SOLANCO SCHOOL DISTRICT EMPLOYEE HEALTHCARE ELECTION **2026 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, 2025
  - 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, 2025
  - Healthcare Eligibility
    - Full-Time Employment (average 30 hours or more per week)

PLAN ELECTIONS

- Preferred Provider (PPO)
  - Deductibles – *No Change from 2025*
    - 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 2025					
	2022	2023	2024	2025	**2026**
Deductibles	$525/1550	$550/1600	$600/1700	$700/1700	**$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	$110.00	$115.00	$120.00	$150.00	**$150.00**
Chiropractic	$30.00	$30.00	$30.00	$35.00	**$35.00**
Urgent Care	$40.00	$40.00	$45.00	$50.00	**$50.00**
RX:					
Generic	$15.00	$20.00	$20.00	$20.00	**$20.00**
Brand	$35.00	$45.00	$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	$125.00	**$125.00**

HDHP

- **Employee responsible for all costs until deductible satisfied**
- Overall plan deductible must be satisfied before plan pays
  - 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*)
  - 2026: Individuals - $4,400; Family - $8,750; 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 avoidance
- 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 associated with 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	IRS 2025 Max**	IRS 2026 Max**
Contributions to H S A for Active Employees only	Solanco Direct HSA Contribution				
District Yr. 1	1,600	500	2,100	4,300	4,400
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	Total Solanco HSA Contribution	IRS 2025 Max**	IRS 2026 Max**
	Solanco Direct HSA Contribution	Healthcare Premium Reimbursement Contributions*			
District Yr. 1	3,200	1,000	4,200	8,550	8,750
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 October 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 Form1099-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	$13,625.52	$21,800.76	$31,338.60
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE $ SHARE	$1,635.12	$2,834.04	$4,387.44
PER PAY DEDUCTION	$68.13	$118.09	$182.81
EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%	*10.0%*	*11.0%*	*12.0%*
WELLNESS PER PAY DEDUCTION	*$56.78*	*$99.92*	*$156.70*

WELLNESS PROGRAM REDUCTION

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PER PAY PREMIUM REDUCTION	$11.35	$18.17	$26.11
ANNUAL WELLNESS PREMIUM REDUCTION	$272.40	$436.08	$626.64

EMPLOYEE/SPOUSE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2025 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2026 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS – 19 PAY

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$13,625.52	$21,800.76	$31,338.60
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE $ SHARE	$1,635.12	$2,834.04	$4,387.44
PER PAY DEDUCTION	$86.06	$149.16	$230.92
EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%	*10.0%*	*11.0%*	*12.0%*
WELLNESS PER PAY DEDUCTION	*$71.71*	*$126.21*	*$197.93*

WELLNESS PROGRAM REDUCTION – 19 Pay

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PROGRAM PER PAY REDUCTION	$14.35	$22.95	$32.99
ANNUAL WELLNESS PROGRAM REDUCTION	$272.65	$436.05	$626.81

EMPLOYEE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2025 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2026 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS - RETIREES

RETIREES – PPO PLAN	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$13,625.52	$21,800.76	$31,338.60
MONTHLY PREMIUM	$1,135.46	$1,816.73	$2,611.55
RETIREES – HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$10,353.72	$16,566.24	$23,813.88
MONTHLY PREMIUM	$862.81	$1,380.52	$1,984.49

Retirees must **pre-pay** premium or healthcare terminated, allow 3 to 4 days processing time.

WELLNESS DISCOUNT FORMS

Learn About Solanco Employee Health Care

Listed below are important links for employees to learn about their health care benefits. Please do not hesitate to reach out to the Business Office if you have questions or need more information.

2025 PPO Plan Summary of Benefits and Coverage 361.9 KB

Health/Dental/Vision Reimbursement Forms

Dental/Vision Reimbursement Form 0 B

Flexible Spending Reimbursement Form 0 B

Wellness Verification Form 170.9 KB

Understanding Your Health Care Plan

Understanding Your Prescription Plan

Solanco School District

Wellness Verification Form – 2026 Discount

(Eligibility for 2026 Employee Share of Healthcare Premium Reduction)

1. Health Screenings / Biometrics

Employees and covered spouses must complete biometric screenings during the 2025 calendar year. Verification must be submitted to the Business Office by December 8, 2025.

