

SOLANCO SCHOOL DISTRICT EMPLOYEE HEALTHCARE ELECTION **2024 PLAN YEAR**

- Plan Year = Calendar Year (January 1 - December 31)
- Plan Administrator – Trustmark / Luminare (*name changing*)
- Registration and Renewal – Electronic via **'trustmark.benselect.com'**
 - Enrollment period November 1 through November 16, 2023
 - **ALL EMPLOYEES** eligible for healthcare benefits must complete enrollment process – **including employees denying coverage**
 - Retirees complete and return paper enrollment form to Lisa Eshleman, by November 16, 2023.
 - Healthcare Eligibility
 - Full-Time Employment (average 30 hours or more per week)

PLAN ELECTIONS

- Preferred Provider (PPO)
 - Deductibles
 - Preferred Providers - **\$600**/Individual or **\$1,700**/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
 - Co-pay only for office visit, ER, Urgent Care, RX
 - Preventive care 100% by plan
- 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 2023					
	2020	2021	2022	2023	2024
Deductibles	\$500/1500	\$500/1500	\$525/1550	\$550/1600	\$600/1700
Co-Pays:					
Physician	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
Specialist	\$45.00	\$45.00	\$45.00	\$45.00	\$45.00
ER	\$100.00	\$100.00	\$110.00	\$115.00	\$120.00
Chiropractic	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
Urgent Care	\$40.00	\$40.00	\$40.00	\$45.00	\$45.00
RX:					
Generic	\$10.00	\$10.00	\$15.00	\$20.00	\$20.00
Brand	\$30.00	\$30.00	\$35.00	\$45.00	\$45.00
Non-Formulary	50% to \$75	50% to \$75	50% to \$75	50% to \$100	50% to \$100
Specialty	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00

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
- Health Savings Account (HSA)

HSA

- School District Contributions
- HSA contributions permitted to maximum IRS limit (employer + employee)
 - 2024: Individuals - \$4,150; Family - \$8,300; Age 55+ Catch-up additional \$1,000
 - **Caution: separate employee + spouse contributions cannot exceed Family limit**
- 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
- H S A contributions may be made directly 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	2023 Max**	2024 Max**
Contributions to H S A for Active Employees only	Solanco Direct HSA Contribution				
District Yr. 1	1,600	500	2,100	3,850	4,150
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	2023 Max**	2024 Max**
	Solanco Direct HSA Contribution				
District Yr. 1	3,200	1,000	4,200	7,750	8,300
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
 - Accounts over \$2,000
 - 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

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$12,728.04	\$20,364.84	\$29,274.48
EMPLOYEE % SHARE	11.0%	12.0%	13.0%
EMPLOYEE \$ SHARE	\$1,400.04	\$2,443.80	\$3,805.68
PER PAY DEDUCTION	\$58.34	\$101.83	\$158.57
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>9.0%</i>	<i>10.0%</i>	<i>11.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$47.73</i>	<i>\$84.86</i>	<i>\$134.18</i>

WELLNESS PROGRAM REDUCTION

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PER PAY PREMIUM REDUCTION	\$10.61	\$16.97	\$24.39
ANNUAL WELLNESS PREMIUM REDUCTION	\$254.52	\$407.28	\$585.48

**EMPLOYEE/SPOUSE MUST COMPLETE BIOMETRIC SCREENINGS
AND FLU SHOT DURING 2023 (OR SUBMIT APPROPRIATE
DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2024
HEALTHCARE PREMIUM REDUCTION**

HEALTHCARE PLAN PREMIUMS

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$12,728.04	\$20,364.84	\$29,274.48
EMPLOYEE % SHARE	11.0%	12.0%	13.0%
EMPLOYEE \$ SHARE	\$1,400.16	\$2,443.80	\$3,805.68
PER PAY DEDUCTION	\$73.70	\$128.63	\$200.30
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>9.0%</i>	<i>10.0%</i>	<i>11.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$60.29</i>	<i>\$107.19</i>	<i>\$169.49</i>

WELLNESS PROGRAM REDUCTION

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PROGRAM PER PAY REDUCTION	\$13.41	\$21.44	\$30.81
ANNUAL WELLNESS PROGRAM REDUCTION	\$254.64	\$407.28	\$585.48

EMPLOYEE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2023 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2024 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS - RETIREES

