

# SOLANCO SCHOOL DISTRICT EMPLOYEE HEALTHCARE PLAN ELECTION FALL 2021

- Plan Year = Calendar Year (January 1 - December 31)
- Plan Administrator - Trustmark
- Registration and Renewal – Electronic via 'E-Elect'
  - Enrollment period November 1 through November 16, 2021
  - ALL EMPLOYEES eligible for healthcare benefits must complete enrollment process – including employees denying coverage
  - Retirees complete and return paper enrollment form to Erica Squatrito, payroll clerk, by November 12, 2021.
  - Healthcare Eligibility
    - Full-Time Employment (average 30 hours or more per week)

# PLAN ELECTIONS

- Preferred Provider (PPO)
  - Deductibles
    - Preferred Providers - **\$525**/Individual or **\$1,550**/Family
    - Non-preferred Providers - \$1,000/Individual or \$3,000/Family
- Qualified High Deductible Healthcare Plan (HDHP)
  - Deductibles
    - Preferred Providers - \$2,000/Individual or \$4,000/Family
    - Non-preferred Providers - \$4,000/Individual or \$8,000/Family
    - Long-Term Substitutes not eligible for HDHP
    - Hires after April 1 not eligible for HDHP until following plan year
- Identical Medical Coverage
  - Different Deductibles/Co-Pays

# PPO PLAN

- Employee responsible for all medical and RX costs until deductible satisfied
- Each family member must satisfy individual deductible until overall family deductible satisfied (*Maximum 3 members*)
- Employee/member responsible for co-pays
- Employee may contribute to Flexible Spending Account (FSA)
  - Exception: Spouse participates in HDHP & contributes to HSA

# PPO Plan Deductibles and Co-pays

Changes from 2021					
	2018	2019	2020	2021	2022
Deductibles	\$500/1500	\$500/1500	\$500/1500	\$500/1500	<b>\$525/1550</b>
Co-Pays:					
Physician	\$35.00	\$35.00	\$35.00	\$35.00	<b>\$35.00</b>
Specialist	\$45.00	\$45.00	\$45.00	\$45.00	<b>\$45.00</b>
ER	\$100.00	\$100.00	\$110.00	\$110.00	<b>\$115.00</b>
Chiropractic	\$30.00	\$30.00	\$30.00	\$30.00	<b>\$30.00</b>
Urgent Care	\$40.00	\$40.00	\$40.00	\$40.00	<b>\$45.00</b>
RX:					
Generic	\$10.00	\$10.00	\$15.00	\$15.00	<b>\$20.00</b>
Brand	\$30.00	\$30.00	\$35.00	\$35.00	<b>\$45.00</b>
Non-Formulary	50% to \$75	50% to \$75	50% to \$75	50% to \$100	<b>50% to \$100</b>
Specialty	\$100.00	\$100.00	\$100.00	\$100.00	<b>\$100.00</b>

# HDHP

- Employee responsible for **all** costs until deductible satisfied
- Overall plan deductible must be satisfied
  - Total \$ deductible regardless of individual
- Office visit co-pays waived until deductible satisfied
  - Collected by many medical offices - applied against deductible
- Health Savings Account (HSA)

# HSA

- School District Contributions
- HSA contributions permitted to maximum IRS limit (employer + employee)
  - 2022: Individuals - \$3,650; Family - \$7,300; Age 55+ Catch-up additional \$1,000
- Contributions income tax exempt (Federal, State, Local) **SLC – 35% or more tax savings**
- Employee owned bank account
- Pay current or future qualified medical expenses
  - **Refer to IRS Publication 502**
- Note: Distributions from HSA may **not** apply against deductible, if non-healthcare plan eligible

# HSA ACCOUNTS

- HSA connected to healthcare plan election
  - Family or Employee Only
  - Family = Spouse or Dependent
- Spousal direct H S A contributions may be made through Health Equity portal via Individual Contribution Form or bank EFT account debit

Health Equity: 866-346-5800

# HSA Contributions - Front Load Employee Account

COHORT***	EMPLOYEE ONLY	Employee Healthcare Premium Reimbursement Contributions*	Total Solanco HSA Contribution	2021 Max**	2022 Max**
Contributions to H S A for Active Employees only	Solanco Direct HSA Contribution				
District Yr. 1	1,600	500	2,100	3,600	3,650
District Yr. 2	1,500	500	2,000		
District Yr. 3	1,250	500	1,750		
District Yr. 4	1,000	500	1,500		
Individual Deductible is: \$2,000.00					
	FAMILY LEVEL	Employee Healthcare Premium Reimbursement Contributions*	Total Solanco HSA Contribution	2021 Max**	2022 Max**
	Solanco Direct HSA Contribution				
District Yr. 1	3,200	1,000	4,200	7,200	7,300
District Yr. 2	3,000	1,000	4,000		
District Yr. 3	2,500	1,000	3,500		
District Yr. 4	2,000	1,000	3,000		
Family Deductible is : \$4,000.00					

\* Employee = Employee share is the required amount flowing from the employee's required premium share mandated by the CBA. These funds are collected by the district (as district funds) and contributed to the Employee H S A account.

