
 - UPMC Hillman Cancer Center – New Castle (Medical Oncology)
 - UPMC Hillman Cancer Center - Uniontown (Medical Oncology)
 - UPMC Hillman Cancer Center - Washington (Medical Oncology)
 - UPMC Hillman Cancer Center - Windber (Medical Oncology)
 - UPMC Uniontown Hospital Radiation Oncology
 - Washington Health System Radiation Oncology
 - Doctors affiliated with the Hospitals listed above

Q. Which UPMC Hospitals remain out of network?

- The hospitals listed below will remain out-of-network after July 1st:
 - Magee-Women’s Hospital of UPMC
 - UPMC East
 - UPMC Mercy
 - UPMC McKeesport
 - UPMC Passavant
 - UPMC Presbyterian Shadyside
 - UPMC St. Margaret
 - UPMC Hamot
 - UPMC Hillman Cancer Centers;
 - Mary Hillman Jennings Radiation Oncology at UPMC Shadyside



- The Mario Lemieux Center for Blood Cancers
- UPMC Hillman Cancer Center at Magee-Womens Hospital of UPMC
- UPMC Hillman Cancer Center at UPMC East
- UPMC Hillman Cancer Center at UPMC Hamot
- UPMC Hillman Cancer Center (West 12th Street, Erie)
- UPMC Hillman Cancer Center at UPMC McKeesport
- UPMC Hillman Cancer Center at UPMC Mercy
- UPMC Hillman Cancer Center at UPMC Natrona Heights
- UPMC Hillman Cancer Center at UPMC Passavant McCandless
- UPMC Hillman Cancer Center at UPMC Passavant North
- UPMC Hillman Cancer Center at UPMC St. Margaret
- UPMC Hillman Cancer Center in Bethel Park
- UPMC Hillman Cancer Center in Monroeville
- UPMC Hillman Cancer Center in Shadyside
- UPMC Hillman Cancer Center in West Mifflin
- Doctors affiliated with the Hospitals listed above



This is a complete listing of all **UPMC Cancer Centers and Joint Venture Cancer Centers**

UPMC Owned

- UPMC Altoona (Radiation Oncology)
- UPMC Cancer Center at UPMC Horizon Medical & Radiation Oncology Center
- UPMC Cancer Center at UPMC Northwest
- UPMC Hillman Cancer Center - Altoona (Medical Oncology)
- UPMC Hillman Cancer Center - Beaver (Medical Oncology)
- UPMC Hillman Cancer Center - Greenville (Medical Oncology)
- UPMC Hillman Cancer Center - Johnstown (Medical Oncology)
- UPMC Hillman Cancer Center - Moon (Medical Oncology)
- UPMC Hillman Cancer Center - Uniontown (Medical Oncology)
- UPMC Hillman Cancer Center - Washington (Medical Oncology)
- UPMC Hillman Cancer Center - Windber (Medical Oncology)
- UPMC Jameson Radiation Oncology

Joint Venture with UPMC

- Butler Health System Medical Oncology
- Butler Health System Radiation Oncology
- Excelsa Arnold Palmer Cancer Center (Medical & Radiation Oncology)
- Excelsa Arnold Palmer Medical Oncology - Mt. Pleasant
- Excelsa Arnold Palmer Medical Oncology - Norwin
- Grove City Medical Oncology*
- Heritage Valley Radiation Oncology - Moon
- Heritage Valley Radiation Oncology, Beaver
- John P. Murtha Regional Cancer Center - Johnstown (Radiation Oncology)
- The Regional Cancer Center, Erie Medical & Radiation Oncology Centers
- Uniontown Hospital Radiation Oncology
- UPMC/St. Clair Hospital Cancer Center Radiation Oncology Center
- Washington Health System Radiation Oncology

Tiered Products:

- UPMC Physicians who provide services at UPMC hospitals will be included at the same tier as the hospital
- Oncology Services at UPMC Joint Ventures and select UPMC cancer centers will be at the Enhanced tier through December 31, 2019.
- UPMC Physicians who render unique services for Transplant and Cystic Fibrosis will be at the Highest tier

Non-Tiered Products:

- UPMC Physicians that provide services at In-Network/Contracted UPMC hospitals will be In-Network/Contracted
- Oncology services at UPMC joint ventures and select UPMC cancer centers will be In-Network/Contracted
- UPMC physicians who render unique services for transplant and cystic fibrosis In-Network/Contracted

*bills INN through Grove City Hospital

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

Questions?
We're here to help.



Talk with your Highmark representative



Call 1-866-871-7710
(TTY users may call 711),
8 a.m. to 8 p.m., seven days a week

Effective date 10/8/2018



Get VIP treatment.

Highmark Concierge service – your one-call resource for help with coverage questions.

Sometimes understanding your health benefits can be a challenge. But as a ACSHIC member, you've got a direct line to the answers you need —your personal Highmark Concierge service.



**Call your Highmark Concierge at 1-877-258-3123 to
discuss your benefits and answer your coverage
questions on these and other topics:**

**Understanding Explanation of Benefits statements and
other plan documents**

**Receiving preventive checkups at work and
personalized recommendations**

Exploring member discounts

We're your lifeline.

Please contact the number on the back of your Highmark Blue Cross Blue Shield ID card and enter your identification number from your ID card when prompted. By entering that number, you will be routed directly into our Concierge member service area.





Livongo For Diabetes Is Now Available at No Cost to You

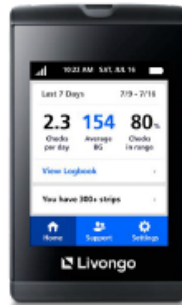
Members,

Diabetes Management, Simplified

An advanced blood glucose meter from Livongo, and as many strips and lancets you need, 100% paid for by your employer.

The Livongo program is offered at **no cost** to you and your family members with diabetes and coverage through the Allegheny County School Health Insurance Consortium health plan.

Enroll now and have your Welcome Kit shipped directly to your door at **no cost to you**.



It's all in the meter and on the house from Livongo.

- Personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Real-time support when you're out of range
- Send a health summary report directly from your meter
- Strip reordering, right from your meter
- Automatic uploads mean no more paper logbooks

Unlimited strips. Unlimited lancets. No cost to you.

What's easier than using Livongo? Signing up for it!

1. Register on Livongo's **website** or call **(800) 945-4355** and have this code handy: **ACSHIC**.
2. Look for your Welcome Kit to arrive in 3-5 business days.
3. Your meter comes ready to use. Just stick a strip into the meter, do your first check, and you're off.

Get Started

Use Registration Code: **ACSHIC**

Need help? Call Livongo at **(800) 945-4355** and mention registration code "**ACSHIC**"





Made available by
Teladoc

You've got **Teladoc**.
24/7 access to doctors
by phone or video



You already have **Teladoc** as part of your benefits. Our U.S. board-certified doctors can diagnose, treat, and even prescribe medicine, if needed, for a wide range of medical needs, including the flu, allergies, rash, upset stomach and much more.

Set up your account, it's easy!

1



Create account

Use your phone, the app, or our website to create an account and quickly complete your medical history.

2



Request a visit

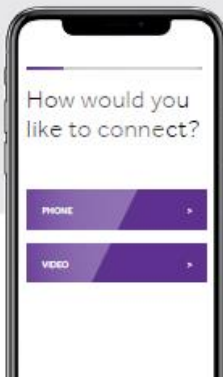
Use your device to request a visit and a Teladoc doctor will contact you at the requested time.

3



Feel better

Your doctor will diagnose your symptoms and even prescribe medicine, if needed.



Download the app and talk to a doctor for free

Teladoc.com 1-800-Teladoc



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HI AGAIN, ACSHIC MEMBERS!

MOST OF YOU ALREADY KNOW – AND ❤️ – EDLOGICS.

But just in case you haven't heard it yet – or you need a reminder – here's the scoop on what EdLogics is all about:
With fun, engaging games – and cash rewards – EdLogics transforms the way you learn about your health. Get the knowledge and tools you need to make healthier choices and handle sickness when it comes ... and maybe even save yourself a trip to the doctor's office.

What can you do on The EdLogics Platform?

 ANSWER YOUR DAILY HEALTHSCRATCH QUESTIONS	 COMPLETE YOUR WEEKLY WORKOUT	 PLAY GAMES	 COMPETE WITH FRIENDS	 WATCH VIDEOS	 SPIN THE WHEEL	 EARN POINTS	 UNLOCK BADGES
 TAKE QUIZZES	 GET ON THE LEADERBOARD	 COLLECT SCAVENGER HUNT ITEMS	 COMPLETE CHALLENGES	 INCREASE YOUR HEALTH GPA	 LEARN FROM A VIRTUAL PHARMACIST	 WIN GIFT CARDS	

If all that weren't enough, we're making some big changes for 2021 – and raising the stakes!

2021 EdLogics Updates

1

\$200 HealthScratch Prizes!

Starting January 1, 2021, instead of the bi-weekly \$100 drawings you're used to, there will be monthly **\$200 HealthScratch drawings**. To give everyone a chance to win, you're only eligible to win these drawings if you've never won an EdLogics HealthScratch drawing in the past.

BONUS: We're holding **BONUS \$200 HealthScratch drawings on June 30, 2021 and December 31, 2021**. There will be 25 winners for each drawing, and everyone is eligible.



2

Invite A Friend

Starting January 1, 2021: Get 5 colleagues to sign up for EdLogics and **earn a \$50 gift card!** After your 5th friend registers, you'll receive an email from Tango within 30 days to redeem your \$50 gift card from Amazon, Target, or Dick's Sporting Goods.



3

Wellness Rewards Game

As part of ACSHIC's Wellness Rewards Program, EdLogics is featuring a new Fact or Myth game: **2021 Wellness Rewards Game**. This game is 1 of 4 activities that you are required to complete to earn the \$100 reward for this program. Once complete, you should see credit in mycare.sharecare.com in 4-6 weeks.



SIGN UP TODAY!

If you are an active ACSHIC member and you are the primary account holder, accessing EdLogics is easy!

Register here: myedlogics.com/acshic/account/register

Already registered? Login here: myedlogics.com/acshic





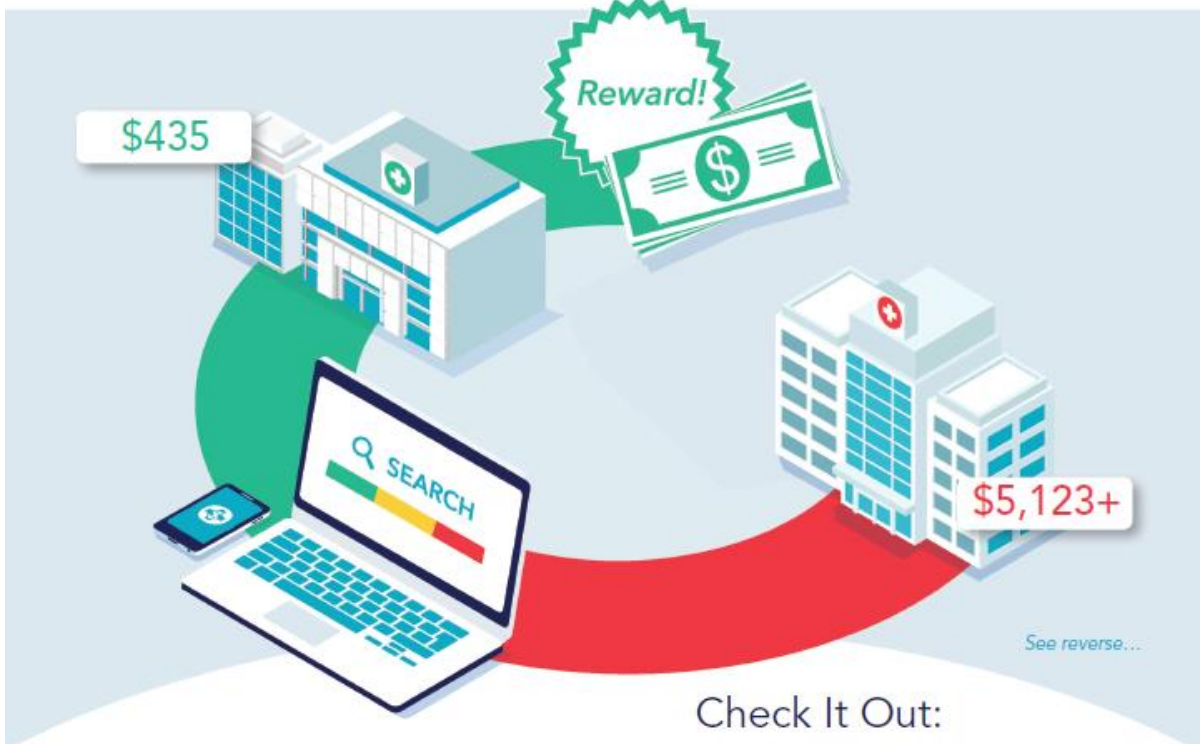
Healthcare Bluebook.



Go Green to Get Green. Get paid to save on care!

Choose the right path with Healthcare Bluebook and earn rewards.

With **Healthcare Bluebook**, save hundreds to thousands of dollars on medical procedures by choosing **Fair Price** (green) facilities for your care; plus you'll earn rewards. Or you can **overpay** and miss out on rewards. It's up to you! Easy to setup, easy to search, easy to save.



See reverse...

Check It Out:

healthcarebluebook.com/cc/ACSHIC
800-341-0504



Download the App: App Store Google play Mobile Code: ACSHIC

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Fitness Your Way

by Tivity Health™

Get access to nearly 9,500 fitness locations

Enroll Now

Whether you want to lose weight and maximize your energy or manage stress and improve your mood, here's a great, low-cost way to meet your goals. Fitness Your Way allows you to join a network of fitness facilities for a discounted rate, so you can work out anywhere when it's convenient for you — at a cost that doesn't stretch your budget.

How It Works

Fitness Your Way gives you access to nearly 9,500 fitness locations, including select national chains. As a Fitness Your Way member, you can visit any participating fitness location — anytime, anywhere — as often as you like.

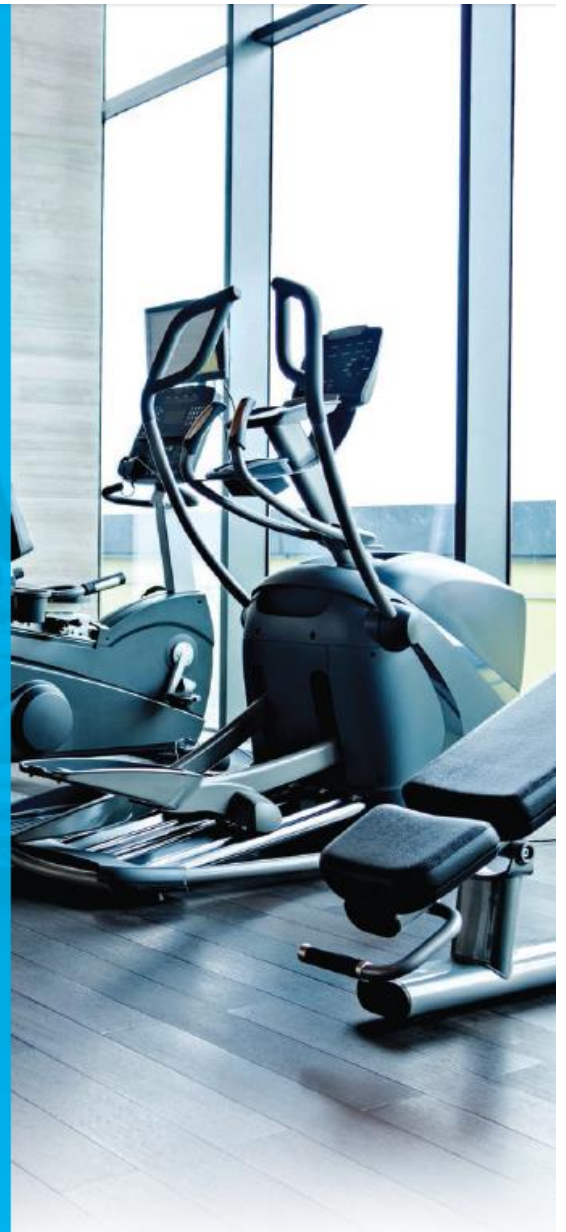
Pay only \$29 a month*, plus a low \$29 enrollment fee, and make a three-month commitment. Do it all online. Then put your fitness plan into action.

How to Enroll

Log in to highmarkbcbs.com (or follow instructions to register).