RETIREES – PPO PLAN	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$12,728.04	\$20,364.84	\$29,274.48
MONTHLY PREMIUM	\$1,060.67	\$1,697.07	\$2,439.54
RETIREES – HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$9,671.76	\$15,475.08	\$22,245.36
MONTHLY PREMIUM	\$805.98	\$1,289.59	\$1,853.78

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

PREVENTIVE CARE

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

- 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

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



HSA How To: Doctors Visits

1 Go to the doctor



2 Doctor sends insurance carrier the bill



3 Claim integrated into member portal

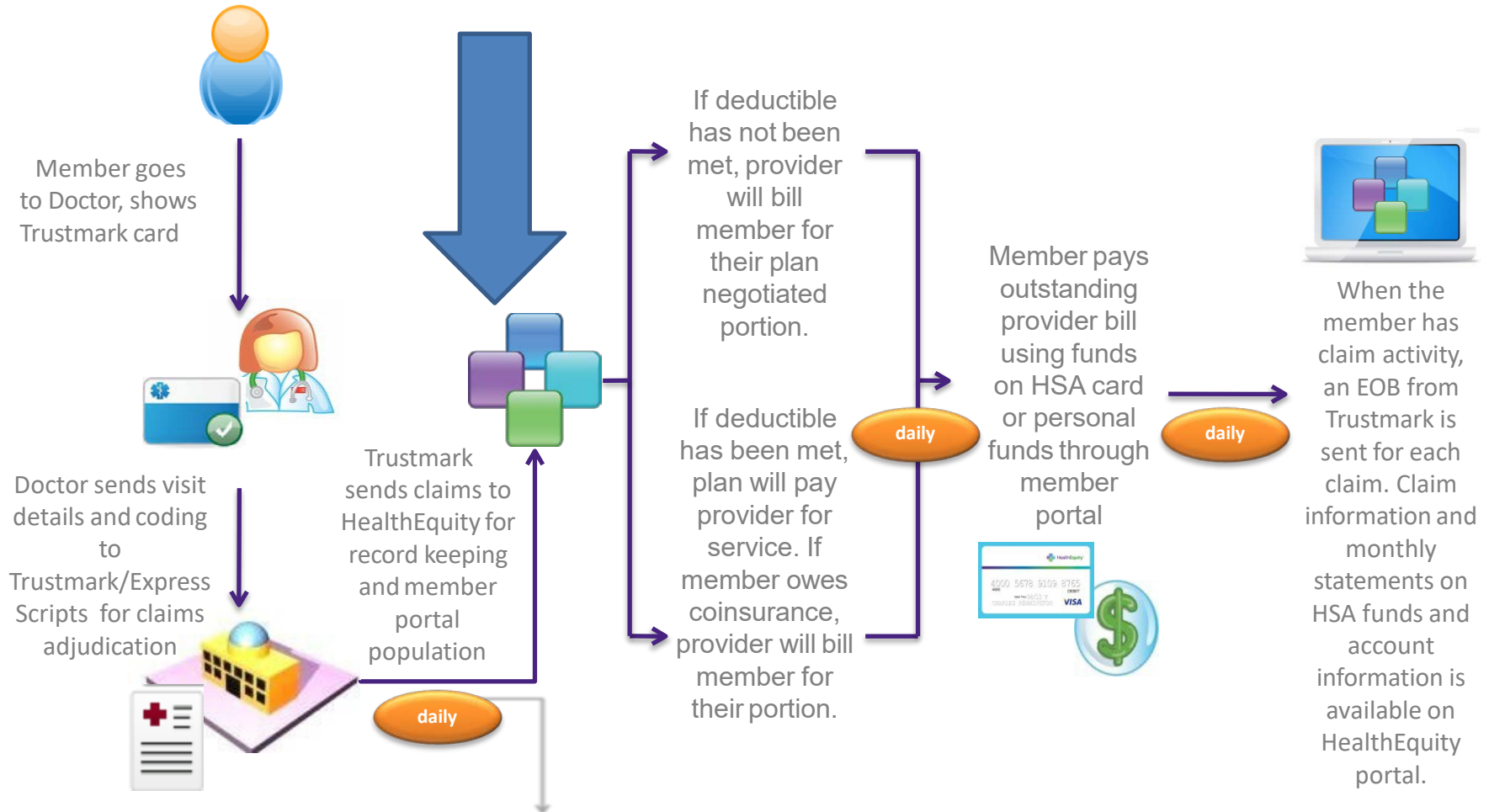


- No co-pays billed until deductible satisfied
- Trustmark adjusts price based on discounts
- Pay doctor from HSA funds, if funds are available or pay out of pocket if prefer not to spend HSA funds. Have option to reimburse yourself later.