\*\*Maximum excludes additional \$1,000 an employee may contribute in the year turning age 55 or older.

\*\*\* Cohort means the "year" employee enrolls in the HDHP. The yearly amounts require an employee to be enrolled in the HDHP plan for the entire year. (IRS annual amounts are pro-rated if not completing an entire year). For year one, payments are paid in January to get the employee started. Years thereafter are paid in January and September at 65/35% ratio, and the employee must be **actively** employed to receive the second payment.

# HSA (Continued)

- HEALTHEQUITY Administers HSA
- VISA health account debit card
- Investment income tax exempt
- Investment options
  - Employee controlled or advisor managed
- 20% Penalty on Non-Medical disbursements
  - Penalty waived after age 65 – Disbursement taxed as ordinary income
- IRS Form 1099-SA issued to employee
  - Employee complete IRS form 8889
- HSA governed by IRS regulations - **Obey Rules**

# HEALTHCARE PLAN PREMIUMS

## No change from Prior Year

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$11,451.72	\$18,322.68	\$26,338.80
EMPLOYEE % SHARE	10.0%	11.0%	12.0%
EMPLOYEE \$ SHARE	\$1,145.16	\$2,015.52	\$3,160.68
PER PAY DEDUCTION	\$47.72	\$83.98	\$131.70
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>8.0%</i>	<i>9.0%</i>	<i>10.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$38.17</i>	<i>\$68.71</i>	<i>\$109.75</i>

# WELLNESS PROGRAM REDUCTION

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PER PAY PREMIUM REDUCTION	\$9.55	\$15.27	\$21.95
ANNUAL WELLNESS PREMIUM REDUCTION	\$229.20	\$366.48	\$526.68

**EMPLOYEE/SPOUSE MUST COMPLETE BIOMETRIC SCREENINGS  
AND FLU SHOT DURING 2021 (OR SUBMIT APPROPRIATE  
DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2022  
HEALTHCARE PREMIUM REDUCTION**

# HEALTHCARE PLAN PREMIUMS

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$11,451.72	\$18,322.68	\$26,338.80
EMPLOYEE % SHARE	10.0%	11.0%	12.0%
EMPLOYEE \$ SHARE	\$1,145.16	\$2,015.52	\$3,160.68
PER PAY DEDUCTION	\$60.27	\$106.08	\$166.35
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>8.0%</i>	<i>9.0%</i>	<i>10.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$48.21</i>	<i>\$86.79</i>	<i>\$138.63</i>

# WELLNESS PROGRAM REDUCTION

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PROGRAM PER PAY REDUCTION	\$12.06	\$19.29	\$27.72
ANNUAL WELLNESS PROGRAM REDUCTION	\$229.20	\$366.48	\$526.68

**EMPLOYEE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2021 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2022 HEALTHCARE PREMIUM REDUCTION**

# HEALTHCARE PLAN PREMIUMS - RETIREES

<b>RETIREES – PPO PLAN</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + 1</b>	<b>FAMILY</b>
ANNUAL PREMIUM	\$11,451.72	\$18,322.68	\$26,338.80
MONTHLY PREMIUM	\$954.31	\$1,526.89	\$2,194.90
<b>RETIREES – HDHP</b>	<b>EMPLOYEE ONLY</b>	<b>EMPLOYEE + 1</b>	<b>FAMILY</b>
ANNUAL PREMIUM	\$8,703.24	\$13,925.28	\$20,017.56
MONTHLY PREMIUM	\$725.27	\$1,160.44	\$1,668.13

