

SOLANCO SCHOOL DISTRICT EMPLOYEE HEALTHCARE ELECTION **2025 PLAN YEAR**

- Plan Year = Calendar Year (January 1 - December 31)
- Plan Administrator – Luminare
- Registration and Renewal – Electronic via [CSIU/FIS Staff Portal](#)
 - Enrollment period November 1 through November 17, 2024
 - [ALL FULL-TIME EMPLOYEES](#) eligible for healthcare benefits must complete enrollment process – **including employees denying / waiving coverage**
 - Retirees complete and return paper enrollment form to: health_benefits@solancosd.org by November 17, 2024
 - Healthcare Eligibility
 - Full-Time Employment (average 30 hours or more per week)

PLAN ELECTIONS

- Preferred Provider (PPO)
 - Deductibles
 - Preferred Providers - **\$700/Individual or \$1,700/Family**
 - Non-preferred Providers - **\$1,400/Individual or \$3,400/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 2024					
	2021	2022	2023	2024	2025
Deductibles	\$500/1500	\$525/1550	\$550/1600	\$600/1700	\$700/1700
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	\$110.00	\$115.00	\$120.00	\$150.00
Chiropractic	\$30.00	\$30.00	\$30.00	\$30.00	\$35.00
Urgent Care	\$40.00	\$40.00	\$45.00	\$45.00	\$50.00
RX:					
Generic	\$10.00	\$15.00	\$20.00	\$20.00	\$20.00
Brand	\$30.00	\$35.00	\$45.00	\$45.00	\$45.00
Non-Formulary	50% to \$75	50% to \$75	50% to \$100	50% to \$100	50% to \$100
Specialty	\$100.00	\$100.00	\$100.00	\$100.00	\$125.00

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 – Health Savings Account

- School District Contributions
- HSA contributions permitted to maximum IRS limit (employer + employee)
 - 2025: Individuals - \$4,300; Family - \$8,550; 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 cost is not 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	2024 Max**	2025 Max**
Contributions to H S A for Active Employees only	Solanco Direct HSA Contribution				
District Yr. 1	1,600	500	2,100	4,150	4,300
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	2024 Max**	2025 Max**
	Solanco Direct HSA Contribution				
District Yr. 1	3,200	1,000	4,200	8,300	8,550
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	\$13,513.20	\$21,621.00	\$31,080.24
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE \$ SHARE	\$1,621.56	\$2,810.76	\$4,351.20
PER PAY DEDUCTION	\$67.57	\$117.12	\$181.30
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>10.0%</i>	<i>11.0%</i>	<i>12.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$56.31</i>	<i>\$99.10</i>	<i>\$155.40</i>

WELLNESS PROGRAM REDUCTION

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PER PAY PREMIUM REDUCTION	\$11.26	\$18.02	\$25.90
ANNUAL WELLNESS PREMIUM REDUCTION	\$270.24	\$432.48	\$621.60

EMPLOYEE/SPOUSE MUST COMPLETE BIOMETRIC SCREENINGS
AND FLU SHOT DURING 2024 (OR SUBMIT APPROPRIATE
DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2025
HEALTHCARE PREMIUM REDUCTION

Solanco School District
Wellness Verification Form - 2025 Discount
(Eligibility for 2025 Employee Share of Healthcare Premium Reduction)

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 during 2024 at no charge to you through Penn Medicine LG Health. Watch for notices of these events. You will receive the following health screenings:

Blood Pressure	Glucose (Blood Sugar)
Cholesterol Lipid Panel	Body Mass Index (BMI)

These Screenings can also be obtained from your own physician or by scheduling an appointment at a Penn Medicine LG Health facility. The screenings can be completed any time during the 2024 calendar year and the Penn Medicine LG Health **Provider Screening Form** (next page) must be completed and returned to the email/mailling address at the bottom, to qualify for the discount. Please complete the information below to verify the screenings were completed.

Date Completed _____

Choose One:

- Screening obtained from Physician Office _____
(Provider Screening Form must be completed by Physician and returned to Penn Medicine)
- Screening obtained from School Site _____
- Screening obtained from Penn Medicine Site _____

2 Flu Shot

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 may be obtained at any time during the 2024 calendar year and verification forwarded to the Business Office by **December 16, 2024**, to satisfy the requirement.

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 the medical provider's receipt, as proof the above procedures were completed.

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

Employee Name (please print) _____

Wellness Verification Form NOT needed if obtaining health screening and flu shot from District onsite clinics.