• 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

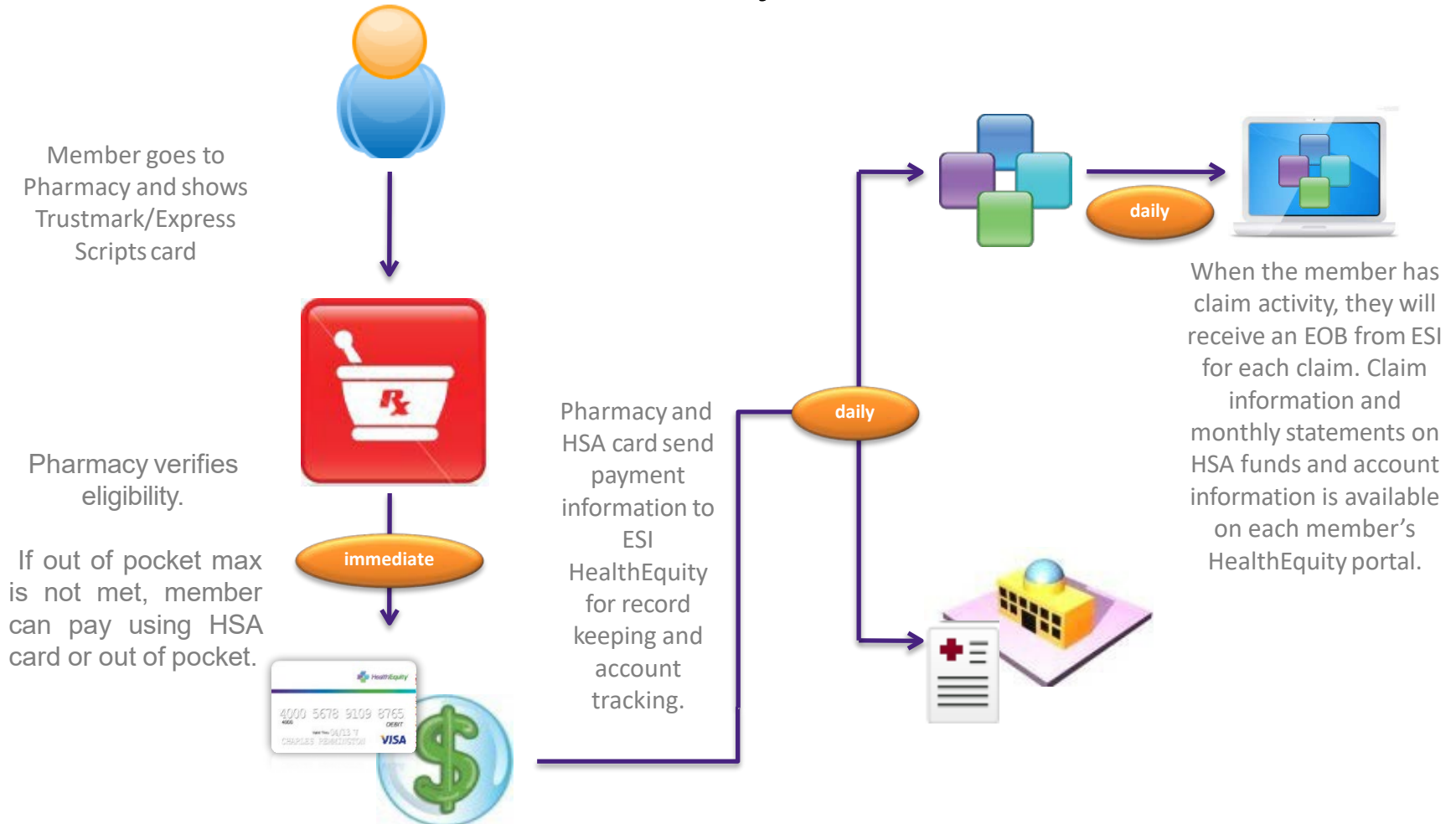


Cash or other?