## HSA How To: Doctors Visits

**1** Go to the doctor



**2** Doctor sends insurance carrier the bill



**3** Claim integrated into member portal

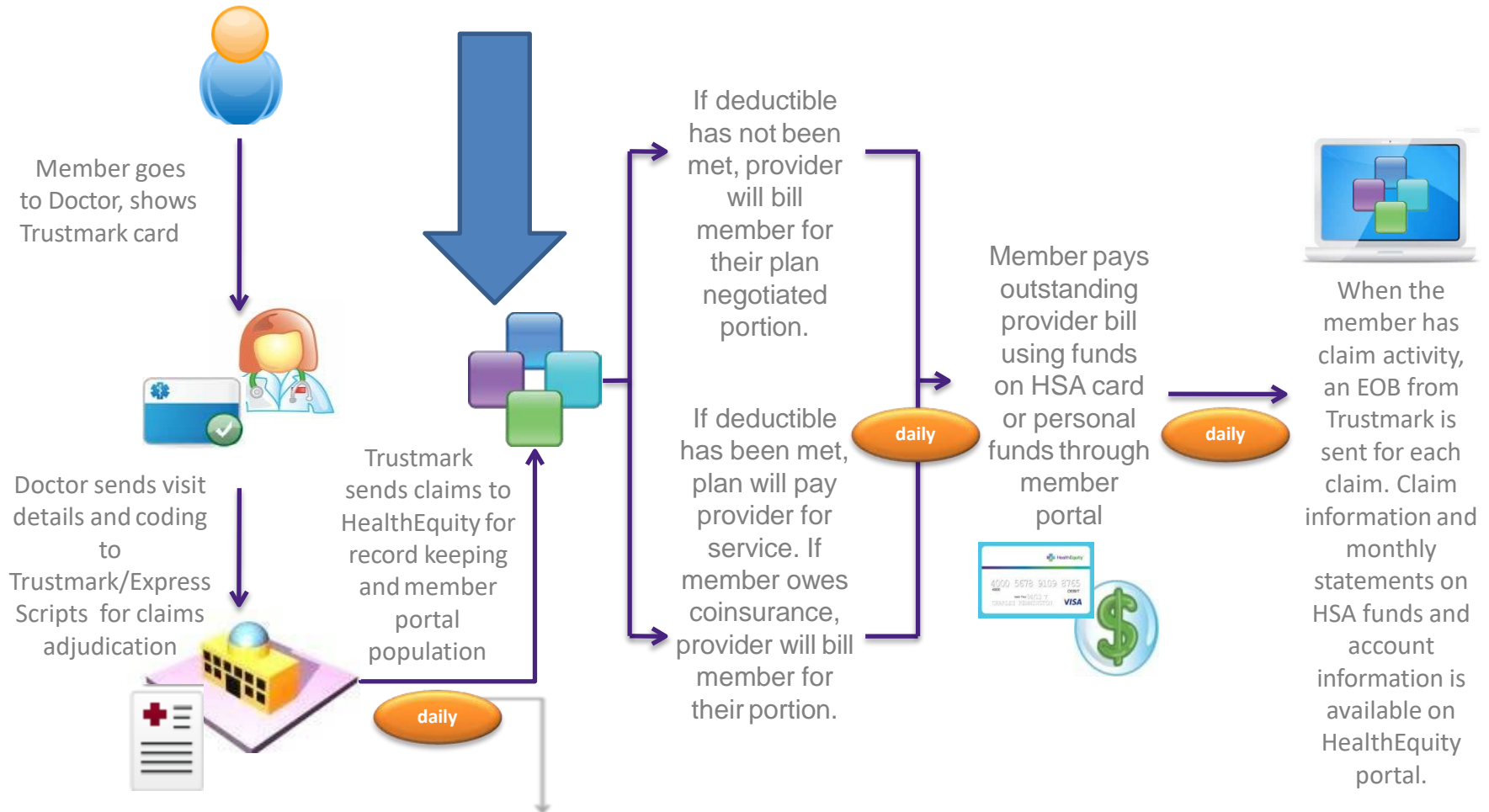


- No co-pays billed until deductible satisfied
- Trustmark adjusts price based on discounts
- Pay doctor from HSA funds, if funds are available or pay out of pocket if prefer not to spend HSA funds. Have option to reimburse yourself later.