Screenings include:

- Blood Pressure
- Glucose (Blood Sugar)
- Cholesterol Lipid Panel
- Height, Weight, Waist Circumference

Options for completing screenings:

☐ District Onsite Screening (no form required)

☐ Physician Office / Penn Medicine Facility (physician must complete the Penn Medicine Screening Registration Form and return it to Penn Medicine as instructed at the bottom of the form) click here to download form (top left)

Date Completed: _____

2. Flu Shot

Employees and covered spouses are required to receive a seasonal flu vaccination during the 2025 calendar year, with verification submitted to the Business Office by December 8, 2025. If you are unable to receive the flu shot for medical reasons, a signed statement from your physician is required.

Options for receiving vaccination:

☐ District Onsite Flu Clinic (no form required)

☐ Physician Office (signature required below)

- Physician's Signature: _____
- Printed Name: _____

☐ Other Provider (attach documentation)

- Provider Name: _____

Date Completed: _____

3. Verification

This form is for: ☐ Employee ☐ Employee's Spouse

Employee Name (please print): _____

Submit completed form and any required documentation to the Business Office by December 8, 2025.

WELLNESS DOCUMENTATION REQUIRED FROM ALTERNATE MEDICAL PROVIDERS

If employee visits their physician or an alternate provider for screenings, they must:

- Download and request Provider complete the Penn Medicine 'Provider Screening' form imbedded in the 'Wellness Verification' Form from Solanco's website or request the forms from: health_benefits@solancosd.org
- Email completed 'Provider Screening' form to Penn Medicine, DO NOT FORWARD TO THE BUSINESS OFFICE.
- Complete District 'Wellness Verification' Form and submit to the business office by **December 18, 2025** to qualify for discount.
- Biometric screening scheduled at High School on 11/7/25.
- *No forms required if attended District - sponsored clinics.*

Penn Medicine

PROVIDER SCREENING FORM

PLEASE PRINT Employer Name: _____

Last Name: _____ First Name: _____ Middle Initial: ____

Address: _____ City: _____

State: _____ ZIP Code: _____ Date of Birth: _____ Gender (circle) MALE FEMALE

Phone: _____ Email: _____

By signing this form, I know that:

1. I am consenting to participate in the voluntary employee wellness program.
2. My health information may be used and disclosed as described in the Equal Employment Opportunity Commission Notice Regarding Wellness Program (EEOC). I have been provided or have previously received a copy of the EEOC notice.
3. Penn Medicine, Lancaster General Health, Lancaster General Hospital, and any other groups associated with this wellness program, their affiliates, directors, officers, employees, successors and assigns, are released from any liability arising from or in any way connected with this program or the results derived therefrom.
4. I am responsible to pay any fees charged to me by my provider to have this form completed.
5. My health information may be used and disclosed as described in the Penn Medicine Lancaster General Health Notice of Privacy practices. A copy of this can be provided upon request.

Employee Signature _____ **Date** _____

This section is to be completed by a Health Care Provider or you may attach your test results.

HEIGHT Feet____ Inches____

WEIGHT (lbs) _____

BMI _____

WAIST CIRCUMFERENCE ____

BLOOD PRESSURE ____/____

BLOOD GLUCOSE _____ (FASTING)

TRIGLYCERIDES _____

TOTAL CHOLESTEROL _____

HDL CHOLESTEROL _____

LDL CHOLESTEROL _____

I declare I have examined this individual and to the best of my knowledge, the results provided are true and correct.

Provider Signature _____ **Exam Date** _____

Provider Name (print) _____ **Practice** _____

RETURN THIS FORM BEFORE THE END OF THE WELLNESS PROGRAM ELIGIBILITY PERIOD

Email: LGHealthWellness@PennMedicine.upenn.edu

Secure Fax: 717.544.3504

Mail: Corporate Wellness | 1097 Commercial Avenue | PO Box 3555 | Lancaster, PA 17604-3555

CW/WF-190403

PRINT AND TAKE THIS FORM TO THE MEDICAL PROVIDER COMPLETING YOUR BIOMETRIC SCREENING.

THIS FORM IS NOT REQUIRED WHEN YOUR SCREENING IS COMPLETED AT THE SCHOOL DISTRICT CLINICS.

Forward completed 'Provider Screening' form to Penn Medicine. Email address, fax # and US mail address printed at bottom of form.

DO NOT FORWARD TO THE BUSINESS OFFICE.

Solanco SD Employee Wellness

Make-Up Screening on 11.7.25 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!