Insurance carrier applies amount to your deductible—no paperwork needed

HSA Member Experience

Pharmacy Claims



PENDING E-ELECT COMMUNICATION

- Be alert for email issued from
trustmark.benselect.com<do-not-reply@benselect.com>

To be forwarded October 31st


WEBSITE ADDRESS CHANGE FROM PRIOR YEARS

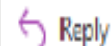
- Website link to enroll:
<https://trustmark.benselect.com/Solanco>
- Must enter social security number and PIN
- PIN = last 4 of social security # and last two digits of your birth year.
- **Enrollment period ends November 16, 2023**

Solanco School District - Invitation to Enroll



trustmark.benselect.com <do-not-reply@benselect.com>

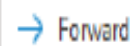
To  debra.bronnem@selerix.com



Reply



Reply All



Forward



Mon 10/17/2022 3:39 PM

Dear TestDebbie Tester,

Welcome to Solanco School District and our benefit enrollment process! We invite you to enroll in your benefits by going to <https://trustmark.benselect.com/Solanco>. To use this website, you must have your Social Security Number and your Personal Identification Number (PIN). Unless changed, your PIN is the last 4 of your SSN followed by the last 2 of your birthyear.

Your benefits are effective immediately upon hire and you have 31 days to complete enrollment. If you miss this enrollment period, your next eligible enrollment opportunity will be at annual enrollment or within 31 days of experiencing a Qualifying Life Event.

Trustmark.benselect.com email communications will be forwarded to Solanco School District email addresses – no personal emails. Must maintain employee confidentiality and security.

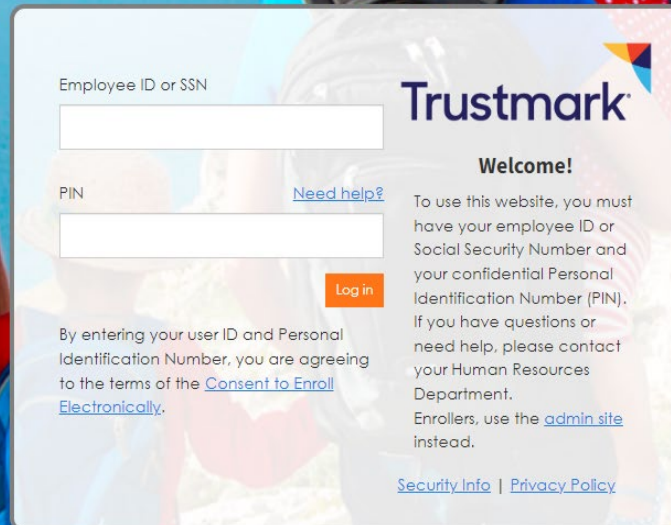
- ENTER SOCIAL SECURITY NUMBER (SSN)
- ENTER PIN (last 4 of your SSN + last 2 of your birthyear)

Example:

SSN = 513-52-4244

DOB = 12/15/1985

PIN = 424485

A login overlay for Trustmark is shown over a background image of a family (a man, a woman, and a child) hiking on a trail, looking out over a blue body of water under a clear sky. The man in the foreground wears a blue shirt and a large purple and black backpack. The woman behind him has a ponytail and is also wearing a backpack. A young child is visible between them.

Employee ID or SSN

PIN [Need help?](#)

[Log in](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

Trustmark

Welcome!

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department. Enrollers, use the [admin site](#) instead.

[Security Info](#) | [Privacy Policy](#)

Solanco School District
Wellness Verification Form – 2022
(For 2023 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 2022 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 2022 and verification turned into the Business Office by December 10, 2022 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 2022 and verification turned in to the Business Office by December 10, 2022 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, 2023 to qualify for discount.
 - **Biometric screening scheduled at High School on 11/10/23.**

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*



Trustmark
benefits anyone. 

Questions?
866.893.4472
myTrustmarkBenefits.com


Member



Employer: Solanco School District
Group #: 0722
Member: PPO-MED TEST
Member ID: E10514793


Pharmacy Plan

RXBIN: 003858
RXPCN: A4
RXGRP: SOLANCO

 EXPRESS SCRIPTS®
expressscripts.com
Member: 600.351.0559
Pharmacist: 800.922.1557

Retail Copays: Generic \$20 / Preferred Brand \$45 /
Non-Preferred Brand 50% up to \$100 max /
Specialty Drug \$100