***• NOTE: Who pays or where funds come from DOES NOT MATTER. You choose HOW/WHAT account to pay from.***

# Member HSA Experience

## Medical Claims



# HSA How To

## Pharmacy Prescriptions

1

Go to pharmacy



Show your Trustmark - Express Scripts Card (ESI) card

2

Pharmacy applies discount



Pay with your HSA card Or



3

Pharmacy sends claim to insurance carrier

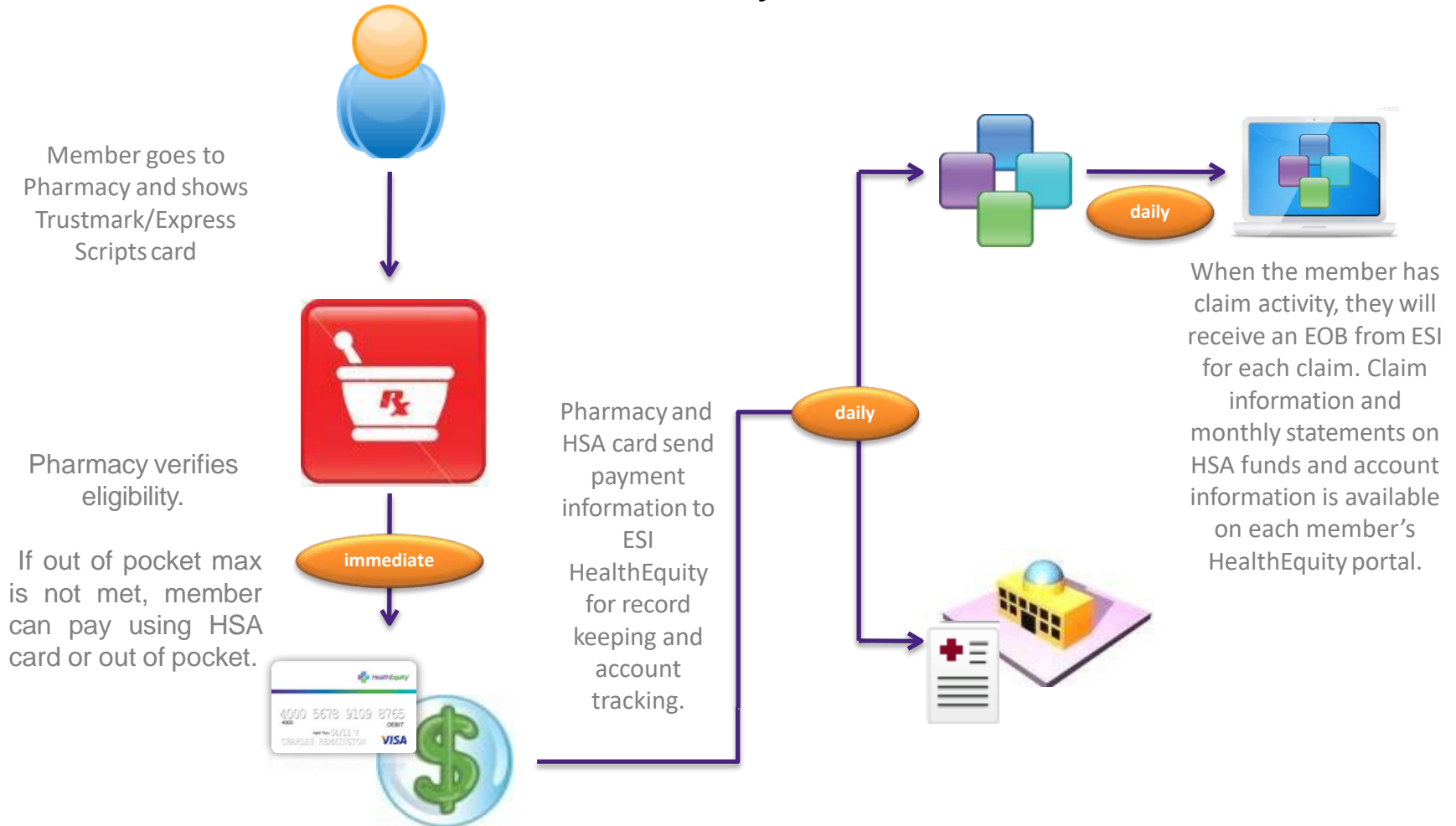


Cash or other?

Insurance carrier applies amount to your deductible—no paperwork needed

# HSA Member Experience

## Pharmacy Claims



# DRUG MANUFACTURER DISCOUNTS

- **Use with Caution**

- Drug manufacturer discounts/coupons not processed through healthcare plan
- Not applied against plan deductible
- No co-pay applied
- Compare reduced cost of drug to inability to apply cost against plan deductible



# PREVENTIVE CARE

**Both PPO and HDHP** cover In-Network Preventive Care, Screenings, Immunizations at 100% - *(No Co-Pays, Deductible Not Applicable)*

- Periodic health evaluations (e.g., annual physicals)
- Screening services (e.g., mammogram, pap test, colonoscopy)
- Routine pre-natal and well-child care
- Child and adult immunizations
- Tobacco cessation programs
- Obesity weight loss programs

# PENDING E-ELECT COMMUNICATION

- Be alert for email issued from **SolancoBenefitElections@trustmarkbenefits.com**
  - Worksheet attachment
  - To be forwarded October 29th
- Encrypted worksheet password is: 'employee's home address zip code'
- Worksheet contains link to [www.eelect.com](http://www.eelect.com)
- Follow worksheet instructions to complete enrollment
- **Enrollment period ends November 16, 2021**




Wed 10/13/2021 1:26 PM

SolancoBenefitElections@trustmarkbenefits.com

## Solanco 2022 Benefits - Enrollment Confirmation

To ☐ JONATHAN\_TREESE@SOLANCOSD.ORG

 Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.



**WORKSHEET  
ATTACHMENT**



## Solanco 2022 - Enrollment Confirmation

Jonathan,

Attached is your benefits enrollment confirmation for plan year 2022. The document is for your records only.

Your confirmation document is encrypted for your protection. When opening the attachment, you will be prompted for a password. This password is the same as your home address zip code.

Please contact the Solanco Business Office at [payroll@solancosd.org](mailto:payroll@solancosd.org) with any questions.

Thank you,



**Solanco School District**  
**Wellness Verification Form - 2021**  
**(for 2022 Discounts from Premium Share Rates)**

**1 Health Screenings/Biometrics**

Knowing and tracking your numbers gives you the power to make choices that will help you maintain your overall health for a lifetime. Medical tests and screenings can help you to find problems early, when they are easier to remedy. Regular visits with your healthcare provider can help to identify steps that are important to protect your health.

Solanco will again be offering confidential onsite screenings in 2021 at no charge to you through Quest. Watch for notices of these events. You will receive the following health screenings:

Blood Pressure  
Cholesterol Lipid Panel

Glucose (Blood Sugar)  
Body Mass Index (BMI)

These screenings can also be obtained from your own physician visit or by scheduling an appointment with a Quest lab. These screenings can be completed at any time during 2021 and verification turned in to the Business Office by **December 10, 2021** in order to meet this requirement. Please complete the information below to verify these screenings were completed.

Date Completed \_\_\_\_\_

**Choose One:**

- Screening obtained from Physician Office – Quest Physician Results Form must be completed by Physician and returned to Quest.
- Screening obtained from School Site \_\_\_\_\_
- Screening obtained from Quest Site \_\_\_\_\_

**2 Flu Shot**

Give your body a fighting chance, get a flu shot this year! Flu season typically begins in the fall and peaks in January or February. Take action against the flu by getting immunized. Vaccination is the best protection against the flu. Seasonal flu vaccines have a very good safety track record. For this program, only employees and covered spouses are required. Consult your physician for any other family member/dependent flu shot needs.