- Select **Member Discounts**.
- Scroll to **Discounts & Rewards** and select **Blue365 Discounts**.
- Select **Login** (or register for Blue365 by following the instructions).
- Once registered or logged in, select **Browse All Deals** and select **Fitness Your Way**.
- Select **Redeem Now** to enroll.
- Start using your membership right away! Print your card or download it to your smart phone and present it at any participating facility.

*Note: You will be billed for \$29 monthly. If you prefer, you can call 1-888-242-2060 to enroll. For member web support, please call 1-877-298-3918. The fitness center discount is separate and distinct from your health benefits plan.





Where do you pick up your prescriptions?

In 2020, there have been some changes to your plan's pharmacy network providers. ACSHIC currently uses the Advantage network, which is part of Highmark/Express Scripts. Effective Jan. 1, 2020, the network changed slightly, and that impacts ACSHIC members.

Below is a list of many large chains in- and out-of-network. This is not a comprehensive list of all in- and out-of-network providers. As always, check the Highmark BlueCross BlueShield website at HighmarkBCBS.com to verify your provider is in-network.

As of Jan. 1, 2020, the network includes:

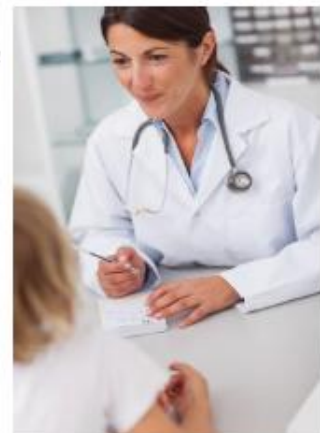
- Rite-Aid
- Wal-Mart
- Kmart
- Costco
- Giant Eagle
- Sam's Club
- Weis Markets
- Kroger
- Price Chopper

As of Jan. 1, 2020, the network excludes:

- CVS
- Walgreens
- The Medicine Shoppe
- Sav-On Drugs
- Wegmans
- Target

Keep in mind that:

- You can still access your specialty drugs at Walgreens Specialty. For your convenience, some specialty drugs (not all) may be obtained at Giant Eagle. Contact your Giant Eagle pharmacists to verify if your specialty drug is available at their location.
- There are no changes to the mail-order program. Members on maintenance medication are encouraged to order via mail order.



Don't forget to check the Highmark BlueCross BlueShield website at HighmarkBCBS.com to verify your prescription provider is in-network.

* It is important to confirm plan participation of independent (non-chain) pharmacies.
 * Walgreens has merged with Rite-Aid, and Walgreens retail is out of network. Most Rite-Aid stores in Pennsylvania will remain in-network. Please verify your store is participating with the Advantage Network.



your health.
your time.
your savings.
our one focus: you

this is exactly why we provide convenient (pick up your prescriptions while you shop at any of our 200+ locations) and exceptional services to make feeling healthy a better experience.

immunizations

- flu & pneumonia shots
- shingles (Shingrix)
- tdap (whooping cough)
- hepatitis a & b
- travel vaccines



text notifications

we'll send you a reminder when:

- it's time to refill
- your prescription is ready
- reminder to pick up
- copay amount!

sign up is free!



fuelperks⁺ now earn on every script



plus, earn 1 perk for every \$1 spent on out-of-pocket copays or cash prescriptions!

*see pharmacy for details.

pharmacy app

track, transfer & refill prescriptions with our free mobile pharmacy app.

pet medications**

we have medications for every member of your family — even the furry ones!



1-800-600-2706
*Pet Medications are not covered by insurance.

easy script transfer

transferring your prescription is easy. just call or bring in your prescription bottle, and we'll take care of the rest!

20GE40156RXBS-A

GIANT EAGLE Pharmacy valid through 12/31/2020

get \$15 in free groceries!
for a new or transferred prescription.
offer will be loaded onto your Giant Eagle Advantage Card®



0 00000 08970 8

Limit one coupon per customer. Must scan Giant Eagle Advantage Card® at time of purchase along with this coupon to receive the \$15 offer. \$15 offer will be automatically loaded to the customer's Giant Eagle Advantage Card® within 24 hours after purchase. Valid from 1/1/20 through 12/31/20. Transfer offer valid on prescription(s) previously purchased at another pharmacy with valid refills remaining. Excludes PACE, PACENET, Giant Eagle Employee-funded prescriptions and prescriptions transferred from another Giant Eagle. Prescription filled as written by physician. Physician authorization may be required. Copies and facsimiles not accepted. Offer not valid on free generic medications. Cannot be combined with any other offer and has no cash value. \$15 offer not valid on the purchase of fuel, tobacco, cigarettes, gift cards, prescriptions or prescription copays or any other item prohibited by law. \$15 load to card to government funded patients are limited to no more than \$15 individually and no more than \$75 in the aggregate annually per patient.



HIGHMARK MEMBERS* Fill your Specialty Medication Faster Than Mail Order at over 200 Giant Eagle Pharmacy locations

If you are currently on a Specialty Medication, you have options on where you can fill your prescription.

Living with a chronic, complex condition can be overwhelming. But, it doesn't have to be. When you use the Giant Eagle Specialty Pharmacy, you can fill your prescriptions at any of our over 200 Giant Eagle Pharmacy locations! Don't wait for your mail-order prescriptions. Now, you can fill all your medications faster at one, convenient location.

When you fill your Specialty medication at Giant Eagle Specialty Pharmacy, we provide education, counseling and therapy management tailored just for you. We help simplify the complicated specialty prescription process.

OUR SERVICES INCLUDE

- A dedicated Pharmacy team will reach out to you regularly throughout your treatment, including nursing staff, dietitian support and refill reminders.
- Patient education including condition-specific educational materials, injection training and over-the-counter preparations for proactive side-effect management.
- Financial assistance for eligible prescriptions to reduce your out-of-pocket expenses.
- Full insurance benefit analysis and prior authorization support to complete all necessary paperwork.
- Referrals typically processed within 24-48 hours, with prescription status updates sent to your doctor's office.
- Giant Eagle Specialty Pharmacy is staffed from 9 a.m. to 9 p.m. Monday through Friday, and a Pharmacist is available 24-hours a day, 7-days a week for emergencies.

OUR SERVICE GUARANTEE

- Reduced out-of-pocket expenses by 91% through manufacturer sponsored programs and foundation assistance for commercial patient.
- 8.4 hours is the average preparation time from when a prescription is received to the time it's ready for pick-up.
- Our patient and provider overall satisfaction scores were 99% and 94%, respectively.
- 97% of phone calls into our call center are answered in under 30 seconds.



EMPLOYEE ASSISTANCE PROGRAM

Financial worries, aging parents, job stress, health issues - Everyone faces challenges from time to time, with your EAP you don't have to face these things alone.

This includes solutions such as:

ANYTIME, ANYWHERE

Reducing barriers to access through technology
**INCLUDES: 24/7/365 Telephone Support,
Mobile App with Chat Functionality, Video
Counseling and Web Portal**

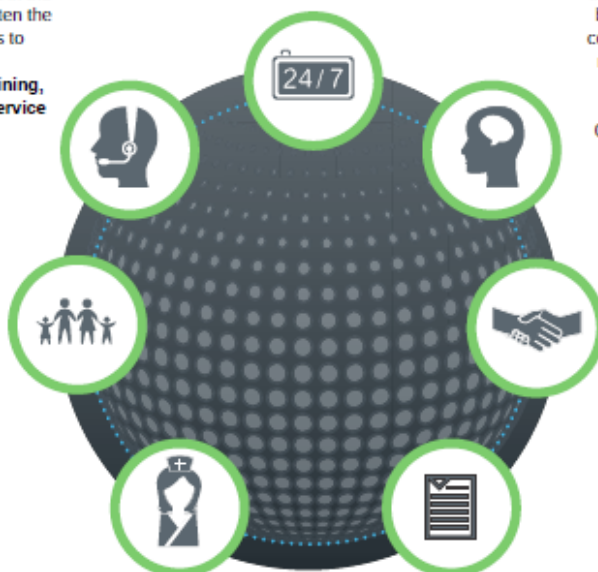
PERSONAL ASSISTANT

Our Personal Assistant helps individuals with their "to do" list. It can be difficult to find extra time in the day to manage everyday tasks. We help lighten the load through researching the best options to benefit you and your loved ones.

SERVICES INCLUDE: Entertainment & Dining, Travel & Tourism, Household Errands, Service Professionals

COACHING

We help employees and their household members achieve their personal and professional goals by providing coaching that meets needs in many of life's domains. A coach works actively to help individuals assess their current situation then develop goals to meet their stated expectations. A coach is an accountability partner and helps individuals overcome obstacles to achieve goals. **COACHES HELP WITH:** Life Transitions, Work/Life Balance, Goal Setting, Improving Relationships, & More.



MENTAL HEALTH COUNSELING

When overwhelmed with personal, work or life stressors, mental health counseling can be a lifesaver. Our licensed master's level counselors support you and your household members through difficult times providing confidential assistance 24/7.

WE HELP WITH: Family Conflict, Couples/Relationships, Substance Abuse, Anxiety, Depression

WORK/LIFE RESOURCES

Navigating the practical challenges of life, while handling the demands of your job can be stressful. Work/Life resources and referral services are designed to provide knowledgeable consultation and customized guidance to assist with gaining resolution to everyday hurdles.

RESOURCES INCLUDE: Home Safe Services, Adoption, Elder/Adult Care, Parenting, Child Care, Special Needs Support, Wellness, COVID-19

MEDICAL ADVOCACY

Medical Advocacy is a new approach to maneuvering through the healthcare system. It offers strategies to promote employee health, productivity, and well-being by serving patient populations throughout the entire lifespan and by addressing health problems in every category of disease classification and in all disease stages.

WE HELP WITH: Insurance Navigation, Doctor Referrals, Specialist Referrals, Care Transition, Discharge Planning, Adult Care Coach

LEGAL/FINANCIAL RESOURCES

Legal and Financial resources and referrals are available to connect employees with experienced, vetted professionals in their topical area of legal and financial needs.

RESOURCES INCLUDE: Divorce/Custody, Bankruptcy, Budgeting, Estate Planning/Wills, Personal Injury/Malpractice, Major Life Event Planning

PRIVATE, CONFIDENTIAL, & AT NO COST TO YOU

FOR YOU AND YOUR HOUSEHOLD MEMBERS

Your participation with your EAP is voluntary and strictly confidential. We do not report back to your employer about the things you discuss in private counseling conversations.



MY LIFE EXPERT

Feeling Connected & Supported 24/7/365

To access this portal you can call our toll-free number or download the app to the home screen of your mobile device without even visiting an app store, by simply visiting mylifeexpert.com or scanning the QR code at the bottom of this page.

TO LOGIN:

- Click "create a new account with your company code"
- Insert your company code
- Follow instructions included in the activation e-mail
- Play, learn, and discover!

TELEPHONE, CHAT, & VIDEO ACCESS

Our professionally trained consultants are available 24/7/365 days-a-year to help you instantly with a multitude of issues including mental health and Work/Life balance.



WORK & LIFE RESOURCES:

Life Expert provides access to thousands of up-to-date topic-related articles, videos and worksheets. Some topics include: Financial & Legal, Family, Education, Health, Wellness, Career, Military, COVID-19, everyday living and much more.



HEALTH & LIFESTYLE ASSESSMENTS:

Surveys are provided to you with a quick assessment on financial, health and addiction issues. These surveys are designed to deliver targeted resources and information to meet your needs. You can save these assessments and recommendations to your profile for future use.



INTERACTIVE CHECKLISTS:

Life Expert provides you with interactive tools to help with issues such as family, health, and other life situations. You can save these checklists to your personal profile for future use.



Website: www.lytlecap.com

- Click on COVID-19 resources in the upper right-hand corner to access our COVID-19 library
- Click on the green box in the upper right-hand corner that says Work/Life Website Login to access our Work/Life website
 - One-time company code for Work/Life website: **acshic**

TOLL-FREE 24/7: 800-327-7272





advance|medical

You only live *once*.

Let us help when you need to think *twice*.

Make decisions about your health with *confidence*.

With Advance Medical, the world's leading doctors consult on your condition to support you through difficult medical issues so you can make the best possible choices for your health.

A second opinion is *smart*.

Confirming a diagnosis and treatment may help you:

- Feel confident in your diagnosis
- Prevent a needless surgery
- Avoid missed time at work
- Save out-of-pocket costs on unnecessary care
- Verify prescription appropriateness
- Experience better health
- Find peace of mind



This is healthcare made *easy*.

Simply call, logon or email to connect. We collect your medical records for you! We pair you with a physician who answers your questions and gets you the best medical information and expert recommendations so you can move forward with confidence.

Get connected. Be informed. Become *confident*.

Call: 844-280-2457

Log on: advance-medical.net/acshic

Email: acshic@advance-medical.net

advance|medical

Call: 844-280-2457

Log on: advance-medical.net/acshic

Email: acshic@advance-medical.net

Advance Medical's services are available at no cost to employees and their family members enrolled in the health plan.

Advance Medical is 100% confidential and service is free, courtesy of ACSHIC.

Advance Medical's services are available at no cost to employees and their family members enrolled in the health plan.





Rate History - ACSHIC Standard Programs												
	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)	(2020-2021) Rates for Schools joining ACSHIC prior to 8/30/2015
Natl Trend Factors	10.21%	10.86%	10.83%	10.73%	11.89%	12.56%	12.51%	11.6%	10.8%	14.3%	10.6%	
Select Blue POS & PPO												
	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)	(2020-2021) Rates for Schools joining ACSHIC prior to 8/30/2015
Individual	\$ 461.80	\$ 461.80	\$ 483.74	\$ 517.60	\$ 547.36	\$ 562.41	\$ 575.06	\$ 585.99	\$ 600.05	\$ 611.45	\$ 626.74	\$ 623.68
Parent/Child	\$ 1,035.37	\$ 1,035.37	\$ 1,084.55	\$ 1,160.47	\$ 1,227.20	\$ 1,260.95	\$ 1,289.32	\$ 1,313.81	\$ 1,345.34	\$ 1,370.90	\$ 1,405.17	\$ 1,398.31
Parent/Children	\$ 1,138.90	\$ 1,138.90	\$ 1,193.00	\$ 1,276.51	\$ 1,349.91	\$ 1,387.03	\$ 1,418.24	\$ 1,445.19	\$ 1,479.87	\$ 1,507.99	\$ 1,545.69	\$ 1,538.15
Employee & Spouse	\$ 1,254.51	\$ 1,254.51	\$ 1,314.10	\$ 1,406.09	\$ 1,486.94	\$ 1,527.83	\$ 1,562.21	\$ 1,591.89	\$ 1,630.10	\$ 1,661.07	\$ 1,702.60	\$ 1,694.28
Family	\$ 1,304.35	\$ 1,304.35	\$ 1,366.31	\$ 1,461.90	\$ 1,546.01	\$ 1,588.53	\$ 1,624.27	\$ 1,655.13	\$ 1,694.85	\$ 1,727.05	\$ 1,770.23	\$ 1,761.59
Percentage Change	5.0%	0.0%	4.75%	7.00%	5.75%	2.75%	2.25%	1.9%	2.4%	1.9%	2.5%	2.5%
Keystone HMO												
	(2010-2011)	(2011-2012)	(2012-2013)	(2013-2014)	(2014-2015)	(2015-2016)	(2016-2017)	(2017-2018)	(2018-2019)	(2019-2020)	(2020-2021)	(2020-2021) Rates for Schools joining ACSHIC prior to 8/30/2015
Individual	\$ 439.62	\$ 439.62	\$ 460.50	\$ 486.53	\$ 511.33	\$ 525.39	\$ 537.21	\$ 547.42	\$ 560.56	\$ 571.21	\$ 585.49	\$ 582.63
Parent/Child	\$ 986.07	\$ 986.07	\$ 1,032.91	\$ 1,084.56	\$ 1,146.92	\$ 1,178.46	\$ 1,204.98	\$ 1,227.88	\$ 1,257.35	\$ 1,281.24	\$ 1,313.27	\$ 1,306.85
Parent/Children	\$ 1,084.67	\$ 1,084.67	\$ 1,136.19	\$ 1,193.00	\$ 1,261.60	\$ 1,296.29	\$ 1,325.46	\$ 1,350.64	\$ 1,383.06	\$ 1,409.34	\$ 1,444.57	\$ 1,437.51
Employee & Spouse	\$ 1,194.27	\$ 1,194.27	\$ 1,251.00	\$ 1,313.55	\$ 1,389.08	\$ 1,427.28	\$ 1,459.39	\$ 1,487.12	\$ 1,522.81	\$ 1,551.74	\$ 1,590.53	\$ 1,582.78
Family	\$ 1,241.79	\$ 1,241.79	\$ 1,300.78	\$ 1,365.82	\$ 1,444.35	\$ 1,484.07	\$ 1,517.46	\$ 1,546.29	\$ 1,593.40	\$ 1,613.48	\$ 1,653.82	\$ 1,645.75
Percentage Change	5.0%	0.0%	4.75%	5.0%	5.75%	2.75%	2.25%	1.9%	2.4%	1.9%	2.5%	2.5%

Average increase since 2009-2020 is 3.18% (12 years)
2015-2020 is 2.28% (6 years)



Allegheny County Schools Health Insurance Consortium

Active Dental & Vision Rates

United Concordia	
2019 - 2020	2020 - 2021
\$27.24/Individual	\$28.87/Individual
\$89.57/Family	\$94.94/Family
Percent Change 2%	Percent Change 6%

Davis Vision	
2019 - 2020	2020 - 2021
\$5.22/Individual	\$5.59/Individual
\$12.75/Family	\$13.64/Family
Percent Change 7%	Percent Change 7%

Vision Benefits of America (VBA)	
2019 - 2020	2020 - 2021
\$4.60/Individual	\$5.24/Individual
\$10.86/Family	\$12.38/Family
Percent Change 7%	Percent Change 14%



ACT 110

Group Health Insurance

Important Notice for School Retirees Under Age 65

The Pennsylvania General Assembly has recently enacted legislation which requires school districts, Intermediate Units, and area Vocational-Technical schools to permit certain retirees to purchase continuing coverage in the school's group health insurance plan. Retirees who qualify for this continuing coverage are those who are under age 65 and:

- 1) Retired under normal retirement, or
- 2) Retired under disability retirement, or
- 3) Retired with 30 or more years of service.