Penn Medicine
Lancaster General Health

Did you miss the August screening events? Penn Medicine LG Health will be onsite on 11/7/25 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

SPOUSAL ELIGIBILITY

- Spouses NOT eligible to participate in Solanco's healthcare plan **if the spouse <u>offered</u> 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 prenatal 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

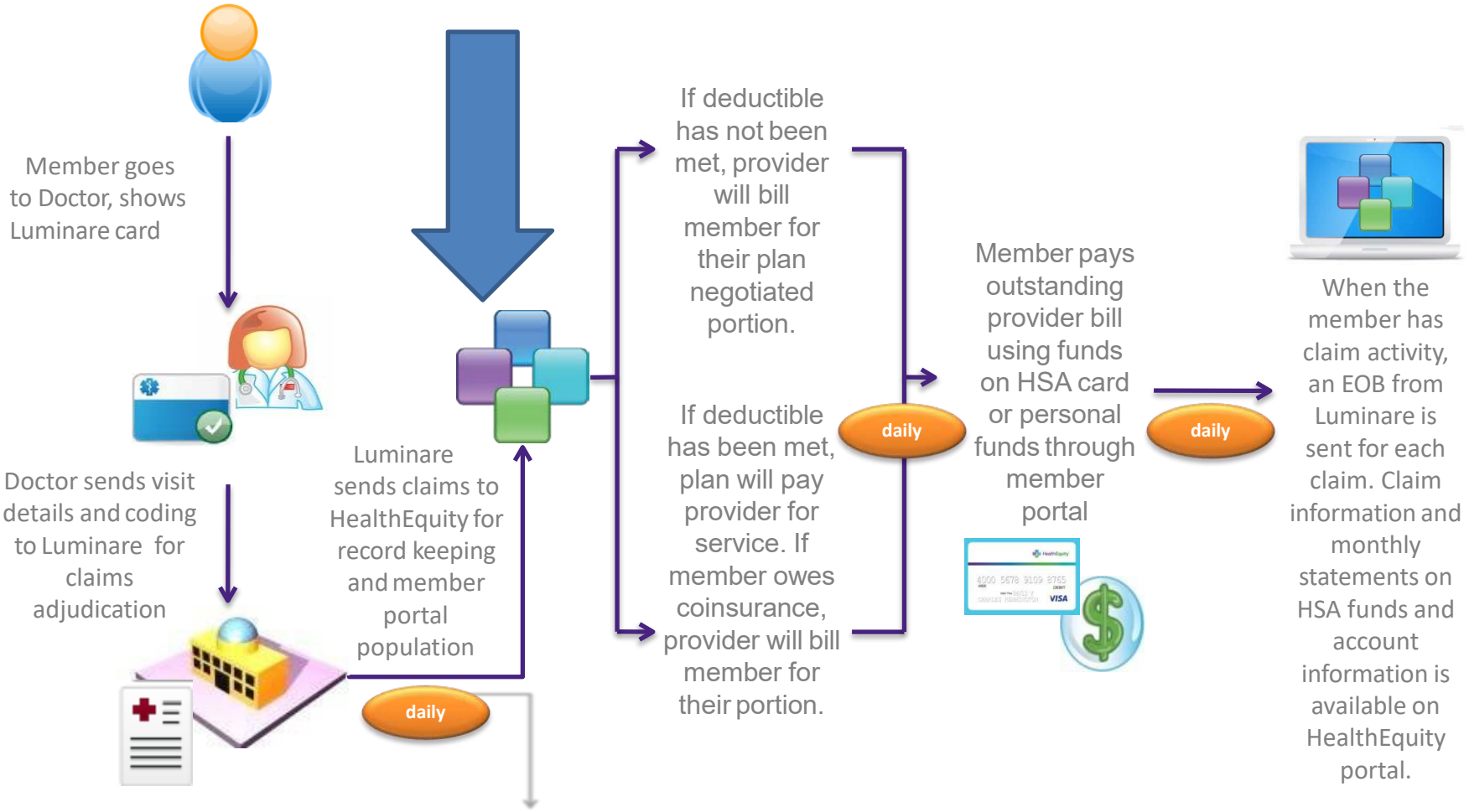
HSA How To:
Doctors Visits

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
- Luminare 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. <u>You</u> 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

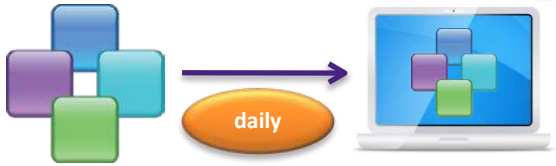
Member goes to Pharmacy and shows Luminare / Express Scripts card

Pharmacy verifies eligibility.