Solanco offers the flu vaccine each year. You can also get this vaccine through your personal doctor or local pharmacy. This vaccine can be received at any time during 2021 and verification turned in to the Business Office by **December 10, 2021** in order to meet this requirement. Wellness Verification Form not needed if using District flu shot site.

Date Completed \_\_\_\_\_

Flu shot obtained from Physician Office \_\_\_\_\_ (Please have physician sign)

Name of Physician (printed) \_\_\_\_\_

Flu shot obtained from other than Physician Office \_\_\_\_\_ (Please provide documentation)

This form should be submitted to the Business Office, along with validation from the provider, as verification of the above procedures being completed.

This form is for (please circle)      Employee      Employee's Spouse

Employee Name (please print) \_\_\_\_\_

If employee visits their physician for screenings, they must:

- Register with Quest
- Download and forward physician's form from the Quest system.
- Fax or upload completed form to Quest.
- Forms must be submitted by December 10, 2021 to qualify for discount.

# SPOUSAL ELIGIBILITY

- Spouses NOT eligible to participate in Solanco's healthcare plan if the spouse offered healthcare through their employer.
  - Certification form downloaded from E-Select system
  - Spouse's employer must certify healthcare offer
  - Audits will be performed to verify accuracy

# EMPLOYEE HEALTHCARE/RX PLAN ID CARD

- TRUSTMARK CARD
  - ONE CARD - MEDICAL AND RX PLANS
  - REPLACEMENT CARDS TO BE ISSUED
- EMPLOYEE – 1 CARD, FAMILY - 2 CARDS
- EXPRESS SCRIPTS ADMINISTERS RX PLAN
- CARD CONTAINS
  - CO-PAYS
  - PRE-CERTIFICATION REQUIREMENTS
  - CUSTOMER SERVICE PHONE #s
    - *BENEFIT QUESTIONS/CONCERNS/ISSUES*





Questions?  
800.624.7130  
myTrustmarkBenefits.com

### Member

**Employer:**  
**ABC Company**

**Group #:** 9999

**Member:** Test

**Member ID:** E12345678

### Medical Plan

Dependent Coverage:



myTrustmarkBenefits.com

**Copays:** PPO OV \$20

### Pharmacy Plan

Dependent  
Coverage: No



RXBIN: 004336

RXPCN: ADV

RXGRP: RX2200

www.caremark.com  
Member: 866.644.7527  
Pharmacist: 800.364.6331

1075-BL 0EAF 9999—MAETNDIV0

20190917T20 Sh: 0 Bin 1  
J050 Env [1] C Sets 1 of 1



### Medical Claims Submission

**EDI:** Payer ID 35182

**Mail:** Trustmark Health Benefits  
P.O. Box 2920  
Clinton, IA 52733-2920

Aetna participating doctors and hospitals are independent providers and are neither agents nor employees of Aetna.

### Eligibility

To confirm eligibility, verify benefits or check the status of a claim, call Trustmark Health Benefits at 800.624.7130 or visit our website at myTrustmarkBenefits.com.

This card does not guarantee eligibility or payment.

### Care Management

#### PRE-CERTIFICATION REQUIRED

Call 800.624.7130 for authorization.

You or your physician are responsible to call:

- 15 days prior to all non-urgent care elective admissions
- Within 48 hours or the next business day of an urgent care admission
- Prior to home healthcare services

Failure to call may result in a reduction of benefits.

1075-BL 0ACD 9999—MAETNDIV0

20190917T20 Sh: 0 Bin 1  
J050 Env [1] C Sets 1 of 1



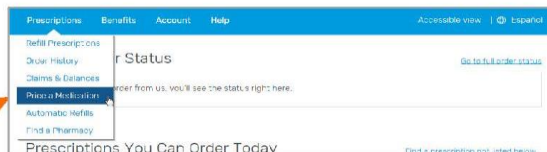
# Price a Medication using [express-scripts.com](https://www.express-scripts.com)

Whether you pick up your prescriptions at a pharmacy or have them delivered, you can compare prices for all your brand name, generic, formulary<sup>1</sup> and non-formulary medicines online at [express-scripts.com](https://www.express-scripts.com). You can quickly and easily price a medication before filling a prescription. Having this information will help you find the best value.

## Pricing a medication is easy!

Log in at [express-scripts.com](https://www.express-scripts.com) using your user name and password. First-time visitors need to take a moment to register – have your member ID number or social security number (SSN) handy.

Once logged in, select **Price a Medication** from the menu under **Prescriptions**.



On the next screens you will be asked to enter the name of the drug you want to price, the strength, and the dosage. (For example: Accupril®, 5 mg, taken once per day.)

Based on this information, the system will generate pricing information for home delivery and retail, and the brand-name and generic drug, if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then “Add” a drug to the list to track your out-of-pocket expenses, depending on your plan.