It is the eligible retirees' responsibility to contact their former public school employer with written notification of their decision to enroll in the group health insurance plan.

Persons who are covered or eligible to be covered as an employee or dependent in any other employer provided group health insurance plan are not eligible to purchase coverage from their former school employer. The right to continue in the school group coverage extends until the retiree reaches age 65.

Because this legislation amends the school code and not the retirement code, PSERS is unable to rule on the intent of the legislation. We are asking that you refer all questions concerning this legislation to your former school employer.

If you do not qualify for the law stated above, you may take advantage of COBRA, a federal law. This law requires that all reporting units offer group health insurance for a period of 18 months to any employee who leaves their employment.

The group health insurance is paid by the employee at the school district's rate plus two percent for administrative cost.

Any questions regarding either law should be directed to your business office.



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Securing today
and tomorrow

Understanding the Benefits

[SocialSecurity.gov](https://www.SocialSecurity.gov)



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Social Security: a simple concept

Social Security reaches almost every family, and at some point, touches the lives of nearly all Americans.

Social Security helps older Americans, workers who become disabled, and families in which a spouse or parent dies. As of June 2019, about 177 million people worked and paid Social Security taxes and about 64 million people received monthly Social Security benefits.

Most of our beneficiaries are retirees and their families — about 48 million people in June 2019.

But Social Security was never meant to be the only source of income for people when they retire. Social Security replaces a percentage of a worker's pre-retirement income based on your lifetime earnings. The amount of your average wages that Social Security retirement benefits replaces varies depending on your earnings and when you choose to start benefits. If you start benefits at "full retirement age" (see chart on page 7), this percentage ranges from as much as 75 percent for very low earners, to about 40 percent for medium earners, to about 27 percent for high earners. If you start benefits after full retirement age, these percentages would be higher. If you start benefits earlier, these percentages would be lower. Most financial advisers say you will need about 70 percent of pre-retirement income to live comfortably in retirement, including your Social Security benefits, investments, and personal savings.

We want you to understand what Social Security can mean to you and your family's financial future. This publication, *Understanding the Benefits*, explains the basics of the Social Security retirement, disability, and survivors insurance programs.

The current Social Security system works like this: when you work, you pay taxes into Social Security. We use the tax money to pay benefits to:

- People who have already retired.
- People who are disabled.
- Survivors of workers who have died.
- Dependents of beneficiaries.

The money you pay in taxes isn't held in a personal account for you to use when you get benefits. We use your taxes to pay people who are getting benefits right now. Any unused money goes to the Social Security trust funds, not a personal account with your name on it.

Social Security is more than retirement

Many people think of Social Security as just a retirement program. Most of the people receiving benefits are retired, but others receive benefits because they're:

- Disabled.
- A spouse or child of someone getting benefits.
- A divorced spouse of someone getting or eligible for Social Security.
- A spouse or child of a worker who died.
- A divorced spouse of a worker who died.
- A dependent parent of a worker who died.

Depending on your circumstances, you may be eligible for Social Security at any age. In fact, Social Security pays more benefits to children than any other government program.

Your Social Security taxes

We use the Social Security taxes you and other workers pay into the system to pay Social Security benefits.

You pay Social Security taxes based on your earnings, up to a certain amount. In 2020, that amount is \$137,700.

Medicare taxes

You pay Medicare taxes on all of your wages or net earnings from self-employment. These taxes are for Medicare coverage.

If you work for someone else	Social Security tax	Medicare tax
You pay	6.2%	1.45%
Your employer pays	6.2%	1.45%
If you're self-employed		
You pay	12.4%	2.9%

Additional Medicare tax

Workers pay an additional 0.9 percent Medicare tax on income exceeding certain thresholds. The following chart shows the threshold amounts based on tax filing status:

Filing Status	Threshold Amount
Married filing jointly	\$250,000
Married filing separately	\$125,000
Single	\$200,000
Head of household (with qualifying person)	\$200,000
Qualifying widow(er) with dependent child	\$200,000

Where your Social Security tax dollars go

In 2020, when you work, 85 cents of every Social Security tax dollar you pay goes to a trust fund that pays monthly benefits to current retirees and their families and to surviving spouses and children of workers who have died. About 15 cents goes to a trust fund that pays benefits to people with disabilities and their families.

From these trust funds, Social Security also pays the costs of managing the Social Security programs. The Social Security Administration is one of the most efficient agencies in the federal government, and we're working to make it better every day. Of each Social Security tax dollar you pay, we spend less than one penny to manage the program.

The entire amount of Medicare taxes you pay goes to a trust fund that pays some of the costs of hospital and related care for all Medicare beneficiaries. The Centers for Medicare & Medicaid Services, not the Social Security Administration, manages Medicare.

What you need to know about Social Security while you're working

Your Social Security number

Your link with Social Security is your Social Security number. You need it to get a job and pay taxes. We use your Social Security number to track your earnings while you're working and your benefits after you're getting Social Security.

Don't carry your Social Security card. You should be careful about giving someone your Social Security number. Identity theft is one of the fastest growing crimes today. Most of the time, identity thieves use your Social Security number and your good credit to apply for more credit in your name. Then, they use the credit cards and don't pay the bills.

Your Social Security number and our records are confidential. If someone else asks us for information we have about you, we won't give any information without your written consent, unless the law requires or permits it.

Contact us if you need a Social Security number, if you lose your card and need another one, or if you need to change your name on your current card. We will ask you to complete a simple application and ask to see certain documents. We need to see originals or copies certified by the issuing office. We can't accept photocopies or notarized copies of documents.

To get a Social Security number or a replacement card, you must prove your U.S. citizenship or immigration status, age, and identity. We don't need proof of your U.S. citizenship and age for a replacement card if they're already in our records. We only accept certain documents as proof of U.S. citizenship. These include your U.S. birth certificate, U.S. passport, Certificate of Naturalization, or Certificate of Citizenship. If you aren't a U.S. citizen, we must see your immigration document proving work authorization. If you don't have work authorization, different rules apply.

For proof of identity, we accept current documents showing your name, identifying information and preferably a recent photograph, such as a driver's license or other state-issued identification card, or a U.S. passport.

To apply for a change of name on your Social Security card, you must show a recently issued document that proves your name has been legally changed.

Be sure to safeguard your Social Security card. We limit the number of replacement cards you can get to three in a year and 10 during your lifetime. Legal name changes and other exceptions don't count toward these limits. For example, changes in noncitizen status that require card updates may not count toward these limits. These limits may not apply if you can prove you need the card to prevent a significant hardship.

For more information, read *Your Social Security Number and Card* (Publication No. 05-10002). If you aren't a citizen, read *Social Security Numbers for Non-Citizens* (Publication No. 05-10096).

All of our card services are free. Social Security never charges for the card services we provide.

How you become eligible for Social Security

As you work and pay taxes, you earn Social Security “credits.” In 2020, you earn one credit for each \$1,410 in earnings — up to a maximum of four credits per year. The amount of money needed to earn one credit usually goes up every year.

Most people need 40 credits (10 years of work) to qualify for benefits. Younger people need fewer credits to be eligible for disability benefits or for their family members to be eligible for survivors benefits when the worker dies.

What you need to know about benefits

Social Security benefits only replace some of your earnings when you retire, become disabled, or die. We base your benefit payment on how much you earned during your working career. Higher lifetime earnings result in higher benefits. If there were some years when you didn't work, or had low earnings, your benefit amount may be lower than if you worked steadily.

Retirement benefits

Choosing when to retire is one of the most important decisions you'll make in your lifetime. If you choose to retire when you reach your full retirement age, you'll receive your full benefit amount. We will reduce your benefit amount if you retire before reaching full retirement age.

Full retirement age

If you were born from 1943 to 1960, the age at which full retirement benefits are payable increases gradually to age 67. In 2020, if your birth year is 1953 or earlier, you are already eligible for your full Social Security benefit. Use the following chart to find out your full retirement age.

Year of birth	Full retirement age
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 or later	67

NOTE: *Although the full retirement age is rising, you should still apply for Medicare benefits three months before your 65th birthday. If you wait longer, your Medicare medical insurance (Part B) and prescription drug coverage (Part D) may cost you more money.*

Delayed retirement

If you choose to delay receiving benefits beyond your full retirement age, we'll increase your benefit a certain percentage, depending on the year of your birth. We'll add the increase automatically each month from the time you reach full retirement age, until you start taking benefits or reach age 70, whichever comes first. There is more information on delayed retirement credits on our website at www.socialsecurity.gov/planners/retire/delayret.html.

Early retirement

You may start receiving benefits as early as age 62. We reduce your benefits if you start early by about one-half of one percent for each month you start receiving benefits before your full retirement age. For example, if your full retirement age is 66 and eight months, and you sign up for Social Security when you're 62, you would only get about 71.7 percent of your full benefit.

NOTE: *The reduction will be greater in future years as the full retirement age increases.*

Once you've made the decision about when to retire, you can apply for Social Security retirement benefits on our website at www.socialsecurity.gov/benefits.

If you work and get benefits

You can continue to work and still receive retirement benefits. Your earnings in (or after) the month you reach full retirement age won't reduce your Social Security benefits. In fact, working beyond full retirement age can increase your benefits. We'll have to reduce your benefits, however, if your earnings exceed certain limits for the months before you reach your full retirement age.

If you work, but start receiving benefits before full retirement age, we deduct one dollar in benefits for each two dollars in earnings you have above the annual limit. In 2020, the limit is \$18,240.

In the year you reach your full retirement age, we reduce your benefits by one dollar for every three dollars you earn over a different annual limit (\$48,600 in 2020) until the month you reach full retirement age.

Once you reach full retirement age, you can keep working, and we won't reduce your Social Security benefit, no matter how much you earn.

For more information about how work affects your benefits, read *How Work Affects Your Benefits* (Publication No. 05-10069).

NOTE: *People who work and receive disability or Supplemental Security Income payments have different earnings rules. They must immediately report all their earnings to Social Security no matter how much they earn.*

Retirement benefits for widows and widowers

If you're receiving widow's or widower's benefits, you can switch to your own retirement benefits as early as age 62, assuming your retirement benefit is more than the amount you receive on your deceased spouse's earnings. Often, you can begin receiving one benefit at a reduced rate and then switch to the other benefit at the full rate when you reach full retirement age. The rules are complicated and vary depending on your situation, so talk to a Social Security representative about the choices available to you.

For more information about retirement benefits, read *Retirement Benefits* (Publication No. 05-10035).

Disability benefits

If you can't work because of a physical or mental condition that's expected to last at least one year or result in death, you may be eligible for Social Security disability benefits.

Our disability rules are different from private or other government agency plans. Qualifying for disability from another agency or program doesn't mean you will be eligible for disability benefits from us. Having a statement from your doctor saying you're disabled doesn't mean you'll automatically be eligible for Social Security disability benefits. For more information about Social Security disability benefits, read

Disability Benefits (Publication No. 05-10029). You can apply for Social Security disability benefits on our website at www.socialsecurity.gov/benefits.

People, including children, who have little income and few resources, and who have a disability, may be eligible for disability payments through the Supplemental Security Income (SSI) program. For more information about SSI, read *Supplemental Security Income (SSI)* (Publication No. 05-11000).

If you become disabled, file for disability benefits as soon as possible, because it usually takes several months to process a disability claim. We may be able to process your claim more quickly if you have the following when you apply:

- Medical records and treatment dates from your doctors, therapists, hospitals, clinics, and caseworkers.
- Your laboratory and other test results.
- The names, addresses, phone, and fax numbers of your doctors, clinics, and hospitals.
- The names of all medications you're taking.
- The names of your employers and job duties for the last 15 years.

Your benefits may be taxable

Some people who get Social Security will have to pay taxes on their benefits. About 40 percent of our current beneficiaries pay taxes on their benefits.

You may have to pay taxes on your benefits if you file a federal tax return as an "individual" and your total income is more than \$25,000. If you file a joint return, you may have to pay taxes if you and your spouse have a total income that is more than \$32,000. For more information, call the Internal Revenue Service's toll-free number, **1-800-829-3676**.

Benefits for your family

When you start receiving Social Security retirement or disability benefits, other family members may also be eligible for payments. For example, benefits can be paid to your spouse:

- If they're age 62 or older.
- At any age if they're caring for your child (the child must be younger than 16 or disabled and entitled to Social Security benefits on your record).

Benefits can also be paid to your unmarried children if they're:

- Younger than 18.
- Between 18 and 19 years old, but in elementary or secondary school as full-time students.
- Age 18 or older and disabled (the disability must have started before age 22).

Under certain circumstances, we can also pay benefits to a stepchild, grandchild, step-grandchild, or an adopted child. If you become the parent of a child after you begin receiving benefits, let us know about the child, so we can decide if the child is eligible for benefits.

How much can family members get?

Each family member may be eligible for a monthly benefit that is up to half of your retirement or disability benefit amount. However, there is a limit to the total amount of money that can be paid to you and your family. The limit varies, but is generally equal to about 150 to 180 percent of your retirement or disability benefit.

If you're divorced

If you're divorced, your ex-spouse may qualify for benefits on your earnings. In some situations, they may get benefits even if you aren't receiving them. To qualify, a divorced spouse must:

- Have been married to you for at least 10 years.
- Have been divorced at least two years in cases where you have not filed for benefits.
- Be at least 62 years old.
- Be unmarried.
- Depending on the circumstances, not be entitled to or eligible for a benefit on their own work that is equal to or higher than half the full amount on your record.

Survivors benefits

When you die, your family may be eligible for benefits based on your work.

Family members who can collect benefits include a widow or widower who is:

- 60 or older.
- 50 or older and disabled.
- Any age if they're caring for your child who is younger than 16 or disabled and entitled to Social Security benefits on your record.

Your children can receive benefits, too, if they're unmarried and:

- Younger than 18 years old.
- Between 18 and 19 years old, but in an elementary or secondary school as full-time students.
- Age 18 or older and disabled (the disability must have started before age 22).

Additionally, your parents can receive benefits on your earnings if they were dependent on you for at least half of their support.

One-time payment after death

If you have enough credits, a one-time payment of \$255 also may be made after your death. This benefit may be paid to your spouse or minor children if they meet certain requirements.

If you're divorced and have a surviving ex-spouse

If you're divorced, your ex-spouse may be eligible for survivor's benefits based on your earnings when you die. They must:

- Be at least age 60 years old (or 50 if disabled) and have been married to you for at least 10 years.
- Be any age if they're caring for a child who is eligible for benefits based on your earnings.
- Not be entitled to a benefit based on their own work that is equal or higher than the full insurance amount on your record.
- Not be currently married, unless the remarriage occurred after age 60 or after age 50 if disabled.

Benefits paid to an ex-spouse won't affect the benefit rates for other survivors receiving benefits on your earnings record.

NOTE: *If you're deceased and your ex-spouse remarries after age 60, they may be eligible for Social Security benefits based on either your work or the new spouse's work, whichever is higher.*

How much will your survivors get?