Medical Plan


Aetna Signature Administrative
PPO
myTrustmarkBenefits.com

Copays: Office Visit \$35 / Specialist \$45
In-Network Deductible \$525 Indv / \$1550 Fam
Out-of-Network Deductible \$1000 Indv / \$3000 Fam
In-Network OOP Max \$6350 Indv / \$12700 Fam
Out-of-Network OOP Max \$500 Indv* / \$1500 Fam*
*Applies to coinsurance only

Co-Pays,
Deductibles,
Out-of Pocket
Maximums
Required for 2024

Medical Claims

EDI: Payer ID 35182
Mail: Trustmark Health Benefits
P.O. Box 2920
Clinton, IA 52733-2920

Claims Status Inquiry: Payer ID CRSMD

Eligibility & Benefits

EDI: Payer ID CRSMD
myTrustmarkBenefits.com


This card does not guarantee eligibility or payment.

Care Management

PRE-CERTIFICATION REQUIRED
Call 866.884.6819 for authorization.
You or your physician are responsible to call:
• 15 days prior to all non-urgent care
• elective admissions
• Prior to home healthcare services
Failure to call may result in a reduction of benefits.

NOTIFICATION REQUIRED
• Within 48 hours or the next business day of
an urgent care admission

Call 1.800.835.2362 or visit
www.teladoc.com

 TELADOC

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
- FSA and HSA: IRS Tax advantaged accounts including premium share

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)

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
- 2023-2024 Dental/Vision Reimbursement: **\$2,300**
- *TelaDoc* Program....must enroll...see Trustmark and / or E-elect material
- *Support Solution*-- Employee Assistance Plan – EAP
 - Benefits detailed on Solanco website
- *Healthcare Blue Book* – Price Comparison and Monetary Rewards
- *AblePay* – Discount Program



Modern Diabetes Management, At No Cost to You

Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.



PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



**GET
STARTED** 

Text **"GO TRUSTMARK"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/TRUSTMARK/register or call **(800) 945-4355** and use registration code: **TRUSTMARK**

The program is offered at no additional cost to members and covered dependents with diabetes.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiere para las comunicaciones provenientes del medidor y del programa.

Support Solution Features

Helping members resolve personal problems and address common work/life issues

Short Term Counseling (3, 5, 8 Sessions)



Anxiety



Substance abuse



Work-related pressures



Depression



Anger management



Grief and loss



Marriage/
relationship problems



Stress

Work Life Benefits



Telephonic consultation with a
financial professional.



Free initial, 30-minute
consultation with an **attorney** by
phone or in-person.



Telephonic consultation with
an **identity theft prevention and
recovery** professional.



Financial calculators, legal
documents and other **tools**
available online.

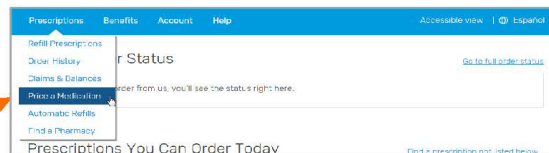
Price a Medication using [express-scripts.com](https://www.express-scripts.com)

Whether you pick up your prescriptions at a pharmacy or have them delivered, you can compare prices for all your brand name, generic, formulary¹ 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 Cholesterol 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 this?](#)
[View drug information](#) | [Recalculate](#)

Your selected retail pharmacy:
130 West 10th Street
Des Moines, IA 50319
Pharmacy ID: 13010
Search for other pharmacies
[Select a different pharmacy](#)

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

★ 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	YES View coverage notes	90	\$0.00	\$0.00

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 PharmacySM.

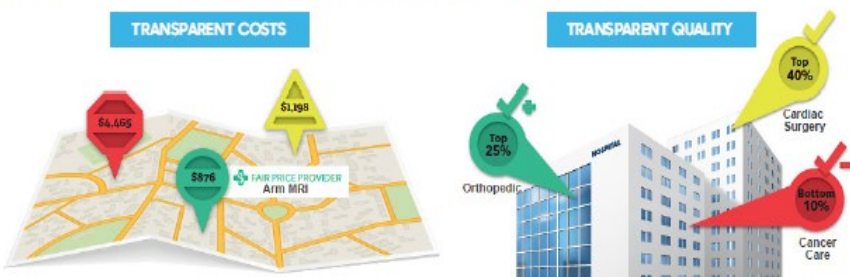
¹ A formulary is a list of medicines that's covered by your drug plan or your insurance plan. It's also called a drug list.

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

Find Great Quality. Get Better Prices.