If out of pocket max is not met, member can pay using HSA card or out of pocket.

Pharmacy and HSA card send payment information to ESI HealthEquity for record keeping and account tracking.

daily

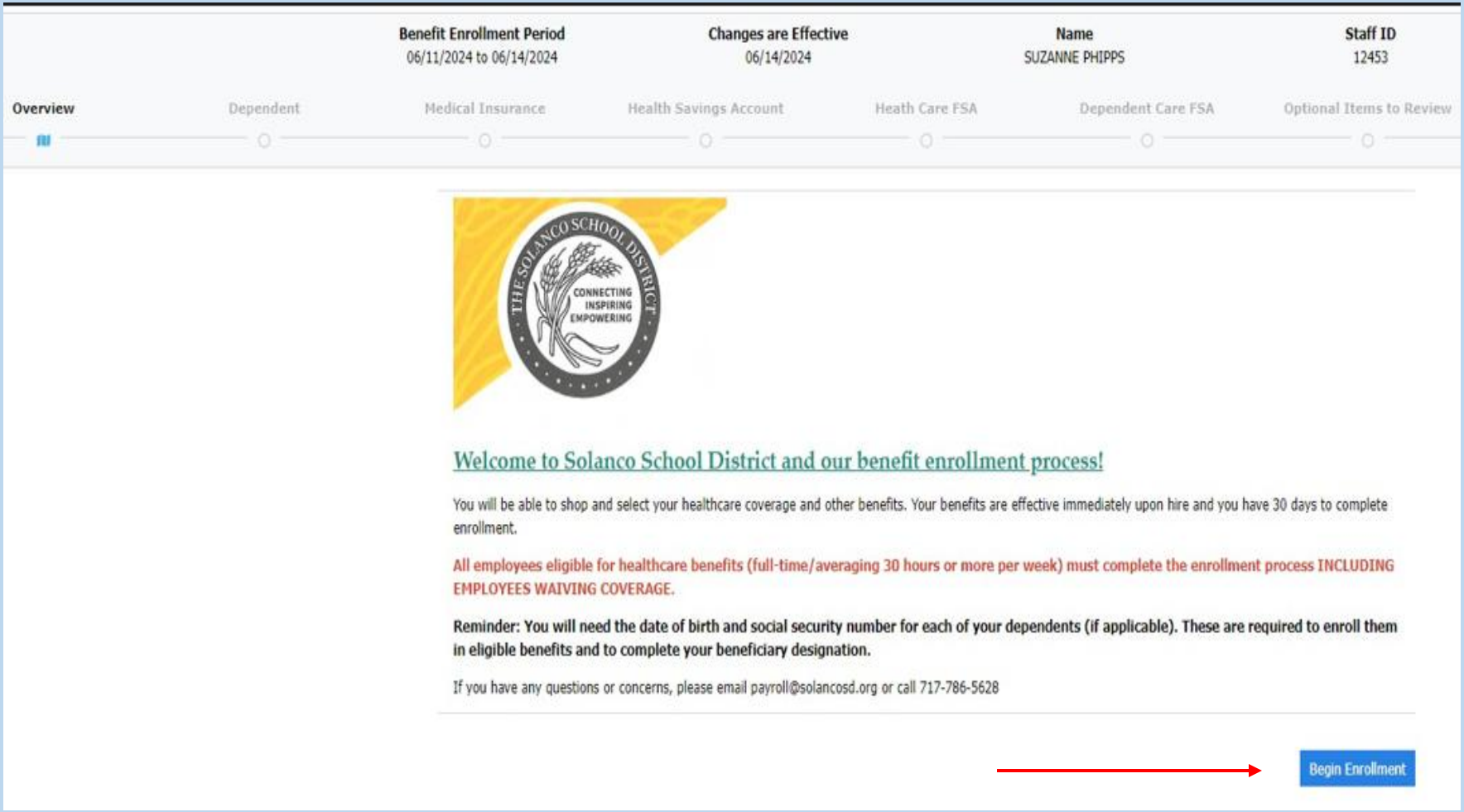


When the member has claim activity, they will receive an EOB from ESI for each claim. Claim information and monthly statements on HSA funds and account information is available on each member's HealthEquity portal.