Your survivors receive a percentage of your basic Social Security benefit — usually in a range from 75 to 100 percent each. However, there is a limit to the amount of

money that can be paid each month to a family. The limit varies, but is generally equal to about 150 to 180 percent of your benefit rate.

When you're ready to apply for benefits

You should apply for benefits about four months before the date you want your benefits to start. If you aren't ready to retire, but are thinking about doing so later, you should visit our website to use our informative retirement planner at [**www.socialsecurity.gov/benefits**](http://www.socialsecurity.gov/benefits). To file for disability or survivors benefits, you should apply as soon as you're eligible.

You can apply for benefits on our website at [**www.socialsecurity.gov/applyforbenefits**](http://www.socialsecurity.gov/applyforbenefits).

You can get a quick and easy benefit estimate based on your Social Security earnings record at [**www.socialsecurity.gov/estimator**](http://www.socialsecurity.gov/estimator). You also can get more detailed benefit calculations at [**www.socialsecurity.gov/planners**](http://www.socialsecurity.gov/planners).

What you will need to apply

When you apply for benefits, we will ask you to provide certain documents. The documents you'll need depend on the type of benefits you file for. Providing these documents to us quickly will help us pay your benefits faster. You must present original documents or copies certified by the issuing office — we can't accept photocopies.

Don't delay filing an application just because you don't have all the documents you need. We'll help you get them.

Some documents you may need when you sign up for Social Security are:

- Your Social Security card (or a record of your number).
- Your birth certificate.

-
- Your children's birth certificates and Social Security numbers (if you're applying for them).
 - Proof of U.S. citizenship or lawful immigration status if you (or a child) weren't born in the United States.
 - Your spouse's birth certificate and Social Security number if they are applying for benefits based on your earnings.
 - Your marriage certificate (if signing up on a spouse's earnings or if your spouse is signing up on your earnings).
 - Your military discharge papers if you had military service.
 - Your most recent W-2 form, or your tax return, if you're self-employed.

We will let you know if you need other documents when you apply.

How we pay benefits

You must receive your Social Security payments electronically. One of the ways you can choose to receive your benefits is through direct deposit to your account at a financial institution. Direct deposit is a simple, and secure way to receive your payments. Be sure to have your checkbook or account statement with you when you apply. We will need that information, as well as your financial institution's routing number, to make sure your monthly benefit deposit goes into the right account.

If you don't have an account with a financial institution, or if you prefer to receive your benefits on a prepaid debit card, you can sign up for the Direct Express® card program. With Direct Express®, payments go straight to the card account. Another payment choice you can consider is an electronic transfer account. This low-cost federally insured account lets you enjoy the security and convenience of automatic payments.

Supplemental Security Income (SSI) program

If you get Social Security benefits, but have limited income and resources (things you own), SSI may be able to help. SSI financing comes from general revenues, not Social Security taxes.

SSI makes monthly payments to people who are age 65 or older or who are blind or disabled. We don't count some of your income and some of your resources when we decide whether you're eligible for SSI. Your house and your car, for example, usually don't count as resources.

To apply for SSI, you can begin the process and — in some cases — complete most or all of your application online by visiting our website at **www.socialsecurity.gov/applyforbenefits**. You can also call us toll-free at **1-800-772-1213** to set up an in-person or telephone appointment with a representative from your local Social Security office.

Right to appeal

If you disagree with a decision made on your claim, you can appeal it. You can handle your own appeal with free help from Social Security, or you can choose to have a representative help you. We can give you information about organizations that can help you find a representative. For more information about the appeals process and selecting a representative, read *Your Right to Question the Decision Made on Your Claim* (Publication No. 05-10058).

Online “my Social Security” account

You can now easily set up a secure online my Social Security account to access your *Social Security Statement* to check your earnings and get your benefit estimates. You may also be able to use your online

my Social Security account to request a replacement Social Security number card (available in many states and the District of Columbia). If you currently receive benefits, you can also:

- Get your benefit verification letter.
- Change your address and phone number.
- Request a replacement Medicare card.
- Get a replacement SSA-1099 or SSA-1042S for tax season.
- Start or change your direct deposit.
- Opt out of getting agency notices by mail for those available online.
- Report your wages if you work and receive Social Security disability insurance benefits, Supplemental Security Income (SSI) payments, or both.

You can create a *my* Social Security account if you're age 18 or older and have a Social Security number, valid email address, and U.S. mail address. To create an account, go to www.socialsecurity.gov/myaccount. You will need to provide some personal information to confirm your identity, and then choose a username and password.

Medicare

Medicare is our country's basic health insurance program for people age 65 or older and for many people with disabilities.

You shouldn't confuse Medicare with Medicaid. Medicaid is a health care program for people with low income and limited resources. State health and human services offices or social services agencies run the Medicaid program. Some people qualify for just one program, while others qualify for both Medicare and Medicaid.

Parts of Medicare

Social Security enrolls you in Original Medicare (Part A and Part B).

- Medicare Part A (hospital insurance) helps pay for inpatient care in a hospital or limited time at a skilled nursing facility (following a hospital stay). Part A also pays for some home health care and hospice care.
- Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventive services.
- Medicare Advantage Plan (previously known as Part C) includes all benefits and services covered under Part A and Part B — prescription drugs and additional benefits such as vision, hearing, and dental — bundled together in one plan.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

Who's eligible for Medicare Part A?

Most people get Part A when they turn 65. You qualify for it automatically if you're eligible for Social Security or Railroad Retirement Board benefits. Or, you may qualify based on a spouse's (including a divorced spouse's) work. Others qualify because they're government employees not covered by Social Security, who paid the Medicare tax.

If you get Social Security disability benefits for 24 months, you'll qualify for Part A.

If you get Social Security disability benefits because you have amyotrophic lateral sclerosis (Lou Gehrig's disease), you don't have to wait 24 months to qualify.

Also, someone with permanent kidney failure requiring dialysis or kidney replacement qualifies for Part A if they've worked long enough, or is the spouse or child of a worker who qualifies.

If you don't meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. For more information, call our toll-free number or visit our website.

Certain people who were exposed to environmental health hazards are entitled to Part A and can enroll in Part B and Part D. These people have an asbestos-related disease and were present for at least six months in Lincoln County, Montana, 10 years or more before diagnosis.

Who's eligible for Medicare Part B?

Almost every person eligible for Part A can get Part B. Part B is optional and you usually pay a monthly premium. In 2020, the standard monthly premium is \$144.60. Some people with higher incomes pay higher premiums.

Medicare Advantage plans

Anyone who has Medicare Part A and Part B can join a Medicare Advantage plan. Medicare Advantage plans include:

- Health Maintenance Organization (HMO) plans.
- Preferred Provider Organization (PPO) plans.
- Private Fee-for-Service (PFFS) plans.
- Special Needs Plans (SNPs).

In addition to your Medicare Part B premium, you might have to pay another monthly premium because of the extra benefits the Medicare Advantage plan offers.

Who can get Medicare Part D?

Anyone who has Original Medicare (Part A or Part B) is eligible for Medicare prescription drug coverage (Part D). Part D benefits are available as a stand-alone plan or built into Medicare Advantage, unless you have a Medicare private fee-for-service (PFFS) plan. The drug benefits work the same in either plan. Joining a Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage.

When should I apply for Medicare?

If you're not already getting benefits, you should contact Social Security about three months before your 65th birthday to sign up for Medicare. You should sign up for Medicare even if you don't plan to retire at age 65.

If you're already getting Social Security benefits or Railroad Retirement Board payments, we'll contact you a few months before you become eligible for Medicare and send you information. If you live in one of the 50 states, Washington, D.C., the Northern Mariana Islands, Guam, American Samoa, or the U.S. Virgin Islands, we'll automatically enroll you in Medicare Parts A and B. However, because you must pay a premium for Part B coverage, you can choose to turn it down.

We will **not** automatically enroll you in a Medicare prescription drug plan (Part D). Part D is optional and you must elect this coverage. For the latest information about Medicare, visit the website or call the toll-free number listed below.

Medicare	Website: <i>Medicare.gov</i> Toll-free number: 1-800-MEDICARE (1-800-633-4227) TTY number: 1-877-486-2048
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NOTES: *If you don't enroll in Part B and Part D when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B and Part D coverage. Also, you may have to wait to enroll, which will delay coverage.*

Residents of Puerto Rico or foreign countries won't receive Part B automatically. They must elect this benefit. For more information, read Medicare (Publication No. 05-10043).

If you have a Health Savings Account (HSA)

If you have an HSA when you sign up for Medicare, you can't contribute to your HSA once your Medicare coverage begins. If you contribute to your HSA after your Medicare coverage starts, you may have to pay a tax penalty. If you'd like to continue contributing to your HSA, you shouldn't apply for Medicare, Social Security, or Railroad Retirement Board (RRB) benefits.

NOTE: *Premium-free Part A coverage begins six months before the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.*

“Extra Help” with Medicare prescription drug costs

If you have limited resources and income, you may qualify for Extra Help to pay for your prescription drugs under Medicare Part D. Social Security's role is to help you understand how you may qualify and to process your application for Extra Help. To see if you qualify or to apply, call Social Security's toll-free number or visit www.socialsecurity.gov/extrahelp.

Help with other Medicare costs

If you have limited income and few resources, your state may pay your Medicare premiums and, in some cases, other “out-of-pocket” medical expenses, such as deductibles, copayments, and coinsurance.

Only your state can decide whether you qualify for help under this program. If you think you qualify, contact your Medicaid, social services, or health and human services office. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts) or call **1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048)** to get their number.

Some facts about Social Security

2020 Social Security taxes

- You pay 6.2 percent and your employer pays 6.2 percent.
- If you're self-employed, you pay 12.4 percent.
- You don't pay Social Security taxes on earnings greater than \$137,700.

2020 Medicare taxes

- You and your employer each pay 1.45 percent.
- If you're self-employed, you pay 2.9 percent.
- Medicare taxes are paid on all of your earnings; there is no limit.
- There are additional Medicare taxes for higher-income workers.

Work credits in 2020

- For each \$1,410 you earn, you receive one Social Security “credit,” up to four per year.
- Most people need 40 credits to be eligible for retirement benefits.

-
- Younger people need fewer credits to qualify for disability benefits or for their family members to be eligible for survivors benefits.

Average estimated 2020 monthly Social Security benefits

- All retired workers: \$1,503
- Retired worker with an aged spouse: \$2,531
- All disabled workers: \$1,258
- Disabled worker with a young spouse and one or more children: \$2,176
- All aged widows and widowers: \$1,422
- Young widow or widower with two children: \$2,904

2020 monthly federal SSI maximum payment rates

(doesn't include state supplement, if any)

- \$783 for an individual
- \$1,175 for a couple

Contacting Social Security

There are several ways to contact us, such as online, by phone, and in person. We're here to answer your questions and to serve you. For more than 80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life's journey.

Visit our website

The most convenient way to conduct Social Security business from anywhere is online at ***www.socialsecurity.gov***. You can accomplish a lot.

- Apply for Extra Help with Medicare prescription drug plan costs.
- Apply for most types of benefits.

-
- Find copies of our publications.
 - Get answers to frequently asked questions.

When you create a *my* Social Security account, you can do even more.

- Review your *Social Security Statement*.
- Verify your earnings.
- Print a benefit verification letter.
- Change your direct deposit information.
- Request a replacement Medicare card.
- Get a replacement SSA-1099/1042S.
- Request a replacement Social Security card, if you have no changes and your state participates.

Call us

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

A member of our staff can answer your call from 7 a.m. to 7 p.m., Monday through Friday, if you need to speak with someone. We ask for your patience during busy periods since you may experience a high rate of busy signals and longer hold times to speak to us. We look forward to serving you.

Schedule an office visit

You can find the closest office location by entering your ZIP code on our office locator webpage.

If you are bringing documents for us to see, remember that they must be original or certified copies that are certified by the issuing agency.

Notes



Securing today
and tomorrow

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Understanding the Benefits

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When to Start Receiving Retirement Benefits

At Social Security, we're often asked, "What's the best age to start receiving retirement benefits?" The answer is that there's not a single "best age" for everyone and, ultimately, it's your choice. The most important thing is to make an informed decision. Base your decision about when to apply for benefits on your individual and family circumstances. We hope the following information will help you understand how Social Security fits into your retirement decision.

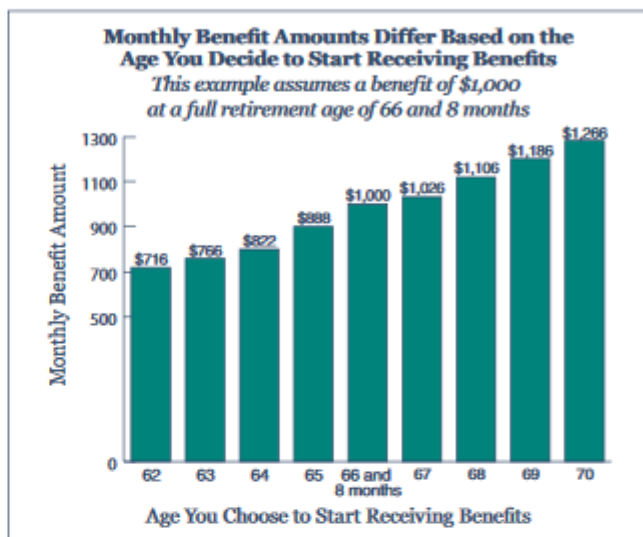
Your decision is a personal one

Would it be better for you to start getting benefits early with a smaller monthly amount for more years, or wait for a larger monthly payment over a shorter timeframe? The answer is personal and depends on several factors, such as your current cash needs, your current health, and family longevity. Also, consider if you plan to work in retirement and if you have other sources of retirement income. You must also study your future financial needs and obligations, and calculate your future Social Security benefit. We hope you'll weigh all the facts carefully before making the crucial decision about when to begin receiving Social Security benefits. This decision affects the monthly benefit you will receive for the rest of your life, and may affect benefit protection for your survivors.

Your monthly retirement benefit will be higher if you delay starting it

Your full retirement age varies based on the year you were born. You can visit www.ssa.gov/planners/retire/retirechart.html to find your full retirement age. We calculate your basic Social Security benefit — the amount you would receive at your full retirement age — based on your lifetime earnings. However, the actual amount you receive each month depends on when you start receiving benefits. You can start your retirement benefit at any point from age 62 up until age 70, and your benefit will be higher the longer you delay starting it. This adjustment is usually permanent: it sets the base for the benefits you'll get for the rest of your life. You'll get annual cost-of-living adjustments and, depending on your work history, may receive higher benefits if you continue to work.

The following chart shows an example of how your monthly benefit increases if you delay when you start receiving benefits.



Let's say you turn 62 in 2020, your full retirement age is 66 and 8 months, and your monthly benefit starting at full retirement age is \$1,000. If you start getting benefits at age 62, we'll reduce your monthly benefit 28.4 percent to \$716 to account for the longer time you receive benefits. This decrease is usually permanent.

If you choose to delay getting benefits until age 70, you would increase your monthly benefit to \$1,266. This increase is the result of delayed retirement credits you earn for your decision to postpone receiving benefits past your full retirement age. The benefit at age 70 in this example is about 76 percent more than the benefit you would receive each month if you start getting benefits at age 62 — a difference of \$550 each month.

Retirement may be longer than you think

When thinking about retirement, be sure to plan for the long term. Many of us will live much longer than the "average" retiree, and most women live longer than men. About one out of every three 65-year-olds today will live until at least age 90,

and one out of seven will live until at least age 95. Social Security benefits, which last as long as you live, provide valuable protection against outliving savings and other sources of retirement income. Again, you'll want to choose a retirement age based on your circumstances so you'll have enough Social Security income to complement your other sources of retirement income.

Married couples have two lives to plan for

Your spouse may be eligible for a benefit based on your work record, and it's important to consider Social Security protection for widowed spouses. After all, married couples at age 65 today would typically have at least a 50-50 chance that one member of the couple will live beyond age 90. If you are the higher earner, and you delay starting your retirement benefit, it will result in higher monthly benefits for the rest of your life and higher survivor protection for your spouse, if you die first.

When you are receiving retirement benefits, your children can also be eligible for a benefit on your work record if they're under age 18 or if they have a disability that began before age 22.

You can keep working

When you reach your full retirement age, you can work and earn as much as you want and still get your full Social Security benefit payment. If you're younger than full retirement age and if your earnings exceed certain dollar amounts, some of your benefit payments during the year will be withheld.

This doesn't mean you must try to limit your earnings. If we withhold some of your benefits because you continue to work, we'll pay you a higher monthly benefit when you reach your full retirement age. So, if you work and earn more than the exempt amount, it won't, on average, decrease the total value of your lifetime benefits from Social Security — and can increase them.