You might be paying up to 500% too much for healthcare.* You could also be visiting low-quality providers. But how would you know?

Your employer has given you access to a powerful cost and quality transparency tool called Healthcare Bluebook. Bluebook ranks local providers by cost and quality with an easy-to-read color system to help you get quality care without overpaying. You can even earn cash-back rewards on select procedures!



Why should I use Healthcare Bluebook?



SAVE MONEY.

By comparing what local providers charge for a specific procedure, you can make sure you're not paying more than you should.



GET QUALITY CARE

By checking the quality ranking of local providers for a specific procedure, you'll know you're in good hands.



ACCESS FROM ANYWHERE.

You can access Bluebook on your computer or via phone or tablet so you can shop from anywhere at any time.



EARN CASH-BACK.

You can earn cash-back rewards on select procedures. Trustmark Health Benefits will share information about members' claims with Bluebook through a secure data feed. Those members that visited a fair price "green" provider on an eligible procedure will receive a rewards check from Bluebook.

Health Benefits

Trustmark
benefits beyond benefits

Shopping for Cost & Quality

1 Price Ratings



Bluebook shows you the Fair Price, as well as the price range in your area. Prices can vary by thousands of dollars, so make sure to pick a provider with a green circle. And keep an eye out for those Go Green to Get Green cash-back rewards!

2 Quality Ratings

QUALITY	✓+ Highest Quality	✓ Average Quality	✓- Lowest Quality
COST	● At or Below Fair Price	▲ Slightly Above Fair Price	● Highest Price
Sort By:	Distance:	QUALITY RANKING	COST RANKING
Cost Ranking	10 miles		
Hospital A (~9 miles)	✓+	●	
Hospital B (~4 miles)	✓+	●	
Hospital C (~1 miles)	✓	▲	
Hospital D (~6 miles)	✓+	●	
Hospital E (~2 miles)	✓-	●	

Getting Started

1. Log in to myTrustmarkBenefits.com.
2. Click the Healthcare Bluebook link in the *My Links* section.
3. Start shopping! You can search by procedure, doctor, or hospital.

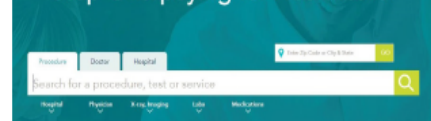
And don't forget to download the free Bluebook mobile app from the App Store or Google Play.

*Healthcare Bluebook 2015 ShopSmart Services Portfolio. Healthcare Bluebook is not an affiliate of Trustmark Health Benefits, Inc.

Expect more.
Benefit more.

Don't forget to download the free Bluebook mobile app from the App Store or Google Play.

Stop Overpaying for Healthcare.



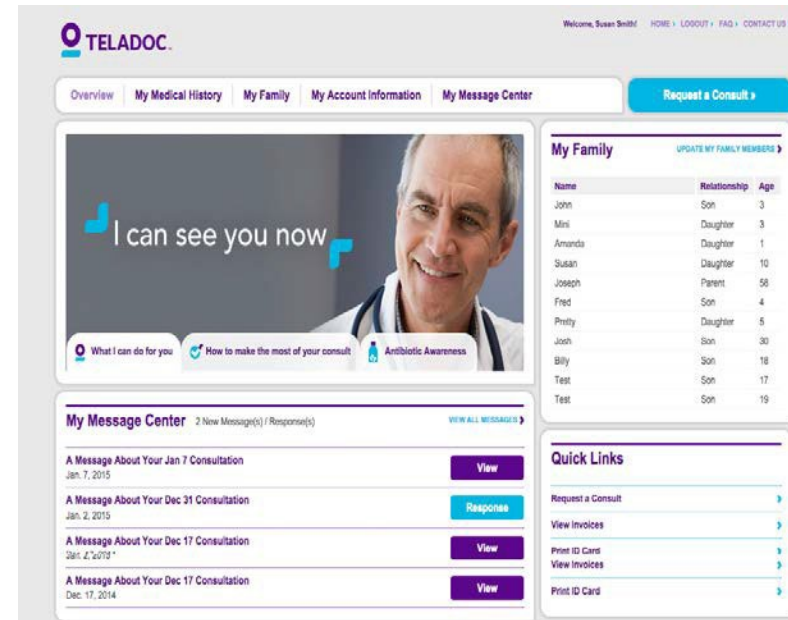
Self-funded plans are administered by Trustmark Health Benefits, Inc.
Trustmark Health Benefits, Inc. is a subsidiary of Trustmark Mutual Holding Company.