OPEN ENROLLMENT COMMUNICATION

- Utilizing CSIU/FIS open enrollment system for 2026
  - 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, 2025**

CSIU/FIS OPEN ENROLLMENT START SCREEN



PRINT AND SAVE YOUR HEALTHCARE ENROLLMENT SUMMARY FOR FUTURE REFERENCE

EMPLOYEE HEALTHCARE/RX PLAN ID CARD

- LUMINARE CARD
  - ONE CARD - MEDICAL AND RX PLANS
  - NEW ID CARDS WILL **NOT** BE ISSUED FOR 2026
    - UNLESS MEMBER CHANGES PLAN ELECTIONS
- 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***

luminare health

Pre-Certification and Your Health Benefits

Your health benefit plan requires pre-certification for certain inpatient and outpatient care.

Pre-Certification FAQs

Q: What is pre-certification?

A: During pre-certification, your provider works with your health benefit plan to make sure your planned care or treatment is medically necessary under the terms of your health benefit plan. Trained healthcare professionals make pre-certification determinations.

The pre-certification process is **not** intended to limit your choice of a provider. It is also **not** intended to tell you and your provider what treatment or services you should receive.

Q: What services need pre-certification?

A: Your providers must pre-certify the following inpatient procedures:

- Acute care hospitalizations
- Partial hospitalizations
- Skilled nursing facilities
- Rehabilitation facilities
- Long-term acute care facilities
- Psychiatric or substance abuse facilities
- Transplants (except corneal) in any setting

For the complete list of all services requiring pre-certification, please refer to your Medical Summary Plan Description.

Q: Is pre-certification required in emergency situations?

A: **No, pre-certification is not required in emergency situations.** In the event of an emergency, you should get immediate medical attention. Coverage for emergency costs is subject to the terms of your health benefit plan.

Q: What happens if I don't get pre-certification or if pre-certification is denied?

A: You and your provider may always go ahead with any treatment you choose, regardless of the pre-certification process. However, if the applicable care was not pre-certified, you will be responsible for any expenses not covered by your health benefit plan.

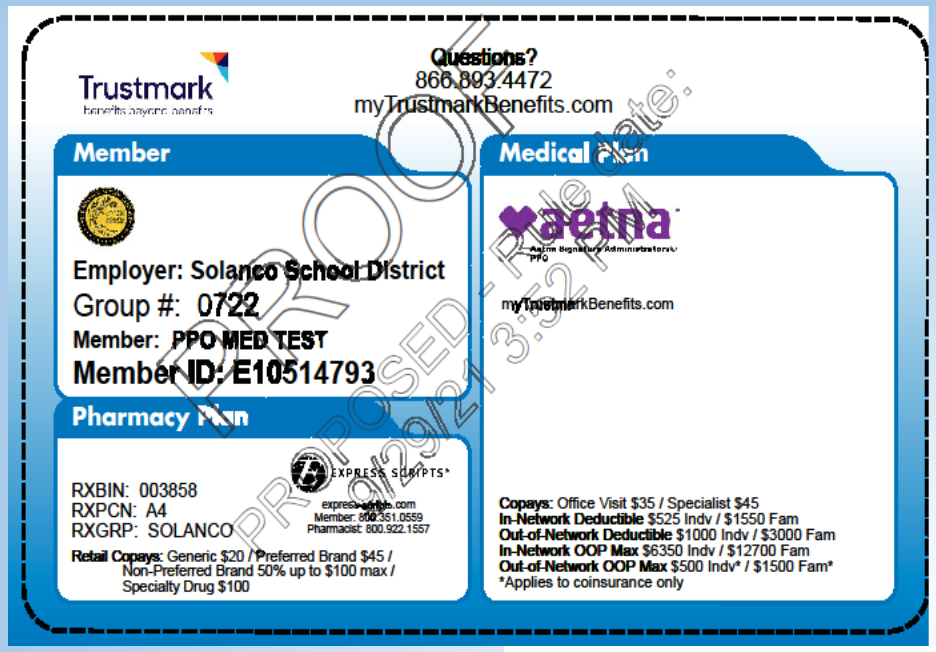
If pre-certification is denied, your doctor may also recommend alternative treatment for you that is equally effective and covered by your plan.

Q: How do I start the pre-certification process?