Here is how this works: When you reach full retirement age, we'll recalculate your benefit to give you credit for months you didn't get a benefit because of your earnings. In addition, as long as you continue to work and receive benefits, we'll check your record every year to see whether the extra earnings will increase your

monthly benefit. You can find more information about working after retirement on our website at www.ssa.gov/planners/retire/whileworking.html.

Don't forget Medicare

If you plan to delay receiving benefits because you're working, you'll still need to sign up for Medicare three months before reaching age 65. If you don't enroll in Medicare medical insurance or prescription drug coverage when you're first eligible, it can be delayed, and you may have to pay a late enrollment penalty for as long as you have coverage. You can find more detailed information about Medicare on our website at www.socialsecurity.gov/benefits/medicare.

More resources

You can find more information to help you decide when to start receiving retirement benefits by using our benefits planners at www.socialsecurity.gov/planners. If you have a *my* Social Security account, you can get your *Social Security Statement* to verify your earnings and use the *Retirement Calculator*. If you don't have a *my* Social Security account, you can create one at www.socialsecurity.gov/myaccount or you can use our online *Retirement Estimator* at www.socialsecurity.gov/estimator. These tools provide retirement benefit estimates based on your actual earnings record.

When you're ready for benefits, you can also apply online at www.socialsecurity.gov/applyforbenefits. If you want more information about how your earnings affect your retirement benefits, read *How Work Affects Your Benefits* (Publication No. 05-10069). This pamphlet has the current annual and monthly earnings limits.

Contacting Social Security

The most convenient way to contact us from anywhere with any device is to visit www.socialsecurity.gov to get information and use basic services. We offer additional services when you create a secure online *my* Social Security account.

Call us toll-free at **1-800-772-1213** or at **1-800-325-0778** (TTY) if you're deaf or hard of hearing. We can answer your call from 7 a.m. to 7 p.m., weekdays. Or use our automated services via telephone, 24 hours a day. We look forward to serving you.



Securing today
and tomorrow

Social Security Administration
Publication No. 05-10147
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When to Start Receiving Retirement Benefits
Produced and published at U.S. taxpayer expense



Securing today
and tomorrow

Medicare

[SocialSecurity.gov](https://www.SocialSecurity.gov)



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Medicare

This booklet provides basic information about Medicare for anyone who's covered, and some of the options you have when choosing Medicare coverage. You can visit ***Medicare.gov*** or call the toll-free number **1-800-MEDICARE (1-800-633-4227)** or the TTY number **1-877-486-2048** for the latest information about Medicare.

What is Medicare?

Medicare is our country's federal health insurance program for people age 65 or older. People younger than age 65 with certain disabilities, or permanent kidney failure, or amyotrophic lateral sclerosis (Lou Gehrig's disease), can also qualify for Medicare. The program helps with the cost of health care, but it doesn't cover all medical expenses or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have Original Medicare (Part A and Part B) coverage, you can buy a Medicare Supplement Insurance (Medigap) policy from a private insurance company. Medigap covers some of the costs that Medicare does not, such as copayments, coinsurance, and deductibles.

Although the Centers for Medicare & Medicaid Services (CMS) is the agency in charge of the Medicare program, Social Security processes your application for Original Medicare (Part A and Part B), and we can give you general information about the Medicare program.

Social Security can also help you get a replacement Medicare card. Notify us timely of address changes, name changes, and deaths.

Parts of Medicare

Social Security enrolls you in Original Medicare (Part A and Part B).

-
- Medicare Part A (hospital insurance) helps pay for inpatient care in a hospital or limited time at a skilled nursing facility (following a hospital stay). Part A also pays for some home health care and hospice care.
 - Medicare Part B (medical insurance) helps pay for services from doctors and other health care providers, outpatient care, home health care, durable medical equipment, and some preventive services.

Other parts of Medicare are run by private insurance companies that follow rules set by Medicare.

- Supplemental (Medigap) policies help pay Medicare out-of-pocket copayment, coinsurance, and deductible expenses.
- Medicare Advantage Plan (previously known as Part C) includes all benefits and services covered under Part A and Part B — prescription drugs and additional benefits such as vision, hearing, and dental — bundled together in one plan.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.

You can sign up for Original Medicare (Part A and Part B) through ***Social Security's online Medicare application***.

Visit Medicare's website, ***Medicare.gov***, to get more information about Original Medicare, Medicare Advantage, or Part D coverage; or to download a copy of the publication *Medicare & You* (Publication No. CMS-10050). You can also call the Medicare toll-free number at **1-800-633-4227**; TTY users can call **1-877-486-2048**.

A word about Medicaid

You may think Medicaid and Medicare are the same, but they're two different programs. Medicaid is a state-run program that provides hospital and medical coverage for people with low income. Each state has its own rules about who's eligible, and what Medicaid covers.

Some people qualify for both Medicare and Medicaid. For more information about the Medicaid program, contact your local medical assistance agency, or or social services office, or get state contact information at www.Medicaid.gov.

Who can get Medicare?

Medicare Part A (hospital insurance)

People age 65 or older, who are citizens or permanent residents of the United States, are eligible for Medicare Part A. You're eligible for Part A at no cost at age 65 if one of the following applies:

- You receive or are eligible to receive benefits from Social Security or the Railroad Retirement Board (RRB).
- Your spouse (living or deceased, including divorced spouses) receives or is eligible to receive Social Security or RRB benefits.
- You or your spouse worked long enough in a government job through which you paid Medicare taxes.
- You are the dependent parent of a fully insured deceased child.

If you don't meet these requirements, you may be able to get Medicare Part A by paying a monthly premium. Usually, you can purchase this coverage only during designated enrollment periods.

NOTE: *Even though Social Security's full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday. You can apply at www.socialsecurity.gov.*

Before age 65, you are eligible for Medicare Part A at no cost if one of the following applies:

- You've been entitled to Social Security disability benefits for 24 months.
- You receive a disability pension from the RRB and meet certain conditions.
- You receive Social Security disability benefits because you have Lou Gehrig's disease (amyotrophic lateral sclerosis).
- You worked long enough in a government job through which you paid Medicare taxes, and you have met the requirements of the Social Security disability program for 24 months.
- You're the child or widow(er) age 50 or older, including a divorced widow(er), of a worker who has worked long enough under Social Security or in a Medicare-covered government job, and you meet the requirements of the Social Security disability program.
- You have permanent kidney failure (end-stage renal disease) and you receive maintenance dialysis or a kidney transplant and one of the following applies:
 - You're eligible for or receive monthly benefits under Social Security or the railroad retirement system.
 - You've worked long enough in a Medicare-covered government job.
 - You're the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

Medicare Part B (medical insurance)

Anyone who's eligible for Medicare Part A at no cost can enroll in Medicare Part B by paying a monthly premium. Some people with higher incomes will pay a higher monthly Part B premium. For more information,

read *Medicare Premiums: Rules for Higher-Income Beneficiaries* (Publication No. 05-10536), or visit www.socialsecurity.gov/medicare/mediinfo.html.

If you're not eligible for Part A at no cost, you can buy Part B without having to buy Part A if you're age 65 or older and you're one of the following:

- A U.S. citizen.
- A lawfully admitted noncitizen, who has lived in the United States for at least five years.

You can only sign up for Part B during designated enrollment periods. If you don't enroll in Part B when you're first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Read the ***Signing up for Medicare*** Section.

Medicare Advantage plans

If you receive your Part A and Part B benefits directly from the government, you have Original Medicare. If you receive your benefits from a Medicare Advantage organization or other private company approved by Medicare, you have a Medicare Advantage plan. Many of these plans provide extra coverage and may lower your out-of-pocket costs.

If you have Medicare Parts A and B, you can join a Medicare Advantage plan. With these plans, you can't have a Medigap policy, because Medicare Advantage plans cover many of the same benefits a Medigap policy covers. This includes benefits like extra days in the hospital after you've used the days that Medicare covers.

Medicare Advantage plans include all of the following:

- Health Maintenance Organization (HMO) plans.
- Preferred Provider Organization (PPO) plans.
- Private Fee-for-Service (PFFS) plans.
- Special Needs Plans (SNPs).

If you decide to join a Medicare Advantage plan, you use the health card that you get from your Medicare Advantage plan provider for your health care. Also, you might have to pay a monthly premium for your Medicare Advantage plan because of the extra benefits it offers.

You can enroll in a Medicare Advantage plan during your initial enrollment period (as explained under the ***Signing up for Medicare*** section), the first time you're eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 to December 7 each year. The effective date for the enrollment is January 1 of the following year. For example, if you signed up on November 8, 2019, your coverage would become active on January 1, 2020. There are also special enrollment periods for some situations.

Medicare Part D (Medicare prescription drug coverage)

Anyone who has Original Medicare (Part A or Part B) is eligible for Medicare prescription drug coverage (Part D). Part D benefits are available as a stand-alone plan or built into Medicare Advantage, unless you have a Medicare private fee-for-service (PFFS) plan. The drug benefits work the same in either plan. Joining a Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage. Some beneficiaries with higher incomes will pay a higher monthly Part D premium. For more information, read *Medicare Premiums: Rules for Higher-Income Beneficiaries* (Publication No. 05-10536), or visit **www.socialsecurity.gov/medicare/mediinfo.html**.

If you don't enroll in a Medicare prescription drug plan when you're first eligible, you may pay a late enrollment penalty if you join a plan later. You'll have to pay this penalty for as long as you have Medicare prescription drug coverage. However, you won't pay a penalty if

you have Extra Help (see **Extra Help** section below), or another creditable prescription drug plan. To be creditable, the coverage must pay, on average, at least as much as Medicare's standard prescription coverage.

You can enroll during your initial enrollment period (as explained under the **Signing up for Medicare** section), the first time you're eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from October 15 to December 7 each year. The effective date for the enrollment is January 1 of the following year. There are also special enrollment periods for some situations.

Medicare Savings Programs (MSP)

If you can't afford to pay your Medicare premiums and other medical costs, you may be able to get help from your state. States offer Medicare Savings Programs for people entitled to Medicare who have low income. Some programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance. To qualify, you must have Medicare Part A and have limited income and resources.

You can go online to get more information about these programs from the Centers for Medicare & Medicaid Services by visiting **Medicare.gov**. Find the tab titled, "Your Medicare Costs" and go to "Get help paying costs." You can also visit **Medicare.gov/publications** to read *Get Help With Your Medicare Costs: Getting Started* (Publication No. CMS-10126).

Only your state can decide if you qualify for help under these programs. To find out, contact your state or local medical assistance (Medicaid) agency, social services, or welfare office.

Extra Help

You may also be able to get *Extra Help* paying for the monthly premiums, annual deductibles, and prescription co-payments related to the Medicare prescription drug program. You may qualify for *Extra Help* if you have limited resources and income (tied to the federal poverty level). These resources and income limits usually change each year, and you can check for the current numbers at [**www.socialsecurity.gov/extrahelp**](http://www.socialsecurity.gov/extrahelp).

You automatically qualify and don't need to apply for Extra Help if you have Medicare and meet one of the following conditions:

- Have full Medicaid coverage.
- Have Supplemental Security Income (SSI).
- Take part in a state program that pays your Medicare premiums.

For more information about getting help with your prescription drug costs or to apply for Extra Help, visit us at [**www.socialsecurity.gov/extrahelp**](http://www.socialsecurity.gov/extrahelp). You can also contact us for more information.

Signing up for Medicare

When should I apply?

If you live in Puerto Rico, you don't automatically get Part B. You must sign up for it. See Initial enrollment for Part B below for more information or read the *Medicare in Puerto Rico* factsheet (Publication No. 10521).

Some People Get Part A and Part B Automatically

If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll automatically get Original Medicare (Part A and Part B) starting the first

day of the month you turn 65. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.)

If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months. If you have ALS, you'll get Part A and Part B automatically the month your Social Security disability benefits begin.

NOTE: *Medicare Part B is voluntary and you must pay a premium if you decide you want the coverage.*

If You Are 65 and Not Getting Social Security or Railroad Retirement Benefits

If you're not already getting benefits, you should contact Social Security about three months before your 65th birthday to sign up for Medicare. You should sign up for Medicare even if you don't plan to retire at age 65.

However, if you are eligible for Medicare and your medical insurance coverage is through a current employer's group health plan, Medicare has a Special Enrollment Period (SEP) to sign up for Medicare Part B. This SEP qualifies you to delay enrolling in Medicare Part B without having to wait for a general enrollment period and paying the penalty for late enrollment. You can find more information, under the section titled ***Special enrollment period for people covered under an employer group health plan.***

Getting Your Medicare Card

After you enroll in Medicare, you'll receive a red, white, and blue Medicare card showing whether you have Part A, Part B, or both. Keep your card in a safe place so you'll have it when you need it. If your card is lost or stolen, you can apply for a replacement card online by setting up a *my* Social Security account at ***www.socialsecurity.gov/myaccount***, or call Social

Security's toll-free number at **1-800-772-1213**, TTY **1-800-325-0778**. You'll also receive a *Medicare & You handbook* (Publication No. CMS-10050) that describes your Medicare benefits and plan choices.

Other enrollment situations

You should also contact Social Security about applying for Medicare if one of the following applies:

- You're a disabled widow or widower between age 50 and age 65, but haven't applied for disability benefits because you're already getting another kind of Social Security benefit.
- You're a government employee and became disabled before age 65.
- You, your spouse, or your dependent child has permanent kidney failure.
- You had Medicare Part B in the past, but dropped the coverage.
- You turned down Medicare Part B when you first got Part A.
- You or your spouse worked for the railroad industry.

Initial enrollment period for Part B

If you are already getting benefits from Social Security or the RRB, you will automatically get Part A and Part B starting on the first day of the month when you turn 65. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.)

If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB after 24 months.

If you are not receiving Social Security benefits or Railroad Retirement at age 65, you can first sign up for Part A and/or Part B during the seven-month period

that begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65.

NOTE: *If you don't enroll in Part B when you're first eligible for it, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.*

When does my enrollment in Part B become effective?

If you accept the automatic enrollment in Medicare Part B, or if you enroll during the first three months of your initial age 65 enrollment period, your coverage will start with the month you're first eligible. If you enroll during the last four months, your coverage will start from one to three months after you enroll.

The following chart shows when your Medicare Part B becomes effective:

If you enroll in this month of your initial enrollment period	Then your Part B Medicare coverage starts
One to three months before you reach age 65	The month you reach age 65
The month you reach age 65	One month after the month you reach age 65
One month after you reach age 65	Two months after the month of enrollment
Two or three months after you reach age 65	Three months after the month of enrollment

General enrollment period for Part B

If you don't enroll in Medicare Part B during your initial enrollment period, you have another chance each year to sign up during a "general enrollment period" from January 1 through March 31. Your coverage begins on July 1 of the year you enroll. **However, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B, but didn't sign up for it.**

Special enrollment period for people leaving Medicare Advantage plan

If you're in a Medicare Advantage plan, you can leave that plan and switch to Original Medicare from January 1 through March 31. If you use this option, you also have until March 31 to join a Medicare Part D (Medicare prescription drug plan). Your coverage begins the first day of the month after the plan gets your enrollment form.

Special enrollment period for people covered under an employer group health plan

If you're 65 or older and covered under a group health plan, either from your own or your spouse's **current employment**, you may have a "special enrollment period" in which to sign up for Medicare Part B. This means that you may delay enrolling in Medicare Part B without having to wait for a general enrollment period and paying the penalty for late enrollment. There are limits, so we strongly advise you to contact Social Security up to three months before your 65th birthday if you are unsure of your situation.

The Special Enrollment Period (SEP) rules allow you to do one of the following:

-
- Enroll in Medicare Part B any time while you or your spouse have a group health plan based on current employment.
 - Enroll in Medicare Part B during the eight-month period that begins the month after the employment ends or the group health coverage ends, whichever happens first.

You can't enroll using a special enrollment period until your age 65 initial enrollment period is over. If your employment or the employer-provided group health plan coverage ends during your age 65 initial enrollment period, the enrollment chart under the ***When does my enrollment in Part B become effective?*** section.

When you enroll in Medicare Part B while you're still in the group health plan, or during the first full month when you are no longer in the plan, your coverage begins in one of the following:

- On the first day of the month you enroll.
- By your choice, on the first day of any of the following three months.

If you enroll during any of the remaining seven months of the special enrollment period, your Medicare Part B coverage begins on the first day of the following month.

If you don't enroll by the end of the eight-month period, you'll have to wait until the next general enrollment period, which begins January 1 of the next year. You may also have to pay a late enrollment penalty for as long as you have Part B coverage, as described previously.

