SOLANCO SCHOOL DISTRICT 2027 HEALTHCARE PLAN UPDATE

EMPLOYEE HEALTHCARE ELECTION
2027 PLAN YEAR

- Plan Year = Calendar Year (January 1 - December 31)
- NEW Plan Administrator – **CAPITAL BLUE CROSS**
  (Healthcare plan and benefits remain same as current year)
- Registration and Renewal – Electronic via CSIU/FIS Staff Portal
  - Enrollment period November 1 through November 15, 2026
  - 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 15, 2026
  - Healthcare Eligibility
    - Full-Time Employment (average 30 hours or more per week)

PLAN ELECTIONS

- Preferred Provider Organization (PPO)
  - Deductibles – *No Change from 2026*
    - Preferred Providers
      - **$700**/Individual
      - **$1,400**/Employee + 1
      - **$1,700**/Family
    - Non-preferred Providers - $1,400/Individual; $2,800/Employee +1; $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

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PPO HEALTHCARE PLAN

PPO HEALTHCARE 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					
	2023	2024	2025	2026	**2027**
Deductibles	$550/1600	$600/1700	$700/1700	$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	$115.00	$120.00	$150.00	$150.00	**$150.00**
Chiropractic	$30.00	$30.00	$35.00	$35.00	**$35.00**
Urgent Care	$45.00	$45.00	$50.00	$50.00	**$50.00**
RX:					
Generic	$20.00	$20.00	$20.00	$20.00	**$20.00**
Brand	$45.00	$45.00	$45.00	$45.00	**$45.00**
Non-Formulary	50% to $80	50% to $80	50% to $100	50% to $100	**50% to $100**
Specialty	$100.00	$100.00	$125.00	$125.00	**$125.00**

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QUALIFIED HIGH-DEDUCTIBLE HEALTHCARE PLAN (QHDHP)

QHDHP

- **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)

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HEALTH SAVINGS ACCOUNT (HSA)

Must participate in QHDHP

HSA – Health Savings Account

- School District Contributions
- HSA contributions permitted to maximum IRS limit (*employer + employee*)
  - 2027: Individuals - $4,500; Family - $9,000; 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

- 24/7/365 Support

HSA Contributions - Front Load Employee Account

COHORT***	EMPLOYEE ONLY	Employee Healthcare Premium Reimbursement Contributions*	Total Solanco HSA Contribution	IRS 2026 Max**	IRS 2027 Max**
Contributions to H S A for Active Employees only	Solanco Direct HSA Contribution				
District Yr. 1	1,600	500	2,100	4,400	4,500
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 2026 Max**	IRS 2027 Max**
	Solanco Direct HSA Contribution	Healthcare Premium Reimbursement Contributions*			
District Yr. 1	3,200	1,000	4,200	8,750	9,000
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

  No Change from existing process; continue to contribute to existing H S A.

- 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

HSA administration made easy

- VISA® debit card* issued by HealthEquity to pay for qualified healthcare expenses.
- Learning center and online demos at **Learn.HealthEquity.com/capitalbluecross**.
- Easy-to-navigate account access – linked directly on your secure home page.
- 24/7 live customer service through chat or phone.



* HealthEquity, Inc., is an independent company whose products and services are not Blue Cross products and services. HealthEquity is solely responsible for these financial services.

HSA eligible and non-eligible expenses

IRS-qualified (eligible)	Not IRS-qualified (not eligible)
• COBRA premiums. • Coinsurance, deductibles, and copays. • Dental expenses. • Eyeglasses/contacts. • Hearing aids. • In-vitro fertilization. • LASIK surgery. • Long-term care premiums. • Medicare A, B, and C premiums. • Prescription drugs. • Wheelchairs and repairs.	• Burial expenses. • Cosmetic surgery. • Cosmetics. • Health club fees. • Life insurance premiums. • Maternity clothes. • Medigap premiums. • Diet foods.