*You can also view drug information and select other retail pharmacies.*

**Price a medication** [Price another medication](#) | [Visit My Rx Chokehold](#) for potential savings | [Help](#)

**PATIENT**  
Chris

**IMPORTANT MESSAGE**  
After 3 fill(s) at a participating retail pharmacy, you will pay a higher cost for this and certain other drugs you take on a long-term basis. You have 3 fill(s) until your retail copayment increases.

**You searched for:**  
**Accupril Tabs**  
5mg tablet, brand  
Parker, Davis Co.  
Tier 2: Plan-preferred brand-name drug. What's up?  
View drug information | Recalculate

**Your selected retail pharmacy:**  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies  
100 nearest Pharmacies

Pharmacy / day's supply	When	Is this drug covered?	Qty	You pay	Annual cost
Home delivery pharmacy 90-day supply	each fill	<b>YES</b> <a href="#">View coverage notes</a>	90	<b>\$44.00</b>	<b>\$176.00</b>
Retail 30-day supply	for today's fill	<b>YES with limitations</b> <a href="#">View coverage notes</a>	30	<b>\$18.00</b>	<b>\$216.00</b>
Retail 30-day supply	after 3 fills	<b>YES with limitations</b> <a href="#">View coverage notes</a>	30	<b>\$20.00</b>	<b>\$240.00</b>

★ Generic equivalent available:  
**quinapril**  
5mg tablet, generic  
Various manufacturers  
[View drug information](#) | [Recalculate](#)

Pharmacy / day's supply	When	Is this drug covered?	Qty	You pay	Annual cost
Home delivery pharmacy 90-day supply	each fill	<b>YES</b> <a href="#">View coverage notes</a>	90	<b>\$0.00</b>	<b>\$0.00</b>

Sample search results for Accupril Tabs showing Accupril costs and a comparison with generic or alternative drugs, and associated costs for all from a retail pharmacy or Express Scripts Pharmacy<sup>SM</sup>.

<sup>1</sup> A formulary is a list of medicines that's covered by your drug plan or your insurance plan. It's also called a drug list.

**PRICE SHOP  
YOUR  
PRESCRIPTIONS  
TO REDUCE  
YOUR  
HEALTHCARE  
COSTS -  
GOODRX  
ANOTHER  
COST  
COMPARISON  
WEBSITE**

# What is a Flexible Spending Account (FSA)?

Pre-tax benefit account that pays for eligible expenses not covered by insurance



## Health Care FSA

Covers medical, prescription, dental and vision expenses



## Dependent Care FSA

Covers dependent care expenses including daycare, nursery school and day camp for children, and services for adult dependents who cannot care for themselves



## Limited Purpose Medical FSA

Covers dental and vision expenses only  
(for compliance with a health savings account)

# Trustmark Administers Solanco's FSA

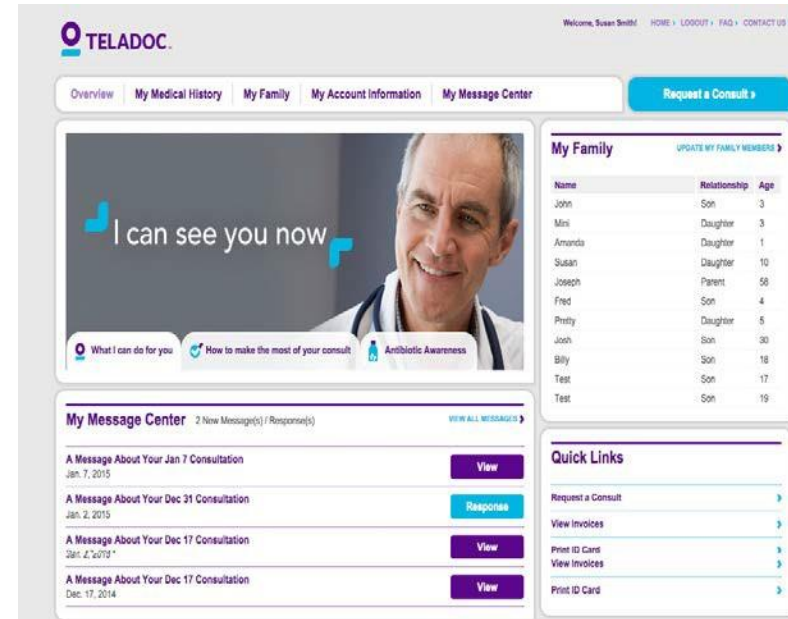
- Reimbursement plans with debit card
- Medical FSA available - PPO plan only
- Medical - \$2,500 annual maximum for Solanco
- Dependent Care - \$5,000 annual maximum – HDHP eligible
- Must use annual contribution or lost – no carry over

# ADDITIONAL SOLANCO HEALTHCARE BENEFITS

- *Livongo* Diabetes Counseling Program
- Life Insurance - Beneficiary in E-Elect
  - Pension information is **not** in E-elect...must go to PSERS web site direct
- 2021-22 Dental/Vision Reimbursement: **\$2,250**
- FSA and HSA: IRS Tax advantaged accounts including premium share
- TelaDoc Program....must enroll...see Trustmark and / or E-elect material
- Carebridge -- Employee Assistance Plan – EAP
  - Benefits detailed on Solanco website