If you get Social Security disability benefits and have coverage under a large group health plan (100 or more employees) from either your own or a family member's current employment, you may also have a special enrollment period. If so, you have premium rights similar to those for current workers age 65 or older.

NOTE: *COBRA and retiree health coverage don't count as current employer coverage.*

Forms for signing up for Part B in Special Enrollment Period

To sign up for Part B in the SEP, download and complete the forms *CMS 40-B Application for Enrollment in Medicare - Part B* and *CMS L-564 Request for Employment Information* or call Social Security at **1-800-772-1213**. Take or mail these completed forms to your local Social Security office up to three months before you want your Medicare Part B coverage to begin.

Choices for receiving health services

Medicare beneficiaries can have choices for getting health care services.

You can get more information about your health care choices from the following publications:

- *Medicare & You* (Publication No. CMS-10050) — CMS mails this guide to people after they enroll in Medicare and sends them an updated version each year after that.
- *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare* (Publication No. CMS-02110) — This guide describes how other health insurance plans supplement Medicare and offers some shopping hints for people looking at those plans.

To get a copy of these publications, visit ***Medicare.gov/publications***, or call the toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you're deaf or hard of hearing, call TTY **1-877-486-2048**.

If you have other health insurance

Medicare Part A (hospital insurance) is free for almost everyone. You have to pay a monthly premium for Medicare Part B (medical insurance). If you already have other health insurance when you become eligible for Medicare, is it worth the monthly premium costs to sign up for Part B?

The answer varies with each person and the kind of other health insurance you have. Although we can't give you "yes" or "no" answers, we can offer information that can help you decide. We can also advise if you'll be subject to a late enrollment penalty if you delay signing up.

If you have a private insurance plan

Get in touch with your insurance agent to see how your private plan fits with Medicare Part B. This is especially important if you have family members who have coverage under the same policy. And remember, just as Medicare doesn't cover all health services, most private plans don't either. In planning your health insurance coverage, keep in mind that most nursing home care isn't covered by Medicare or private health insurance policies.

NOTE: For your own protection, do not cancel any health insurance you now have until after your Medicare coverage begins.

If you have insurance from an employer-provided group health plan

By law, group health plans of employers with 20 or more employees have to offer current workers and their spouses who are age 65 (or older) the same health benefits as younger workers.

If you or your spouse are still working and covered under an employer-provided group health plan, talk to the personnel office before signing up for Medicare Part B.

If you have a Health Savings Account (HSA)

You can't contribute to your HSA once Medicare Part A or Part B coverage begins. However, you may use money that's already in your HSA after you enroll in Medicare to help pay for deductibles, premiums, copayments, or coinsurance. If you contribute to your HSA after your Medicare Part A or Part B coverage starts, you may have to pay a tax penalty.

Remember, premium-free Part A coverage begins six months before the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare. If you are unsure of how Medicare Parts A or B will work with your employer coverage, talk with your employer about your HSA options up to six months before you turn age 65.

If you have health care protection from other plans

If you have TRICARE (insurance for active-duty, military retirees, and their families), your health benefits can change or end when you become eligible for Medicare. This applies for any reason, regardless of age or place of residence. If you're retired from the military or are a military retiree's family member, you must enroll in Part A and Part B when first eligible to keep TRICARE coverage. You can find a military health benefits adviser at <https://milconnect.dmdc.osd.mil>, or call the Defense Manpower Data Center, toll-free at **1-800-538-9552** (TTY **1-866-363-2883**) before you decide whether to enroll in Medicare medical insurance (Part B).

If you have health care protection from the Indian Health Service, Department of Veterans Affairs, or a state medical assistance program, contact those offices to help you decide if it's to your advantage to have Medicare Part B.

IMPORTANT: *If you have VA coverage and don't enroll in Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B coverage. Also, you may have to wait to enroll, which will delay this coverage.*

For more information on how other health insurance plans work with Medicare, visit www.medicare.gov/publications to view the booklet *Medicare and Other Health Benefits: Your Guide to Who Pays First* (Publication No. CMS-02179) Medicare toll-free number, **1-800-MEDICARE (1-800-633-4227)**. If you're deaf or hard of hearing, call TTY **1-877-486-2048**.

Contacting Social Security

The most convenient way to contact us from anywhere with any device is to visit www.socialsecurity.gov to get information and use basic services. We offer additional services when you create a secure online *my* Social Security *account*.

Call us toll-free at 1-800-772-1213 or at **1-800-325-0778** (TTY) if you're deaf or hard of hearing. We can answer your call from 7 a.m. to 7 p.m., weekdays. Or use our automated services via telephone, 24 hours a day. We look forward to serving you.

Notes



Securing today
and tomorrow

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Securing today
and tomorrow

Medicare Premiums: Rules For Higher-Income Beneficiaries

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Rules for higher-income beneficiaries

If you have higher income, the law requires an adjustment to your monthly Medicare Part B (medical insurance) and Medicare prescription drug coverage premiums. Higher-income beneficiaries pay higher premiums for Part B and prescription drug coverage. This affects less than five percent of people with Medicare, so most people don't pay a higher premium.

How does this affect me?

If you have higher income, you'll pay an additional premium amount for Medicare Part B and Medicare prescription drug coverage. We call the additional amount the income-related monthly adjustment amount. Here's how it works:

- Part B helps pay for your doctors' services and outpatient care. It also covers other medical services, such as physical and occupational therapy, and some home health care. For most beneficiaries, the government pays a substantial portion — about 75 percent — of the Part B premium, and the beneficiary pays the remaining 25 percent.
If you're a higher-income beneficiary, you'll pay a larger percentage of the total cost of Part B based on the income you report to the Internal Revenue Service (IRS). You'll pay monthly Part B premiums equal to 35, 50, 65, 80, or 85 percent of the total cost, depending on what you report to the IRS.
- Medicare prescription drug coverage helps pay for your prescription drugs. For most beneficiaries, the government pays a major portion of the total costs for this coverage, and the beneficiary pays the rest. Prescription drug plan costs vary depending on the plan, and whether you get Extra Help with your portion of the Medicare prescription drug coverage costs.

If you're a higher-income beneficiary with Medicare prescription drug coverage, you'll pay monthly premiums plus an additional amount, which is based on what you report to the IRS. Because individual plan premiums vary, the law specifies that the amount is determined using a base premium. We tie the additional amount you pay to the base beneficiary premium, not your own premium amount. If you're a higher-income beneficiary, we deduct this amount from your monthly Social Security payments regardless of how you usually pay your monthly prescription plan premiums. If the amount is greater than your monthly payment from Social Security, or you don't get monthly payments, you'll get a separate bill from another federal agency, such as the Centers for Medicare & Medicaid Services or the Railroad Retirement Board.

How does Social Security determine if I must pay higher premiums?

To determine if you'll pay higher premiums, Social Security uses the most recent federal tax return the IRS provides to us. If you must pay higher premiums, we use a sliding scale to make the adjustments, based on your modified adjusted gross income (MAGI). Your MAGI is your total adjusted gross income and tax-exempt interest income.

If you file your taxes as "married, filing jointly" and your MAGI is greater than \$170,000, you'll pay higher premiums for your Part B and Medicare prescription drug coverage. If you file your taxes using a different status, and your MAGI is greater than \$85,000, you'll pay higher premiums. (See the chart on pages 5-6 for an idea of what you can expect to pay.)

If you must pay higher premiums, we'll send you a letter with your premium amount(s) and the reason for our determination. If you have both Medicare Part B and

Medicare prescription drug coverage, you'll pay higher premiums for each. If you have only one — Medicare Part B or Medicare prescription drug coverage — you'll pay an income-related monthly adjustment amount only on the benefit you have. If you decide to enroll in the other program later in the same year, and you already are paying an income-related monthly adjustment amount, we'll apply an adjustment automatically to the other program when you enroll. In this case, we won't send you another letter explaining how we made this determination.

Remember, if your income isn't greater than the limits described above, this law does not apply to you.

Which tax return does Social Security use?

To determine your 2019 income-related monthly adjustment amounts, we use your most recent federal tax return the IRS provides to us. Generally, this information is from a tax return filed in 2018 for tax year 2017. Sometimes, the IRS only provides information from a return filed in 2017 for tax year 2016. If we use the 2016 tax year data, and you filed a return for tax year 2017 or did not need to file a tax return for tax year 2017, call us or visit any local Social Security office. We'll update our records.

If you amended your tax return, and it changes the income we count to determine the income-related monthly adjustment amounts, let us know. Social Security needs to see a copy of the amended tax return you filed and your acknowledgment receipt from IRS. We'll update our records with the information you provide, and correct or remove your income-related monthly adjustment amounts, as appropriate.

What if my income has gone down?

If your income has gone down due to any of the following situations, and the change makes a difference in the income level we consider, contact us to explain that you have new information and may need a new decision about your income-related monthly adjustment amount:

- You married, divorced, or became widowed;
- You or your spouse stopped working or reduced your work hours;
- You or your spouse lost income-producing property because of a disaster or other event beyond your control;
- You or your spouse experienced a scheduled cessation, termination, or reorganization of an employer's pension plan; or
- You or your spouse received a settlement from an employer or former employer because of the employer's closure, bankruptcy, or reorganization.

If any of the above applies to you, we need to see documentation verifying the event and the reduction in your income. The documentation you provide should relate to the event and may include a death certificate, a letter from your employer about your retirement, or something similar. If you filed a federal income tax return for the year in question, you need to show us your signed copy of the return. Use Form SSA-44 *Medicare Income-Related Monthly Adjustment Amount – Life-Changing Event* to report a major life-changing event. If your income has gone down, you may also use Form SSA-44 to request a reduction in your income-related monthly adjustment amount. You can find Form SSA-44 online at www.socialsecurity.gov/forms/ssa-44.pdf.

Monthly Medicare premiums for 2019

The standard Part B premium for 2019 is \$135.50. If you're single and filed an individual tax return, or married and filed a joint tax return, the following chart applies to you:

Modified Adjusted Gross Income (MAGI)	Part B monthly premium amount	Prescription drug coverage monthly premium amount
Individuals with a MAGI of \$85,000 or less Married couples with a MAGI of \$170,000 or less	2019 standard premium= \$135.50	Your plan premium
Individuals with a MAGI above \$85,000 up to \$107,000 Married couples with a MAGI above \$170,000 up to \$214,000	Standard premium + \$54.10	Your plan premium + \$12.40
Individuals with a MAGI above \$107,000 up to \$133,500 Married couples with a MAGI above \$214,000 up to \$267,000	Standard premium + \$135.40	Your plan premium + \$31.90
Individuals with a MAGI above \$133,500 up to \$160,000 Married couples with a MAGI above \$267,000 up to \$320,000	Standard premium + \$216.70	Your plan premium + \$51.40

Modified Adjusted Gross Income (MAGI)	Part B monthly premium amount	Prescription drug coverage monthly premium amount
Individuals with a MAGI above \$160,000 up to \$500,000 Married couples with a MAGI above \$320,000 up to \$750,000	Standard premium + \$297.90	Your plan premium + \$70.90
Individuals with a MAGI equal to or above \$500,000 Married couples with a MAGI equal to or above \$750,000	Standard premium + \$325.00	Your plan premium + \$77.40

If you're married and lived with your spouse at some time during the taxable year, but filed a separate tax return, the following chart applies to you:

Modified Adjusted Gross Income (MAGI)	Part B monthly premium amount	Prescription drug coverage monthly premium amount
Individuals with a MAGI of \$85,000 or less	2019 standard premium= \$135.50	Your plan premium
Individuals with a MAGI above \$85,000 up to \$415,000	Standard premium + \$297.90	Your plan premium + \$70.90
Individuals with a MAGI equal to or above \$415,000	Standard premium + \$325.00	Your plan premium + \$77.40

What if I disagree?

If you disagree with the decision about your income-related monthly adjustment amounts, you have the right to appeal. The fastest and easiest way to file an appeal of your decision is by visiting www.socialsecurity.gov/disability/appeal and select “Request Non-Medical Reconsideration.” You can file online and provide documents electronically to support your appeal. You can file an appeal online even if you live outside of the United States.

You may also request an appeal in writing by completing a *Request for Reconsideration* (Form SSA-561-U2), or you may contact your local Social Security office to file your appeal. You can find the appeal form online at www.socialsecurity.gov/online or request a copy through our toll-free number at **1-800-772-1213** (TTY **1-800-325-0778**). You don’t need to file an appeal if you’re requesting a new decision because you experienced one of the events listed on page 4 and, it made your income go down, or if you’ve shown us the information we used is wrong.

If you disagree with the MAGI amount we received from the IRS, you must correct the information with the IRS. If we determine you must pay a higher amount for Medicare prescription drug coverage, and you don’t have this coverage, you must call the Centers for Medicare & Medicaid Services (CMS) at **1-800-MEDICARE** (**1-800-633-4227**; TTY **1-877-486-2048**) to make a correction. Social Security receives the information about your prescription drug coverage from CMS.

How can I get more information?

For more information about the income-related monthly adjustment amounts or to apply for Medicare Part A or B, please visit www.socialsecurity.gov/benefits/medicare/mediinfo.htm, or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**).

You can read the *Medicare and You* (CMS Publication No. 10050) at www.medicare.gov/publications. To enroll in Medicare prescription drug coverage or find more information about what Medicare covers please visit www.medicare.gov, or call **1-800-MEDICARE** (**1-800-633-4227**; TTY **1-877-486-2048**). Your State Health Insurance Counseling and Assistance Program (SHIP) also can help answer your Medicare questions. You can find your local SHIP contact information in the back of your Medicare handbook, online at www.medicare.gov, or you can request it when you call.

If you have limited resources and income, you may be able to get Extra Help with the costs — monthly premiums, annual deductibles, and prescription copayments — related to Medicare prescription drug coverage. For more information about getting Extra Help with your Medicare prescription drug coverage costs, visit www.socialsecurity.gov/extrahelp, or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**). Social Security representatives are available to help you complete your application. The sooner you apply, the sooner you'll begin receiving benefits

Contacting Social Security

There are several ways to contact Social Security, including online, by phone, and in person. We're here to answer your questions and to serve you. For more than

80 years, Social Security has helped secure today and tomorrow by providing benefits and financial protection for millions of people throughout their life's journey.

Visit our website

The most convenient way to conduct Social Security business from anywhere at any time, is to visit ***www.socialsecurity.gov***. There, you can:

- Create a *my* Social Security account to review your *Social Security Statement*, verify your earnings, print a benefit verification letter, change your direct deposit information, request a replacement Medicare card, get a replacement SSA-1099/1042S, and more;
- Apply for Extra Help with Medicare prescription drug plan costs;
- Apply for retirement, disability, and Medicare benefits;
- Find copies of our publications;
- Get answers to frequently asked questions; and
- So much more!

Call us

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing.

If you need to speak to a person, we can answer your calls from 7 a.m. to 7 p.m., Monday through Friday. We ask for your patience during busy periods since you may experience a higher than usual rate of busy signals and longer hold times to speak to us. We look forward to serving you.



Securing today
and tomorrow

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Pennsylvania Public School
Employees' Retirement System (PSERS)

Health Options Program



What's New in 2021

The Health Options Program is pleased to expand our coverage options and include vision coverage for 2021. Starting with this year's Option Selection Period, members who enroll in the MetLife Dental Plan will also be enrolled in EyeMed vision coverage. This means one election option provides two types of coverage; you cannot enroll in vision and dental coverage separately.

The dental and vision coverage includes preventive care and offers discounts for certain services when you use an in-network provider. Review the enclosed *MetLife Dental and EyeMed Vision Option* flyer for details on how the benefits work, how to find network providers and any limitations or restrictions.

You must be enrolled in the **HOP Medical Plan** or the **Value Medical Plan** to be eligible for dental and vision coverage. It is not available on a stand-alone basis or with a Medicare Advantage plan.

If you do not enroll in dental and vision coverage for 2021, or enroll but drop your coverage at a later date, you will not be able to re-enroll unless there is an open enrollment or you experience a Qualifying Event.

What's Changing in 2021

The HOP Medical and Value Medical Plans

There are no changes in the benefit coverage for 2021. This means the amounts you pay for services, such as a doctor's visit, a hospitalization, or a visit to the emergency room, are not changing in 2021.

As a reminder, the HOP Medical Plan includes access to the SilverSneakers fitness program at no additional cost. This includes SilverSneakers On-Demand, which gives you access to 200+ online workout videos. Log in to SilverSneakers.com (or create an account) to view on-demand workouts like SilverSneakers Classic, Yoga, etc. You may also want to download the app at the Apple or Google stores.