If employee visits their physician for screenings, they must:

- Download and complete physician's form from the Penn Medicine website.
- Email completed form to Penn Medicine.
- Complete District Verification Form and submit to the business office by December 16, 2024 to qualify for discount.
- **Biometric screening scheduled at High School on 11/8/24.**

Solanco SD Employee Wellness



Make-Up Screening on 11.8.24 at Solanco High School! Sign-up Today!

Choose one of the options below to schedule your appointment:

1. Go to LGHealthEvents.org/Employer.html
Choose "Solanco School District"
then choose "Solanco SD Health Screenings"
Click the Sign Up button at your preferred time
2. Or you can call 1-888-LGH-INFO

Note- This Make-Up event is ONLY for those that did NOT participate in August!

Did you miss the August screening events? Penn Medicine LG Health will be onsite on 11/8/24 at Solanco High School to offer a Make-Up onsite wellness screening for staff participating in the school district's healthcare plan.

The screening is required for participants to qualify for the voluntary "wellness program" healthcare premium discount:

- Screening will include lipid profile, glucose, blood pressure, and BMI with waist measurement
- Fasting for 10-12 hours is requested
- If you are not able to participate in the onsite event, the attached form may be used at your Doctor's office
- Note: The school district does NOT receive identifiable participant screening information

HEALTHCARE PLAN PREMIUMS

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$13,513.20	\$21,621.00	\$31,080.24
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE \$ SHARE	\$1,621.56	\$2,810.76	\$4,351.20
PER PAY DEDUCTION	\$85.35	\$147.93	\$229.01
<i>EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%</i>	<i>10.0%</i>	<i>11.0%</i>	<i>12.0%</i>
<i>WELLNESS PER PAY DEDUCTION</i>	<i>\$71.12</i>	<i>\$125.17</i>	<i>\$196.29</i>

WELLNESS PROGRAM REDUCTION

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PROGRAM PER PAY REDUCTION	\$14.23	\$22.76	\$32.72
ANNUAL WELLNESS PROGRAM REDUCTION	\$270.24	\$432.48	\$621.60

EMPLOYEE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2024 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2025 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS - RETIREES

RETIREES – PPO PLAN	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$13,513.20	\$21,621.00	\$31,080.24
MONTHLY PREMIUM	\$1,126.10	\$1,801.75	\$2,590.02
RETIREES – HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	\$10,268.40	\$16,429.68	\$23,617.56
MONTHLY PREMIUM	\$855.70	\$1,369.14	\$1,968.13

Retirees must pre-pay premium or healthcare terminated,
allow 2 to 3 days processing time.

SPOUSAL ELIGIBILITY

- Spouses NOT eligible to participate in Solanco's healthcare plan **if the spouse offered healthcare through their employer.**
 - Certification form downloaded from FIS Staff Portal open enrollment system
 - Spouse's employer must certify healthcare offer
 - Audits are 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