# Telemedicine - Teladoc

- When the physician is unavailable: no appointments; after hours
- Schedule doesn't permit traveling to see your physician (work, etc.)
- On vacation or a business trip
- For refill of recurring prescription (short term)
- Geographical barriers (distances to a provider's office)
- Pediatric care for any age



## Step 1

Complete  
medical history



## Step 2

Request  
consult



## Step 3

Talk with a  
physician



## Step 4

Resolve  
the issue



## Step 5

Continuity  
of care



## Step 6

Reconcile  
account if  
necessary

# Telemedicine: Convenient and Affordable

- Providing solutions for three of the biggest issues in healthcare:



- **Timely access**



- **Lower cost**



- **Quality Care**

**Teladoc**



Employee / Member  
satisfaction is one of the  
many benefits of  
addressing these issues

## How to Use Your Carebridge Benefit

1

### Get in contact with us.

Call Carebridge for free, confidential assistance  
24 hours a day, 7 days a week.

**800.437.0911**

Email Carebridge:

[clientservice@carebridge.com](mailto:clientservice@carebridge.com)

2

### Tell us about your concern.

When you call, Carebridge will provide immediate consultation to assess your needs and provide information, resources, and referrals to help you address your concern.

3

### Feel secure that the services you receive are confidential.

Your privacy is important. No names are identified or reported to anyone without your written authorization except in the following situations: by court order, imminent threat of harm to self or others, or situations of abuse (such as child or elder abuse).

#### IMPORTANT NOTICE

The decision to choose any provider or service rests solely with the client. Material provided by Carebridge is for informational purposes and must be verified by the client. Carebridge neither warrants nor recommends any service or provider referral within the information offered. Any final decision on the appropriateness of the information, services or a given provider must be made by the client.



No matter where you are,  
Carebridge is  
available to help.

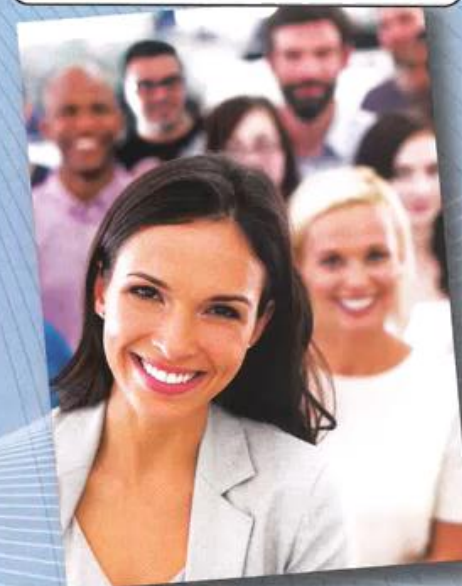
**800.437.0911**

[www.myliferesource.com](http://www.myliferesource.com)



## EMPLOYEE ASSISTANCE PROGRAM

— Provided by —



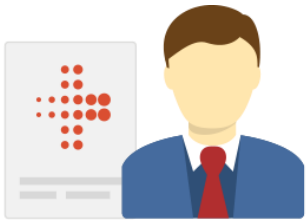


# AblePay Partnership

AblePay Health is an Employee  
Benefit that Provides Discounts and  
Flexible Payment Terms for Out of  
Pocket Medical Expenses



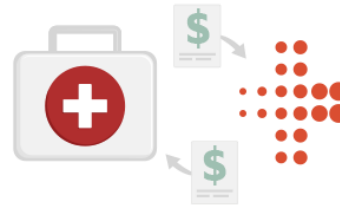
# How Does it Work?



AblePay Signs Up  
Employers



Employees Become  
Members, Show Card at  
Time of Service



Provider Bills AblePay  
AblePay Pays Provider



Member Pays AblePay



# AblePay Member Benefits

- Discount
  - ◆ 1 Pay 13% ACH, 10% Card
  - ◆ 3 Pays 10% ACH, 7% Card
  - ◆ 6 Pays 8% ACH, 5% Card
- Extend
  - ◆ Payment Terms up to 12 Months
- Advocate
  - ◆ Provider Claim Experts ensure accurate processing



# Savings Example



## CURRENT PLAN

Surgery Charge	\$10,000
Insurance Adjustment	(\$5,000)
<u>Insurance Allowable</u>	<u>\$5,000</u>
Insurance Pays	\$1,000
<b>Patient Pays</b>	<b>\$4,000</b>

## WITH ABLEPAY

Surgery Charge	\$10,000
Insurance Adjustment	(\$5,000)
<u>Insurance Allowable</u>	<u>\$5,000</u>
Insurance Pays	\$1,000
<b>Patient Bill</b>	<b>\$4,000</b>
AblePay Discount - 13%	(\$520)
<b>Member Pays</b>	<b>\$3,480</b>



# How Does AblePay Provide Savings?

- AblePay has a relationship with providers and has negotiated preferred rates
- Providers are willing to extend discounts since AblePay guarantees payment and ultimately reduces provider costs
- The net result is less money out of pocket for employees, while they satisfy deductible expenses 100%



# Where to Use AblePay



# Connect with your benefits

Wherever and whenever

*Managing your health and healthcare expenses doesn't have to be stressful. We have some easy digital tools to help you be more informed and confident about your health benefits and expenses.*



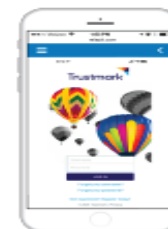
## myTrustmarkBenefitsWire

Even when you're not thinking about your health and health benefits, we are. myTrustmarkBenefitsWire connects with you via mobile messaging so you're always in touch. You'll get messages to help you understand your plan and actively engage with your health. To opt in, just follow the directions on the sticker found on your ID card.