400 Field Drive • Lake Forest, IL 60045
800.832.3332 • www.TrustmarkHB.com

Trustmark
benefits beyond benefits

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

HEALTHCARE BLUE BOOK



Go Green to Get Green

Save money. Get rewarded.

The Go Green to Get Green rewards program is designed to reward you each time you use a Fair Price™ provider for select services. First you save, then you get rewarded.

Here's How it Works



1. SEARCH

Visit myTrustmarkBenefits.com and click on the Healthcare Bluebook™ icon. Procedures eligible for a reward will be identified by the Go Green to Get Green message below at right.

\$50
Reward

Go Green to Get Green

You can earn a reward for selecting a Fair Price provider for your procedure.



2. CHOOSE

Choose a Fair Price provider from the list. They're marked with a green circle, indicating that you'll pay the Fair Price, or less!

Provider A (- 9 miles)

Provider B (- 10 miles)



3. REWARD

Healthcare Bluebook will automatically send you your reward check in the mail once we see that you've visited a Fair Provider!

No forms to fill out. No receipts to turn in. It's simple!

Health Benefits

Trustmark
benefits beyond benefits

BLUE BOOK REWARDS

Which procedures are eligible?

\$100 reward

- Shoulder Arthroscopy
- Knee Arthroscopy
- Colonoscopy
- Upper Gastrointestinal Endoscopy

\$50 reward

- Removal of Adenoids
- Cholecystectomy (laparoscopic)
- Sleep Study
- Ear Tube Placement
- Tonsillectomy
- Heart Perfusion Imaging
- Cataract Surgery
- Lithotripsy

\$25 reward

- Most CTs
- Most MRIs
- Transthoracic Echocardiogram (TTE)
- Transthoracic Echocardiogram (TTE) (with Doppler)

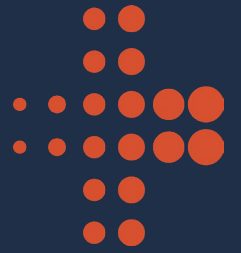
Trustmark and Healthcare Bluebook, together, enable members to take charge of their healthcare costs.

Bluebook shows you the Fair Price, as well as the price range in your area. Prices can vary by up to 500 percent so providers in your area are color coded, making it easy to pick one that charges a Fair Price.

Healthcare Bluebook is not an affiliate of Trustmark Health Benefits, Inc.

Expect **more.**
Benefit more.

Get Started Now
Log in to myTrustmarkBenefits.com and click on the Bluebook icon.
Bluebook Support: 800.341.0504

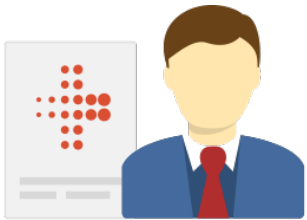


AblePay Partnership

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



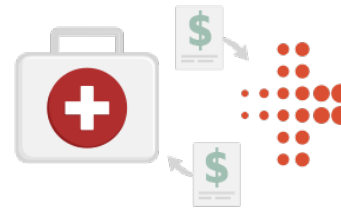
How Does it Work?



AblePay Signs Up
Employers



Employees Become
Members, Show Card at
Time of Service



Provider Bills AblePay
AblePay Pays Provider



Member Pays AblePay



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%



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
Patient Pays	\$4,000

WITH ABLEPAY

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

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.



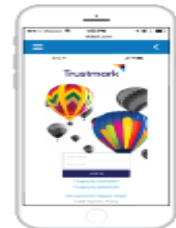
myTrustmarkBenefitsWire

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

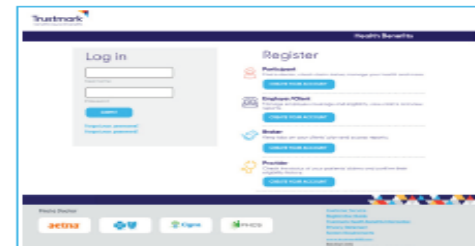
You still need to connect with your health benefits while you're on the go. You can find a doctor, connect with Trustmark Health Benefits customer service, access your benefit ID card, and much more using our mobile app. Download it for free today from Apple's App Store or Google Play.



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 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](#)

Additional Resources

- District website > Employees > Health Care Plan Information and Forms
- <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
lisa_eshleman@solancosd.org