The Medicare Advantage plans

Depending on where you live, there may be changes to how much you pay under the Medicare Advantage plans that are available to you. These changes may include reduced benefits or new copays. Be sure to review the side-by-side comparisons of the plans that are included in this Statement.

Option Selection Period for 2021

The annual Option Selection Period begins now. This is your opportunity to decide if you want to make any changes to your Health Options Program coverage for 2021. Unless you notify us otherwise during the Option Selection Period, your current coverage, updated for 2021, will continue.

New for 2021: The MetLife Dental and EyeMed Vision Option. Starting with this year's Option Selection Period, members who enroll in the MetLife Dental Plan will also be enrolled in EyeMed vision coverage. If you are currently enrolled in the MetLife Dental Plan and do not make any changes during the Option Selection Period, you will automatically have vision coverage starting January 1, 2021. This means one election option provides two types of coverage.

The materials provided with this statement explain more about the new dental and vision coverage and all your other choices.

It's important to note that the **Highmark Freedom Blue PPO** is a frozen plan not open to new enrollees and is available to you only because you are currently enrolled. If you switch to any other option for 2021, you will not be able to reenroll in the **Highmark Freedom Blue PPO** at a later date.

If you elect to move from the **Highmark Freedom Blue PPO** to the **HOP Medical Plan** or **Value Medical Plan** during the Option Selection Period, you have the option of also enrolling in the **MetLife Dental and EyeMed Vision Option**. Please note, if you move to the HOP Medical Plan or Value Medical Plan and *do not* add this coverage, you will not be able to enroll in the future, unless there's an open enrollment.

Please review this Statement carefully to make sure you understand your options for 2021 and how much each will cost. If you need more information, call the HOP Administration Unit at 1-800-773-7725 or visit www.HOPbenefits.com.

What's Changing in 2021 (continued)

Enhanced, Basic & Value Medicare Rx Options

Medicare requires that all Medicare prescription drug plans (including those provided by a Medicare Advantage plan) make certain changes each year. For 2021, these changes include increasing the dollar thresholds for reaching the Coverage Gap and Catastrophic Coverage to \$4,130 and \$6,550 respectively. If you meet the Catastrophic Coverage threshold, you will pay the greater of 5% or \$3.70 for generic drugs and the greater of 5% or \$9.20 for brand-name drugs, up to the maximum as defined for each prescription drug plan option.

In addition, the **Value Medicare Rx Option's** annual deductible will be \$445 starting January 1, 2021. Otherwise, there are no changes to the copay or coinsurance you pay for medication in the Initial Coverage stage under the **Enhanced, Basic or Value Medicare Rx Option**. Refer to the benefit tables on the following pages for specific copay amounts.

Prescription Drug Formulary

Every drug on the formulary is put into a cost-sharing tier. Generally, the higher the tier, the more it will cost. The formularies group medications by the conditions they treat as well as listing them in alphabetical order. Once you know the coverage tier for your medication, refer to the benefit tables for specific copay amounts.

If you are considering the Enhanced, Basic or Value Medicare Rx Option for 2021, check that your medications are on the formulary. If you would like a copy of the formulary for these options, visit www.HOPbenefits.com or contact the HOP Administration Unit.

Your Monthly Premiums for 2021

You are currently enrolled in [REDACTED]. If you do nothing at this time, your current coverage (updated for 2021) will automatically carry over effective January 1, 2021, and your 2021 monthly premium will be [REDACTED].

The chart below shows the 2021 health care options available to you and the monthly premiums based on the number of people currently covered (1). For 2021, you can change your current option to any of the options listed below, but you cannot add a family member without a Qualifying Event.

Premium Assistance.

The medical plan premiums below ARE NOT reduced for Premium Assistance. If you are eligible for Premium Assistance, your net payment for any option that includes medical coverage will be up to \$1.00 less than what is shown below.

2021 HEALTH CARE OPTIONS	2021 MONTHLY PREMIUM
Medicare Supplement and Medicare Prescription Drug Options	
HOP Medical Only	\$198.00
HOP Medical + Enhanced Rx	\$326.00
HOP Medical + Basic Rx	\$267.00
HOP Medical with Dental & Vision	\$235.00
HOP Medical with Dental & Vision + Enhanced Rx	\$363.00
HOP Medical with Dental & Vision + Basic Rx	\$304.00
Enhanced Rx Only*	\$128.00
Basic Rx Only*	\$69.00
Medicare Advantage Plans With Prescription Drug Coverage	
Highmark Freedom Blue PPO	\$323.00
Highmark Security Blue HMO Point-of-Service	\$253.00
Capital BlueCross BlueJourney PPO	\$250.00
UPMC PSERS HOP Custom HMO	\$243.00
Aetna Medicare V02 PPO	\$216.00
2021 HEALTH CARE OPTIONS	2021 MONTHLY PREMIUM
Value Medical Only	\$115.00
Value Medical + Value Rx	\$138.00
Value Medical with Dental & Vision	\$152.00
Value Medical with Dental & Vision + Value Rx	\$175.00
Value Rx Only*	\$23.00

*Can be combined with either the HOP Medical Plan or Value Medical Plan. Call the HOP Administration Unit for the premium amount.

HOW MUCH YOU WILL PAY IN 2021
HOP MEDICAL PLAN
MEDICAL PLAN

Annual Deductible	\$0
Annual Out-of-Pocket Maximum	Only applies to Major Medical benefits (see below)
Hospitalization	\$0
Doctor Visits	\$10 PCP; \$20 specialist
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$40 (waived if admitted)
Urgent Care Facility	\$15
Outpatient Surgery	\$0
Diagnostic Testing	\$0 (X-ray and laboratory); \$25 (imaging, e.g., MRI and CT scans)
Outpatient Therapy	\$0
Durable Medical Equipment	10% up to \$100/item
Outpatient Mental Health	\$10/visit (office visit) or \$0 (other services)
Inpatient Mental Health	\$0
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	\$10/exam
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1 to 100 days (Major Medical benefits for days 101+)
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	
All covered expenses	\$250 deductible, then 20%
Annual Out-of-Pocket Maximum	\$1,000
Lifetime maximum paid by the Plan for Major Medical benefits	\$1,000,000

See the *HOP Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

PRESCRIPTION DRUGS	ENHANCED MEDICARE Rx OPTION		BASIC MEDICARE Rx OPTION	
	Retail Pharmacy	Mail Order	Retail Pharmacy	Mail Order
Annual Deductible	\$0	\$0	\$100 (excludes generics)	
Initial Coverage Up to a Total Drug Cost of \$4,130*				
Preferred generic drugs (Tier 1)	\$4 maximum for up to a 30-day supply; \$12 for a 31- to 90-day supply	\$12 for a 31- to 90-day supply	\$5 maximum for up to a 30-day supply; \$15 for a 31- to 90-day supply	\$15 for a 31- to 90-day supply
Non-preferred generic drugs (Tier 2)	\$11 maximum for up to a 30-day supply; \$33 for a 31- to 90-day supply	\$33 for a 31- to 90-day supply	\$12 maximum for up to a 30-day supply; \$36 for a 31- to 90-day supply	\$36 for a 31- to 90-day supply
Preferred brand-name drugs (Tier 3)	25% to a maximum of \$150 for up to a 30-day supply and \$300 for a 31- to 90-day supply	25% to a maximum of \$280 for a 31- to 90-day supply	30% to a maximum of \$200 for up to a 30-day supply and \$500 for a 31- to 90-day supply	30% to a maximum of \$450 for a 31- to 90-day supply
Non-preferred drugs (Tier 4)	35% to a maximum of \$200 for up to a 30-day supply and \$400 for a 31- to 90-day supply	35% to a maximum of \$380 for a 31- to 90-day supply	40%	40%
Specialty drugs (Tier 5; limited to a 30-day supply)	33%	33%	30%	30%
Coverage Gap to TrOOP Maximum of \$6,550**				
Generic drugs***	25%	25%	25%	25%
Brand-name drugs***	(plan pays 5% and manufacturer discounts 70%)		(plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage				
Generic drugs***	The greater of 5% or \$3.70 to a maximum of \$100		The greater of 5% or \$3.70 to a maximum of \$250	
Brand-name drugs***	The greater of 5% or \$9.20 to a maximum of \$100		The greater of 5% or \$9.20 to a maximum of \$250	

* Includes total combined costs for covered drugs paid by the plan and participant

** True Out of Pocket (TrOOP) includes costs for covered drugs paid by the participant (but not the plan) and manufacturer's discount

*** Including specialty drugs

**HOW MUCH YOU
WILL PAY IN 2021**
VALUE MEDICAL PLAN
MEDICAL PLAN

Annual Deductible	\$198 (in 2020)
Annual Out-of-Pocket Maximum	\$5,000
Hospitalization	\$300/admission
Doctor Visits	20% to a maximum of \$20/visit
Preventive Care	\$0 (Medicare-covered services)
Emergency Room	\$50 (waived if admitted)
Urgent Care Facility	20% to a maximum of \$20/visit
Outpatient Surgery	20% to a maximum of \$100/procedure
Diagnostic Testing	20% (to a maximum of \$100/procedure for MRIs and CT scans)
Outpatient Therapy	20%
Durable Medical Equipment	20%
Outpatient Mental Health	20% to a maximum of \$20/visit
Inpatient Mental Health	\$300/admission
Physical Exams	Not covered (unless approved by Medicare)
Ob/Gyn Exams	20% to a maximum of \$20/visit
Mammograms	\$0
Skilled Nursing Facility	\$0/day for 1-20 days; \$50/day for 21 – 100 days; not covered days 101+
Hearing Aids	Not covered
Dental Care	Not covered
Vision Exam/Hearing Exams	Not covered
Prescription Lenses	Not covered
Major Medical (after Medicare benefits are exhausted)	Not covered

See the *Value Medical Plan Summary Plan Description* for a complete list of covered services, exclusions and limitations, as applicable.

VALUE MEDICARE Rx OPTION

PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$445 (excludes preferred generic drugs)	
Initial Coverage Up to a Total Drug Cost of \$4,130*		
Preferred generic drugs (Tier 1)	\$2 for a 30-day supply; \$6 for a 31- to 90-day supply	
Generic drugs (Tier 2)	25%	25%
Preferred brand-name drugs (Tier 3)	25%	25%
Non-preferred drugs (Tier 4)	25%	25%
Specialty drugs (Tier 5; limited to a 30-day supply)	25%	25%
Coverage Gap to TrOOP Maximum of \$6,550**		
Generic drugs***	25%	25%
Brand-name drugs***	25% (plan pays 5% and manufacturer discounts 70%)	
Catastrophic Coverage		
Generic drugs***	The greater of 5% or \$3.70	
Brand-name drugs***	The greater of 5% or \$9.20	

* Includes total combined costs for covered drugs paid by the plan and participant

VO

** True Out of Pocket (TrOOP) includes costs for covered drugs paid by the participant (but not the plan) and manufacturer's discount

*** Including specialty drugs

HOW MUCH YOU WILL PAY IN 2021	HIGHMARK SECURITY BLUE HMO POINT-OF-SERVICE	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400	\$10,000 (combined in- and out-of-network)
Hospitalization	\$0	\$0
Doctor Visits	\$10 PCP; \$20 specialist	\$10 PCP; \$20 specialist
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$40	\$40
Outpatient Surgery	\$0	\$0
Diagnostic Testing	\$0	\$0
Outpatient Therapy	\$20	\$20
Durable Medical Equipment	15%	Not covered
Outpatient Mental Health	\$20	\$20
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Ob/Gyn Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Mammograms	\$0	\$0
Skilled Nursing Facility	\$0 up to 100 days per Medicare benefit period	\$0 up to 100 days per Medicare benefit period
Hearing Aids	\$0 after annual \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium	Not covered
Dental Care	\$20 for exam, cleaning and X-rays every 6 months; 50% for restorative services; 50% for dentures every 5 years	Not covered
Vision Exam/Hearing Exams	\$0 vision; \$20 hearing	Not covered
Prescription Lenses	Standard Davis Vision eyeglass lenses and frames or contact lenses covered in full (annually); 100% after \$150 benefit maximum per calendar year applies to non-standard frames and for specialty contact lenses	Not covered
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order (90-day supply)*
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Preferred brand-name drugs (Tier 3)	\$25 preferred pharmacy; \$30 standard pharmacy	\$62.50
Non-preferred brand-name drugs (Tier 4)	\$55 preferred pharmacy; \$60 standard pharmacy	\$137.50
Specialty drugs (Tier 5)	33%	33% (31-day supply)
Coverage Gap to TrOOP Maximum of \$6,550		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50
Brand-name drugs (Tiers 3 & 4)	Preferred Pharmacy: 20% (plan pays 10% and manufacturer discounts 70%) Standard Pharmacy: 25% (plan pays 5% and manufacturer discounts 70%)	20% (plan pays 10% and manufacturer discounts 70%)
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	25% (31-day supply)
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Must obtain mail order supply using Express Scripts/ESI.

HOW MUCH YOU WILL PAY IN 2021	CAPITAL BLUECROSS BLUEJOURNEY PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 combined (excludes Part D drugs and hearing)	
Hospitalization	\$0	\$0
Doctor Visits	\$5 PCP; \$0 virtual care; \$15 specialist	\$5 PCP; \$15 specialist; virtual care N/A
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$35 urgent care; \$0 virtual care	\$35 urgent care; virtual care N/A
Outpatient Surgery	\$0	20%
Diagnostic Testing	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology; all other \$0	\$10 lab services; \$25 high-tech imaging; 15% therapeutic radiology, \$0 all other
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	20%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (annual wellness exam)	\$0 (annual wellness exam)
Ob/Gyn Exams	\$0 preventive screenings (once every 24 months)	\$0 preventive screenings (once every 24 months)
Mammograms	\$0 preventive screenings (once every 12 months)	\$0 preventive screenings (once every 12 months)
Skilled Nursing Facility	\$0 days 1-10; \$25 days 11-100	20%
Hearing Aids (once every 36 months)	100% after \$500 allowance (in and out-of-network combined)	100% after \$500 allowance (in and out-of-network combined)
Dental Care	\$15 office visit; cleaning and X-rays covered; 50% other services; \$1,500 max per calendar year (in- and out-of-network combined)	50%; \$1,500 max per calendar year (in- and out-of-network combined)
Vision Exam/Hearing Exams (once every calendar year)	Vision: \$20 for routine vision exam Hearing: \$0 for routine hearing exam	50%
Prescription Lenses (once every 24 months)	100% after \$125 allowance for frames; \$0 for one pair of standard lenses	Lenses: 100% after dollar limit** Frames: 100% after \$125 limit
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$4	\$12
Non-preferred generic drugs (Tier 2)	\$4	\$12
Preferred brand-name drugs (Tier 3)	\$30	\$90
Non-preferred brand-name drugs (Tier 4)	\$75	\$225
Specialty drugs (Tier 5)	33%	Not covered
Coverage Gap to TrOOP Maximum of \$6,550		
Generic drugs (Tiers 1 & 2)	25%	25%
Brand-name drugs (Tiers 3 & 4)	25% (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	Not covered
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Capital BlueCross BlueJourney PPO is not available in Delaware or Maryland.

** Single lenses \$36 allowance; Bifocal lenses \$48 allowance; Trifocal lenses \$58 allowance.

HOW MUCH YOU WILL PAY IN 2021	AETNA MEDICARE V02 PPO*	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$300	\$500
Annual Out-of-Pocket Maximum	\$6,700	\$10,000
Hospitalization	\$200 copay/day for days 1-7	30%
Doctor Visits	\$15 PCP, \$40 specialist	30%
Preventive Care	\$0	30%
Emergency Room	\$90 (waived if admitted)	\$90 (waived if admitted)
Urgent Care Facility	\$50	\$50
Outpatient Surgery	\$185	30%
Diagnostic Testing	\$35; \$200 complex imaging	30%
Outpatient Therapy	\$40	30%
Durable Medical Equipment	20%	30%
Outpatient Mental Health	\$40	30%
Inpatient Mental Health	\$200 copay/day for days 1-7	30%
Physical Exams	\$0	30%
Ob/Gyn Exams	\$0	30%; no deductible
Mammograms	\$0	30%; no deductible
Skilled Nursing Facility	\$0 copay/day for days 1-20; \$172 copay/day for days 21-100	30%
Hearing Aids (once every 36 months)	100% after \$500 allowance	
Dental Care (subject to frequency limitations)	\$40 (if covered by Medicare)	30% (if covered by Medicare)
Vision Exam/Hearing Exams (once every 12 months)	\$0	30%
Prescription Lenses	100% after \$100 allowance (once every 24 months)	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$2 preferred pharmacy; \$15 standard pharmacy	\$4 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Preferred brand-name drugs (Tier 3)	\$40 preferred pharmacy; \$47 standard pharmacy	\$80 preferred pharmacy; \$94 standard pharmacy
Non-preferred brand-name drugs (Tier 4)	35% preferred pharmacy; 50% standard pharmacy	
Specialty drugs (Tier 5)	33%	33% (limited one-month supply)
Coverage Gap to TrOOP Maximum of \$6,550		
Preferred generic drugs (Tier 1)	\$2 preferred pharmacy; \$15 standard pharmacy	\$4 preferred pharmacy; \$30 standard pharmacy
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 preferred pharmacy; \$40 standard pharmacy
Brand-name drugs (Tiers 3 & 4)	25%	25%
Specialty drugs (Tier 5)	25%	25%
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Aetna is available only in Pennsylvania, New Jersey and some counties in Florida, Maryland, and New York.