## myTrustmarkBenefits Mobile App

You still need to connect with your health benefits while you're on the go. You can find a doctor, connect with Trustmark Health Benefits customer service, access your benefit ID card, and much more using our mobile app. Download it for free today from Apple's App Store or Google Play.



## myTrustmarkBenefits Online Portal

Our secure online portal lets you access your benefits and claims, view your EOBs, manage and pay your medical bills, and more – all from your phone, tablet, or computer, wherever and whenever you want.

Visit [www.myTrustmarkBenefits.com](http://www.myTrustmarkBenefits.com) to log in or register.



Expect more.  
Benefit more.

If you have questions, please call the number located at the top of your ID card.



## Log in

Username

Password

SUBMIT

[Forgot your password?](#)

[Forgot your username?](#)

## Register



### Participant

Find a doctor, check claim status, manage your health and more.

CREATE YOUR ACCOUNT



### Broker

Keep tabs on your clients' plan and access reports.

CREATE YOUR ACCOUNT



### Employer/Client

Manage employee coverage and eligibility, view claims and view reports.

CREATE YOUR ACCOUNT



### Provider

Check the status of your patients' claims and confirm their eligibility history.

CREATE YOUR ACCOUNT

## Find a Doctor

aetna



[Customer Service](#)

[Registration Guide](#)

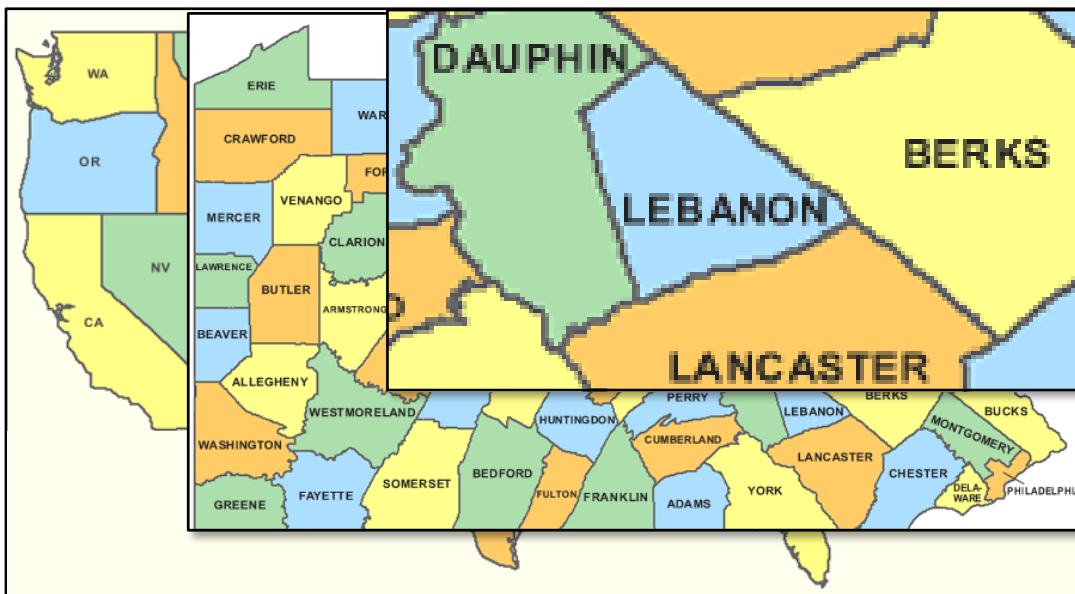
[Trustmark Health Benefits Information](#)  
[COVID-19 National Emergency Updates](#)

[Privacy Statement](#)

[System Requirements](#)



# Network



- Access to one of the largest carrier-owned networks in the country
- Includes legacy HealthAmerica provider network as well as Institutes of Excellence and Quality Hospitals
- Top tier provider contracting terms lending both Plan and Member value

*Our arrangement with Aetna provides 100% of all negotiated savings with Providers and Hospitals back to both the Client and Member.*

# Additional Resources

- District website > Departments > Business Office and Employee Portal
- <https://www.trustmarkbenefits.com>
- <https://express-scripts.com>
- <https://healthequity.com>
- <https://teladoc.com>
- <https://medicare.gov>
- Internal Revenue Service Publications



FORWARD QUESTIONS TO: [sandy\\_tucker@solancosd.org](mailto:sandy_tucker@solancosd.org)  
[erica\\_squatrito@solancosd.org](mailto:erica_squatrito@solancosd.org)