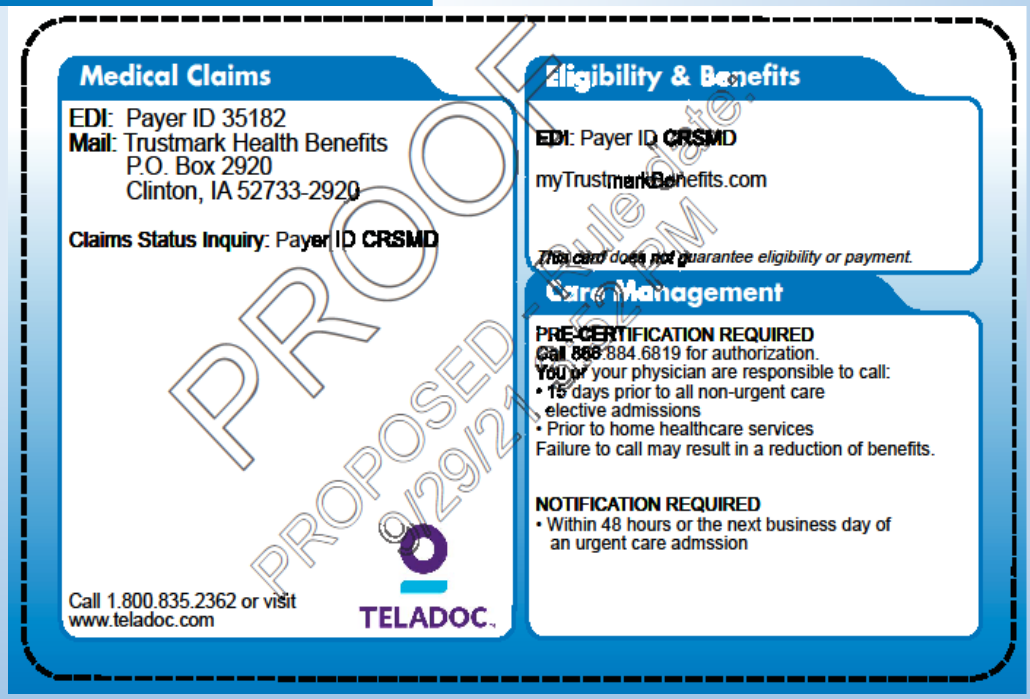
A: Your provider will start the pre-certification process by calling Luminare Health, your third party administrator, at **866.466.5053**. This phone number is located on your ID card. He or she should submit the necessary information for pre-certification **as early as possible** before you receive applicable care.

For the complete list of all services requiring pre-certification and the timelines for review, please refer to your Medical Summary Plan Description.

If you have any additional questions about pre-certification, please contact Luminare Health at 866.466.5053.



Co-Pays, Deductibles, Out-of Pocket Maximum, Pre-Certification Listed



Luminare Administers Solanco's FSA

- Reimbursement plans with debit card
- Medical FSA available - PPO plan only
- Medical - $3,300 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
- 2025-26 *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

luminare health
Experience. Solutions. Results.

Livongo
by Teladoc Health

Live healthier at no cost to you

$0
cost to you

When you join Livongo, you'll have access to connected chronic care management devices and the support you need. Best of all, it's offered by your plan sponsor at no cost to you.

Diabetes Management
- ✓ Connected meter
- ✓ Unlimited strips and lancets

...And more programs!
- ✓ Health experts
- ✓ Personalized plans

Get started

Text **"GO LUMINARE"** to 85240 to learn more and join
You can also join by visiting **www.Livongo.com/LUMINARE**
or call **800-945-4355** and use registration code: **LUMINARE**

To enroll in Livongo, you must opt into at least one program that Luminare Health offers as a health benefit. You must also meet the health criteria for each program you wish to enroll in. If a Livongo program is not offered by Luminare Health, or if you do not meet the specific health criteria of that program, you will not be able to enroll. Chronic Condition Management Programs require 12 months participation.
Program includes trends and support on your secure Livongo account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-945-4355 o visite Hola.Livongo.Com/LUMINARE

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DIABETES MANAGEMENT PROGRAM

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

Short Term Counseling (3, 5, 8 Sessions)

luminare health

Support Solution

Luminare Health's integrated behavioral management program is here to assist you and your immediate family members. It's convenient and it's included in your plan through your employer.

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, Support Solution will be there to help. Your plan includes confidential, professional referrals and face-to-face counseling sessions for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage and relationship problems
- Grief and loss
- Substance abuse
- Anger management
- Work-related pressures
- Stress

* Powered by CuraLinc Healthcare. CuraLinc is not an affiliate of Luminare Health.