- No co-pays billed until deductible satisfied

2 Doctor sends insurance carrier the bill



- Trustmark adjusts price based on discounts

3 Claim integrated into member portal

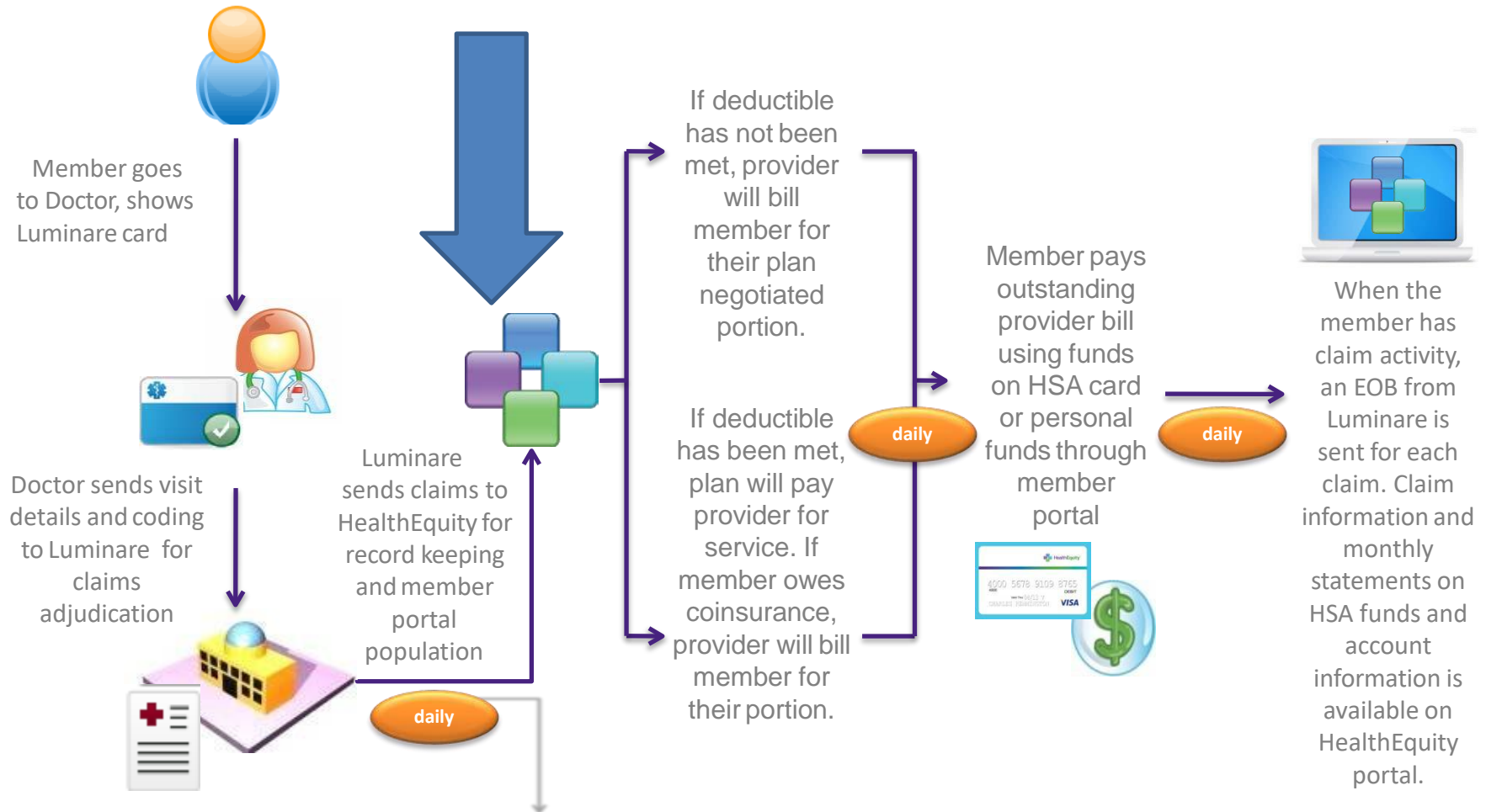


- Pay doctor from HSA funds, if funds are available or pay out of pocket if prefer not to spend HSA funds. Have option to reimburse yourself later.

• 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 Luminare - Express Scripts Card (ESI) card

2

Pharmacy applies discount



Pay with your HSA card Or



Cash or other?