HOW MUCH YOU WILL PAY IN 2021	UPMC PSERS HOP CUSTOM HMO*	
MEDICAL PLAN	In-Network	
Annual Deductible	\$0	
Annual Out-of-Pocket Maximum	\$3,400	
Hospitalization	\$0 inpatient; \$0 outpatient	
Doctor Visits	\$0 PCP; \$20 specialist	
Preventive Care	\$0	
Emergency Room	\$120 (waived if admitted within 3 days)	
Urgent Care Facility	\$20	
Outpatient Surgery	\$0	
Diagnostic Testing	\$0 labs; \$10 X-rays; \$30 advanced imaging	
Outpatient Therapy	\$20	
Durable Medical Equipment	15%	
Outpatient Mental Health	\$20	
Inpatient Mental Health	\$0	
Physical Exams	\$0 routine	
Ob/Gyn Exams	\$0 routine	
Mammograms	\$0 routine	
Skilled Nursing Facility	\$0 per day days 1-15; \$50 per day days 16-100	
Hearing Aids	100% after \$1,500 allowance (once every 36 months)	
Dental Care	Routine dental not covered	
Vision Exam/Hearing Exams	\$0 routine vision (once every two years); \$20 routine hearing (once every year)	
Prescription Lenses (once every 24 months)	100% after \$250 allowance	
PRESCRIPTION DRUGS	Retail Pharmacy (30-day supply)	Mail Order (90-day supply)
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$0 preferred pharmacy; \$15 standard pharmacy	\$0 standard
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 standard
Preferred brand-name drugs (Tier 3)	\$47 preferred or standard pharmacy	\$117.50
Non-preferred brand-name drugs (Tier 4)	\$100 preferred or standard pharmacy	\$300
Specialty drugs (Tier 5)	33% preferred or standard pharmacy	Not covered
Coverage Gap to TrOOP Maximum of \$6,550		
Preferred generic drugs (Tier 1)	\$0 preferred pharmacy; \$15 standard pharmacy	\$0 standard
Non-preferred generic drugs (Tier 2)	\$10 preferred pharmacy; \$20 standard pharmacy	\$20 standard
Brand-name drugs (Tiers 3 & 4)	25% (plan pays 5% and manufacturer discounts 70%)	
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	Not covered
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* UPMC is available in all South East, South West Pennsylvania counties and some North Central Pennsylvania counties.

HOW MUCH YOU WILL PAY IN 2021	HIGHMARK FREEDOM BLUE PPO	
MEDICAL PLAN	In-Network	Out-of-Network
Annual Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$3,400 (combined)	
Hospitalization	\$0	\$0
Doctor Visits	\$10 PCP; \$15 specialist	\$10 PCP; \$15 specialist
Preventive Care	\$0	\$0
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)
Urgent Care Facility	\$40	\$40
Outpatient Surgery	\$0	\$0
Diagnostic Testing	\$0	\$0
Outpatient Therapy	\$15	\$15
Durable Medical Equipment	15%	20%
Outpatient Mental Health	\$15	\$15
Inpatient Mental Health	\$0	\$0
Physical Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Ob/Gyn Exams	\$0 (office visit copay may apply)	\$0 (office visit copay may apply)
Mammograms	\$0	\$0
Skilled Nursing Facility	\$0 up to 100 days per Medicare Benefit Period	\$0 up to 100 days per Medicare Benefit Period
Hearing Aids	\$0 after annual \$499 copay per aid for TruHearing Advanced; \$799 per aid for TruHearing Premium; \$500 allowance per year for other aids through TruHearing	100% after a \$500 allowance for hearing aids every three years from any other provider or TruHearing
Dental Care (subject to frequency limitations)	\$20 for exam & cleaning and \$20 for X-rays every 6 months; 50% for restorative services and dentures	50% for periodic exams, cleanings, X-rays, fillings as needed and dentures
Vision Exam/Hearing Exams	\$0 vision; \$15 hearing	\$50 vision; \$15 hearing
Prescription Lenses	Standard Davis Vision eyeglass lenses and frames or contact lenses covered in full (annually); 100% after \$150 benefit maximum per calendar year applies to non-standard frames and for specialty contact lenses	100% after a \$150 benefit maximum per calendar year for standard eyeglass frames, eyeglass lenses, or contact lenses
PRESCRIPTION DRUGS	Retail Pharmacy (31-day supply)	Mail Order (90-day supply)*
Annual Deductible	\$0	\$0
Initial Coverage Up to a Total Drug Cost of \$4,130		
Preferred generic drugs (Tier 1)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy only
Non-preferred generic drugs (Tier 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.60 preferred pharmacy only
Preferred brand-name drugs (Tier 3)	\$25 preferred pharmacy; \$30 standard pharmacy	\$62.50
Non-preferred brand-name drugs (Tier 4)	\$55 preferred pharmacy; \$60 standard pharmacy	\$137.50
Specialty drugs (Tier 5)	33%	33% (31-day supply)
Coverage Gap to TrOOP Maximum of \$6,550		
Generic drugs (Tiers 1 & 2)	\$5 preferred pharmacy; \$10 standard pharmacy	\$12.50 preferred pharmacy only
Brand-name drugs (Tiers 3 & 4)	Preferred Pharmacy: 20% (plan pays 10% and manufacturer discounts 70%) Standard Pharmacy: 25% (plan pays 5% and manufacturer discounts 70%)	20% (plan pays 10% and manufacturer discounts 70%)
Specialty drugs (Tier 5)	25% (plan pays 5% and manufacturer discounts 70%)	25% (31-day supply)
Catastrophic Coverage		
Generic drugs	The greater of 5% or \$3.70	
Brand-name drugs	The greater of 5% or \$9.20	

* Must obtain mail order supply using Express Scripts/ESI.

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How to Change Coverage During the Option Selection Period

- If you want to change to the HOP Medical Plan, the Value Medical Plan, and/or the Enhanced, Basic, or Value Medicare Rx Option, complete the enclosed HOP Change Form and return it to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764 by November 16, 2020.
- If you want to change to or enroll in a different Medicare Advantage plan, call the HOP Administration Unit at 1-800-773-7725 to request that enrollment forms and required information be mailed to you for the plan you want. Due to the volume of these materials, they could not be included with your Personalized Statement. Complete the forms, and return them to the HOP Administration Unit, P.O. Box 1764, Lancaster, PA 17608-1764 by November 16, 2020. Please do not mail any forms directly to an insurance carrier, as this may jeopardize your eligibility for Premium Assistance.

Your new benefits will be effective January 1, 2021.

Adding Dependents

You may add a spouse or eligible dependent to your coverage only if you (or your spouse) have a Qualifying Event. You may also change coverage when you have a Qualifying Event. The change or addition must be made within a specified time frame, depending on your Qualifying Event. If such an event occurs, call the HOP Administration Unit at 1-800-773-7725.

Common Qualifying Events include:

- You retire or involuntarily lose health coverage under your school employer's health plan.
- You involuntarily lose health care coverage under a non-school employer's health plan.
- You or your spouse reach age 65 or become eligible for Medicare.
- You experience a change in family status (including divorce, your spouse's death, addition of a dependent through birth, adoption, or marriage, or loss of a dependent through loss of eligibility).

Comparable Coverage for You and Your Dependents

If you are married and your spouse is not currently enrolled, consider when they might retire. Retirees and dependents must be enrolled in the same plan, which is determined by who enrolls first. Therefore, if your spouse will become eligible within the next year, but after you make your decision this Option Selection Period, you may want to consider what options will work for both of you. Otherwise, you won't have the opportunity to change coverage (for both of you) until next fall's Option Selection Period. For example, if you elect the HOP Medical Plan, when your spouse retires, he/she must also elect the HOP Medical Plan (if Medicare-eligible) or the HOP Pre-65 Medical Plan (if not eligible for Medicare). However, if you and your spouse are both PSERS annuitants, you may elect different options.

Act by November 16!

You must return the appropriate completed application form(s) no later than November 16, 2020, if you want to change your current option.

For More Information

Visit us online at www.HOPbenefits.com, or contact us at the numbers listed below.

Type of Question	Please Call
HOP Medical Plan Value Medical Plan Request for Medicare Advantage Plan Enrollment Form	HOP Administration Unit 1-800-PSERS25 (1-800-773-7725) TTY: 1-800-498-5428 8:00 a.m. to 8:00 p.m., Eastern Time, weekdays
Enhanced Medicare Rx Option Basic Medicare Rx Option Value Medicare Rx Option	OptumRx 1-888-239-1301 TTY: 1-800-498-5428 Available 24/7
MetLife Dental and EyeMed Vision Option	MetLife 1-855-700-7997 8:00 a.m. to 11:00 p.m., Eastern Time, weekdays EyeMed 1-855-663-7444 7:30 a.m. to 11:00 p.m., Eastern Time, weekdays; 8:00 a.m. to 11:00 p.m., Eastern Time, Saturdays; 11:00 a.m. to 8:00 p.m., Eastern Time, Sundays
Premium Assistance	Premium Assistance Office 1-866-483-5509 8:00 a.m. to 4:30 p.m., Eastern Time, weekdays

The Public School Employees' Retirement System (PSERS) sponsors the Health Options Program for the sole benefit of PSERS retirees and survivor annuitants and the spouse, surviving spouse and dependents of retirees and survivor annuitants. PSERS is an agency of the Commonwealth of Pennsylvania with primary responsibility to administer the retirement system for all public school employees in the Commonwealth. The Health Options Program is a voluntary health benefits program funded by participant contributions. Each retiree and survivor annuitant and the spouse and dependent of the retiree or survivor annuitant must decide whether or not to participate. Private health care organizations, third party administrators and insurance carriers provide the health care coverage and services available through the Health Options Program. Neither PSERS nor the Commonwealth of Pennsylvania is an insurer. In no event shall PSERS or the Commonwealth of Pennsylvania be responsible for any act or omission of any insurance company, third party administrator, health care organization or provider that has a role in this Program. All Medicare-eligible medical rates shown in this Statement are pending CMS approval at press time and are subject to adjustment.



MedicareRx
Prescription Drug Coverage X

Doc. Number: 109



Optional Dental and Vision Programs for Retirees

IMPORTANT:

Applications should be returned to the following address for handling:

AMCA Systems, Inc.
101 Bradford Road, Suite 340
Wexford, PA 15090

724-934-2270 (605)
Karen Altman

ATTN: Retiree Dental and Vision



**Allegheny County Schools Health Insurance Consortium
Voluntary Dental and Vision Rates
Retirees Only
July 1, 2020**

Concordia Choice C – Plan V6 (United Concordia Dental)		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$36.10	\$108.30
Retiree + Spouse or Child *	\$91.84	\$275.52
Retiree + Family	\$91.84	\$275.52

Davis Vision Plan		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$9.03	\$27.09
Retiree + Spouse or Child *	\$16.25	\$48.75
Retiree + Family	\$25.27	\$75.81

* Child included qualified dependents to age 28 and certified disabled dependents
 ** Member will be billed rate + \$3.00 administrative fee per month (\$9 maximum admin fee per quarter)

Member will be billed for coverage on a quarterly basis. The billing will come from AMCA Systems, LLC and payments will be remitted to AMCA Systems, LLC / Retiree Billing. 101 Bradford Road, Suite 340, Wexford, PA 15090.

Attention: Retiree Dental and Vision

Payments will be due by the 20th of the month before the quarter begins. A 30-day grace period will be given for receipt of payments. If payment is not received within 30 days of the due date, the coverage will be cancelled. **THIS PLAN HAS A ONE STRIKE POLICY. MEMBERS WILL BE PERMITTED TO REINSTATE ONE TIME FOR THE LIFE OF THE PLAN**



UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®

ACSHIC Retiree Voluntary Dental Plan Benefits Summary

Network: Concordia Advantage

Benefit Category ¹	CONCORDIA CHOICE PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Fluoride Treatments for children under age 19)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Maximums & Deductibles (cumulative of network and non-network)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person) (January 1 st - December 31 st)	\$1,500 Excludes Class I	
Waiting Periods³		
Class I	None	None
Class II	None	None
Class III	6 months	6 months
Reimbursement	Concordia Advantage	Concordia Advantage MAC

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

3. Waiting periods only apply to new entrants.

*PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.

UnitedConcordia.com • 1-800-332-0366

EEM-0067-1010



Allegheny County Schools Health Insurance Consortium Retirees

Fashion Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations and eyeglasses!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3137.

¹ The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change.
² Including, but not limited to toric, multifocal and gas permeable contact lenses.
³ For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.
⁴ Transitions® is a registered trademark of Transitions Optical Inc.
⁵ Enhanced frame allowance available at all Visionworks Locations nationwide.
 Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.
 06/05/16 6/28/18

IN-NETWORK BENEFITS		
Eye Examination	Every July 1, Covered in full	
Eyeglasses		
Spectacle Lenses	Every July 1, Covered in full For standard single-vision, lined bifocal, or trifocal lenses	
Frames	Every July 1, Covered in full Any Fashion frame from Davis Vision's Collection ¹ (value up to \$100) OR \$100 retail allowance toward any frame from provider OR \$150 allowance to go toward any frame from a Visionworks family of store locations. ⁵	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every July 1, Non Collection Contacts: Standard Contacts: Covered in full Specialty Contacts ² : Covered in full	
Contact Lenses (in lieu of eyeglasses)	Every July 1 \$80 retail allowance toward provider supplied disposable contact lenses, \$110 retail allowance for specialty and non-disposable contact lenses	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ³ -\$35
Standard Anti-Reflective (AR) Coating	\$83	\$40
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$110	\$70

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$0
Lenses		
Bifocals	\$116	\$0
Scratch-Resistant Coating	\$25	\$0
Transitions ⁴	\$110	\$70
Frame	\$160	\$0
Total	\$514	\$70

Savings up to:
\$444

PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.



Here's what
we have to
offer..

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 3137.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$15
Scratch-Resistant Coating	\$40	\$0
Polycarbonate Lenses	\$64	\$0 ¹ or \$35
Ultraviolet Coating	\$28	\$15
Standard Anti-Reflective (AR) Coating	\$62	\$40
Premium AR Coating	\$80	\$55
Ultra AR Coating	\$113	\$69
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$154	\$0
Premium Progressives Addition Lenses	\$247	\$40
Ultra Progressive Addition Lenses	\$389	\$90
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$70
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Varilux® is a registered trademark of Societe Essilor International

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE
<p>Eye Examination up to \$40 Frame up to \$64 Spectacle Lenses (per pair) up to: Single Vision \$30, Bifocal \$40, Trifocal \$60, Lenticular \$80 Progressive Lenses \$130</p> <p>Dependents up to age 19 may receive: Single Vision Polycarbonate \$70 Bifocal Polycarbonate \$80 Trifocal Polycarbonate \$95</p> <p>Evaluation/Fitting \$35 Elective Contacts up to \$80, Medically Necessary Contacts up to \$225</p>



American
HEARING BENEFITS

A Starkey Hearing Technologies Program

As a Member of **ASHIC**, you
and your family are eligible
for exclusive

American Hearing Benefits™*

Your hearing health is key to your quality of life.

Call **(888) 706-1459** to take advantage of your

Member discounts today:

-  Discounts on today's latest technology, including hearing aids and tinnitus options
-  **FREE** annual hearing consultations
-  Access to a nationwide network of 3,000+ hearing professionals
-  **FREE** one-year supply of batteries (40 cells per hearing aid purchased)
-  One year of free office visits (limit of six)
-  60-day trial period**
-  **FREE** Deluxe Warranty Plan, including loss and damage**
-  **Financing plans available** (subject to credit approval)

 **8/10**
hearing aid wearers
confirm wearing
hearing aids has
positively impacted
their quality of life.

Call our Hearing Care Advisors at
(888) 706-1459
to schedule your
FREE CONSULTATION
and receive your discounts.

www.americanhearingbenefits.com/partners/ACSIC