Login to myLuminareHealth and click the mySupportSolution - for your emotional wellbeing link, or call 800.845.3240

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

luminare health
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LH-2203-10-23

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2

Talk with a physician

A doctor will review your medical history and contact you in minutes.

3

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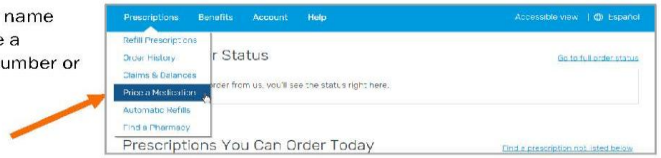
Whether you pick up your prescriptions at a pharmacy or have them delivered, you can compare prices for all your brand name, generic, formulary[1] and non-formulary medicines online at express-scripts.com. You can quickly and easily price a medication before filling a prescription. Having this information 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.

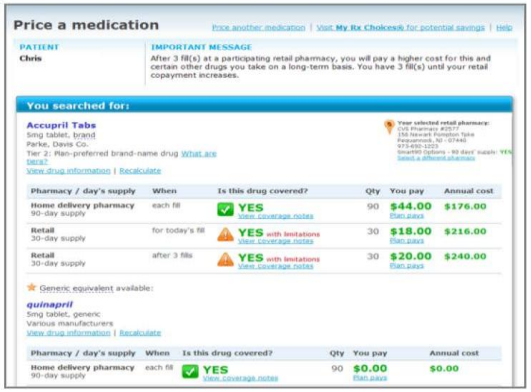
Once logged in, select **Price a Medication** from the menu under **Prescriptions.**



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.



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℠.

[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.

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PRICE SHOP YOUR PRESCRIPTIONS TO REDUCE YOUR HEALTHCARE COSTS - **GOODRX** IS UTILIZED BY THE HEALTHCARE PLAN

HEALTHCARE BLUE BOOK

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.

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

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

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LH-1001-0923

LUMINARE'S CASE MANAGEMENT TEAM USES THE INFORMATION YOUR MEDICAL PROVIDERS SEND TO YOUR HEALTHCARE PLAN TO DETERMINE IF CASE MANAGEMENT COULD BE RIGHT FOR YOU.

For more information, call the number at the top of your ID card.

luminare health

Case Management from Registered Nurses

Support When You Need It Most

As part of your health benefit plan, you have access to case management—a voluntary program to help you and your family deal with chronic or serious illnesses or injuries. This program is available to you at **no additional out-of-pocket cost.**

How Case Management Nurses Can Help

When you use the case management program, you are assigned a case manager who is a registered nurse. Your case management nurse can help you get the right care at the right time in the appropriate environment. They help by:

- Answering your health-related questions
- Coordinating care between multiple doctors
- Helping you understand conditions
- Supporting you through lifestyle changes to help manage conditions
- Supporting you throughout your illness, from beginning to recovery
- Helping you make sure all your healthcare needs are met

Support for Medical Conditions and Diagnoses

When you or a loved one is sick, hurt, dealing with a new diagnosis, trying to navigate the healthcare system can be overwhelming. Your case management nurse can help you understand your benefits, answer care questions, and even find high-quality, cost-effective providers in your plan's network.

Your case management nurse can help with many diagnoses, including:

- Cancer
- Respiratory illnesses
- Heart conditions
- Mental health conditions
- Injuries or emergency hospitalizations
- Pediatric conditions

More Connected from Anywhere

You still need to connect with your health benefits while you're on the go. Our mobile app lets you stay in control from anywhere.

- See the status of your deductible and out-of-pocket maximum
- Show your ID card to providers
- View and filter claims for quick reference
- Find a doctor
- Access important benefits information
- Connect with customer service by phone
- Ask questions and receive answers from customer service through our message center
- Easily access member-specific services in your benefit plan through the My Programs section
- View each family member's information and benefits

- Filter claims by family member name and type
- Submit a claim using the secure message center

Download our mobile app for free from the Apple App Store or Google Play. Just search for myLuminareHealth Mobile.