3

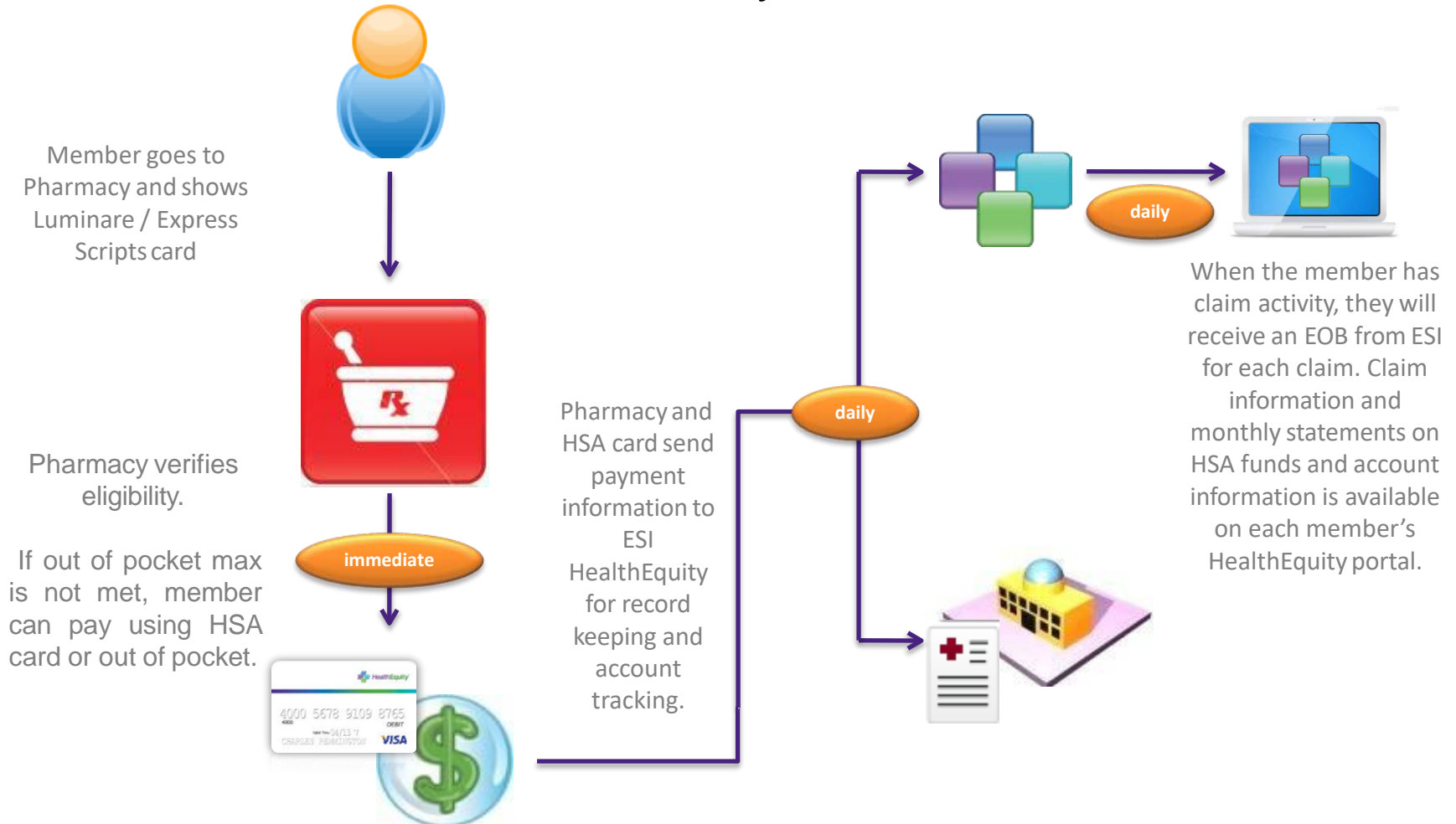
Pharmacy sends claim to insurance carrier



Insurance carrier applies amount to your deductible—no paperwork needed

HSA Member Experience








Pharmacy Claims




OPEN ENROLLMENT COMMUNICATION

- Utilizing new open enrollment system for 2025
 - Be alert for November 1st email issued from:
noreplyfis@schoolport.org
- Email forwarded to school district emails
- CSIU/FIS Staff Portal
- My Information tab
- Insurances tab
- Benefit Enrollment
- **DO NOT PROCRASTINATE** Enrollment period ends November 17, 2024

CSIU/FIS OPEN ENROLLMENT START SCREEN

Benefit Enrollment Period		Changes are Effective		Name		Staff ID	
06/11/2024 to 06/14/2024		06/14/2024		SUZANNE PHIPPS		12453	
Overview	Dependent	Medical Insurance	Health Savings Account	Health Care FSA	Dependent Care FSA	Optional Items to Review	
							





Welcome to Solanco School District and our benefit enrollment process!

You will be able to shop and select your healthcare coverage and other benefits. Your benefits are effective immediately upon hire and you have 30 days to complete enrollment.

All employees eligible for healthcare benefits (full-time/averaging 30 hours or more per week) must complete the enrollment process INCLUDING EMPLOYEES WAIVING COVERAGE.

Reminder: You will need the date of birth and social security number for each of your dependents (if applicable). These are required to enroll them in eligible benefits and to complete your beneficiary designation.

If you have any questions or concerns, please email payroll@solancosd.org or call 717-786-5628




PRINT AND SAVE YOUR HEALTHCARE ENROLLMENT SUMMARY
FOR FUTURE REFERENCE

EMPLOYEE HEALTHCARE/RX PLAN ID CARD


- LUMINARE CARD
 - ONE CARD - MEDICAL AND RX PLANS
 - REPLACEMENT CARDS TO BE ISSUED FOR 2025
- CARD ISSUED FOR EACH FAMILY MEMBER
- 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®
express-scripts.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 Health & Administrative Services
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
Maximum,
Pre-Certification
Listed