Download from the Apple App Store

Download from the Google Play Store

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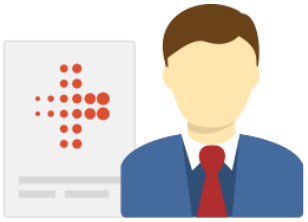
LH-1162-1024

AblePay Partnership

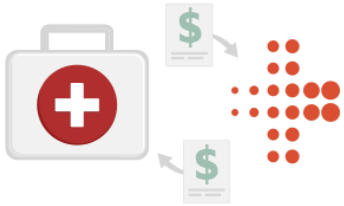
AblePay Health is an Employee Benefit that Provides Discounts and Flexible Payment Terms for Out of Pocket Medical Expenses

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

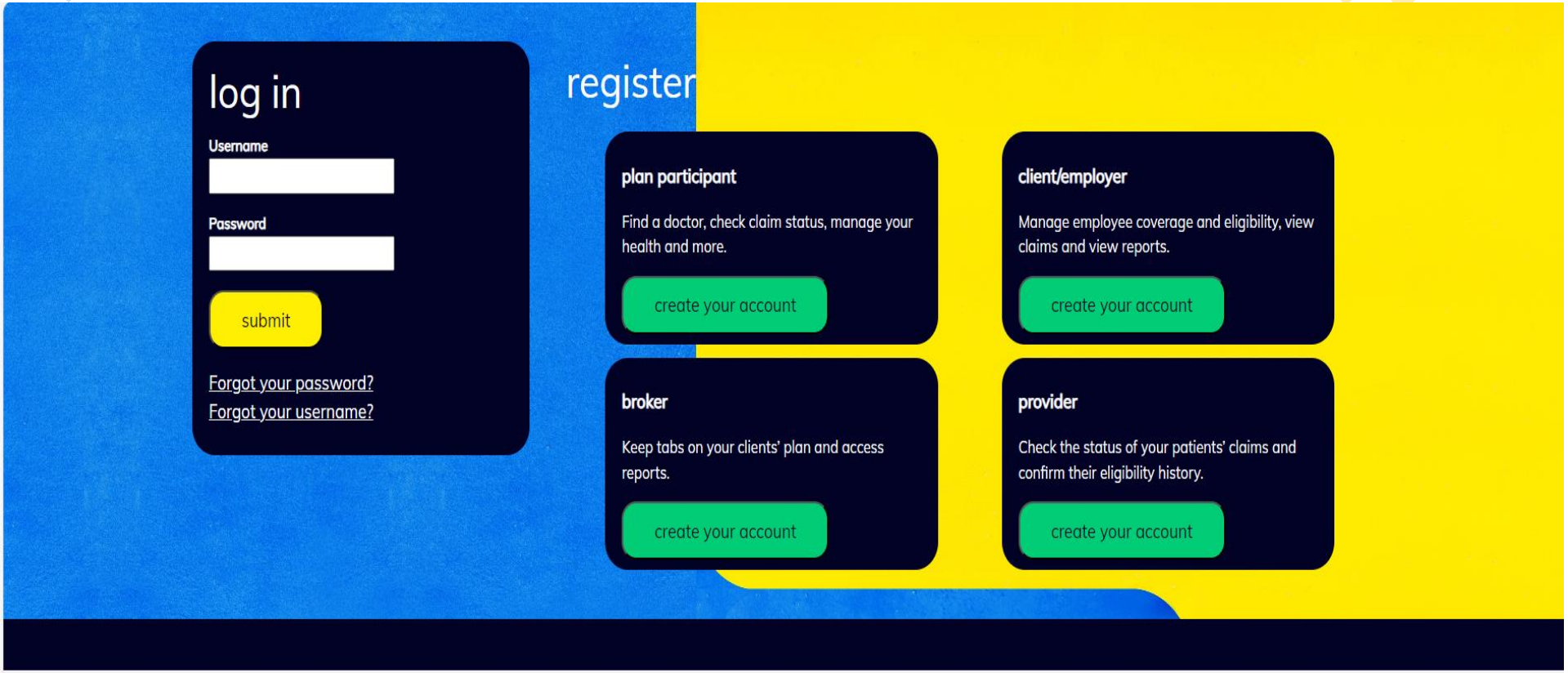
CURRENT PLAN

Surgery Charge	$10,000
Insurance Adjustment	($5,000)
Insurance Allowable	$5,000
Insurance Pays	$1,000
Patient Pays	**$4,000**

WITH ABLEPAY

Surgery Charge	$10,000
Insurance Adjustment	($5,000)
Insurance Allowable	$5,000
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



Find a Doctor

aetna Cigna. MultiPlan. Practitioner & Ancillary Only

Customer Service
Registration Guide
Luminare Health Information
Transparency in Coverage & No Surprises Act
Rights and Protections

Privacy Statement
System Requirements

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