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 admssion

Call 1.800.835.2362 or visit
www.teladoc.com

 TELADOC

Luminare Administers Solanco's FSA

- Reimbursement plans with debit card
- Medical FSA available - PPO plan only
- Medical - \$3,200 annual maximum for Solanco
- Dependent Care - \$5,000 annual maximum – HDHP eligible
- Must use annual contribution or lost – no carry over
 - 90 days post 12/31 to submit claims
- 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

- *Life Insurance* - Beneficiary designated in open enrollment system
 - Pension information **not** in open enrollment system...must go to PSERS web site
- 2024-25 *Dental/Vision Reimbursement*: **\$2,300**
 - District reimbursement – **not insurance plan**
- *Livongo* Diabetes Counseling Program
- *TelaDoc* Program – Virtual visits
 - must enroll in program
- *Support Solution*-- Employee Assistance Plan – EAP
 - Benefits detailed on Solanco website
 - *Healthcare Blue Book* – Price Comparison and Monetary Rewards



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. Para más información, visite join.livongo.com/TRUSTMARK/register o llame al 800-945-4355.

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.



luminare health™

Getting started with Teladoc®



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

GET STARTED

It's quick and easy online. Visit the Teladoc website at [Teladoc.com](https://www.teladoc.com), click "GET STARTED NOW" and provide the required information. Upon entering your information, you will be required to select your health insurance provider. Select Trustmark and enter your member ID. You can also call Teladoc for assistance over the phone.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into [Teladoc.com](https://www.teladoc.com) and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit [Teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.

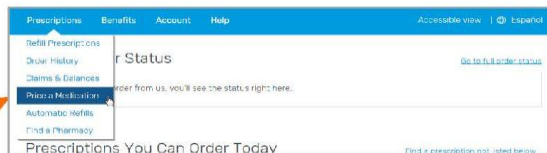
Price a Medication using express-scripts.com

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. 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 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	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**

HEALTHCARE BLUE BOOK



1

LOGIN AND FIND A FAIR PRICE!

Scan the QR code with your phone or use the link below to access **Healthcare Bluebook**.



myLuminareHealth.com

2

Search for your medical procedure to access price information as well as a list of in-network facilities in your area. Use the green, yellow, and red color signs to guide you to **Fair Price™** (green) facilities.

COST
RATINGS



At or Below
Fair Price



Slightly Above
Fair Price



Highest
Price

What is a Fair Price?

A Fair Price is the reasonable amount you should expect to pay for a procedure or medical service.

Check out the reverse side for an example of dramatic price differences and out-of-pocket cost estimate.

3

GET A COST ESTIMATE

Select a **Fair Price™** (green) facility and you'll see your estimated out-of-pocket cost pertaining to the selected in-network facility as well as details correlated to your deductible.

Shop for medical procedures at in-network facilities in your area to find the best price.

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)

Healthcare Bluebook enables 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 Luminare Health

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

Self-funded plans are administered by Luminare Health Benefits, Inc.
800.832.3332 • LuminareHealth.com

©2023 Luminare Health Benefits™

luminare health™
Experience. Solutions. Results.

LH-1001-0923

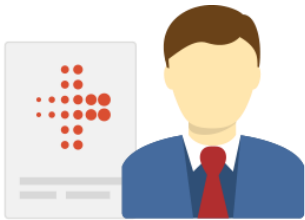


AblePay Partnership

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



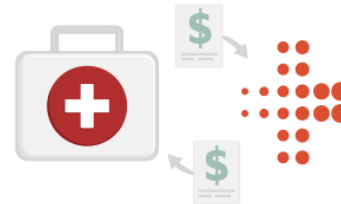
How Does it Work?



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

REGISTER TO TAKE ADVANTAGE OF LUMINARE'S HEALTHCARE OFFERINGS – Webcasts, Clinics, Claim Details – <https://www.luminarehealth.com>

log in

Username

Password

submit

[Forgot your password?](#)

[Forgot your username?](#)

register

plan participant

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

[create your account](#)

client/employer

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

[create your account](#)

broker

Keep tabs on your clients' plan and access reports.

[create your account](#)

provider

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

[create your account](#)

Find a Doctor



[Customer Service](#)

[Registration Guide](#)

[Luminare Health Information](#)

[Transparency in Coverage & No Surprises Act](#)

[Rights and Protections](#)

[Privacy Statement](#)

[System Requirements](#)

Copyright ©2024

Self-funded plans are administered by Luminare Health Benefits, Inc.

Additional Resources

- District website > Employees > Health Care Plan Information and Forms
- <https://www.luminarehealth.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
health_benefits@solancosd.org