This list is non-exhaustive and provided for information only.
For a complete listing of IRS qualified expenses, visit irs.gov, Publication 502.

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FLEXIBLE SPENDING ACCOUNT (FSA)

HEALTHEQUITY 2027 FSA ADMINISTRATOR

- **Administrator change from existing plan**
- Reimbursement plans with debit card
- Flexible Spending Account - **PPO plan only/no QHDHP**
- Medical - $3,400 annual maximum for Solanco
- Dependent Care - $5,000 annual maximum – HDHP eligible for Dependent Care Option
- 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

Contact HealthEquity FSA Support at:

877.924.3967

24/7/365 Support

Medical FSA eligible and non-eligible expenses

IRS-qualified (eligible)	Not IRS-qualified (not eligible)
• Coinsurance, deductibles, and copays. • Dental expenses. • Eyeglasses/contacts. • Hearing aids. • In-vitro fertilization. • LASIK surgery. • Prescription drugs. • Wheelchairs and repairs.	• Burial expenses. • COBRA premiums. • Cosmetics and cosmetic surgery. • Health club fees. • Life insurance premiums. • Long-term care premiums. • Maternity clothes. • Medicare and Medigap premiums. • Diet foods.

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DEPENDENT CARE FSA

DEPENDENT CARE FSA

- Pay dependent care qualified costs, tax-free.
- Set aside a portion of pretax payroll.
- Funds are available as they are deducted from your payroll.
- Pay claims from your HealthEquity member portal – link right from **CapitalBlueCross.com**
- **QHDHP member may participate in dependent care FSA but NOT Medical Reimbursement FSA**



Dependent care FSA eligible and non-eligible expenses

IRS-qualified (eligible)	Not IRS-qualified (not eligible)
• Adult day care center. • Au pair. • Babysitter. • Before/After-school programs. • Day camps (including summer or holiday). • Daycare centers.	• Educational/tuition expenses • Overnight camps. • Expenses while on leave of absence or maternity leave. • Field trip expenses. • Late payment fees. • Lessons (e.g., music or dance). • Payment for services not yet provided. • Private school tuition (kindergarten and up).

For a complete listing of IRS qualified expenses, visit irs.gov, Publication 502.

How your FSA works

- Estimate next year's eligible expenses and elect to contribute up to that amount to an FSA.
- Your employer determines the maximum amount that can be contributed each year.
- Equal portions withheld from your paycheck.
- Contribute no more than what you think you will use, up to the applicable limit for the year.*
- Multiple claims submission methods available.
  - Upload to member's HealthEquity Online Account
- Learning center and online demos at **Learn.HealthEquity.com/capitalbluecross**.



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PRESCRIPTION DRUG COVERAGE

Manage your Rx benefits online

Log in to your secure account at **CapitalBlueCross.com** to view:

- Personal prescription drug information.
- Drug coverage and cost.
- Order status and history.
- Personal reminders.
- Pharmacy locator.



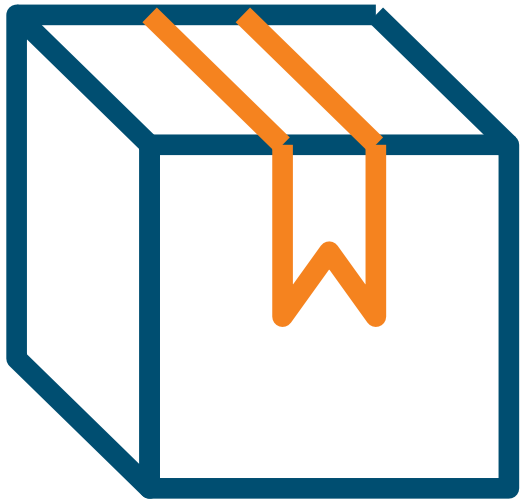
Home delivery through Express Scripts® Pharmacy

Efficient and convenient option.

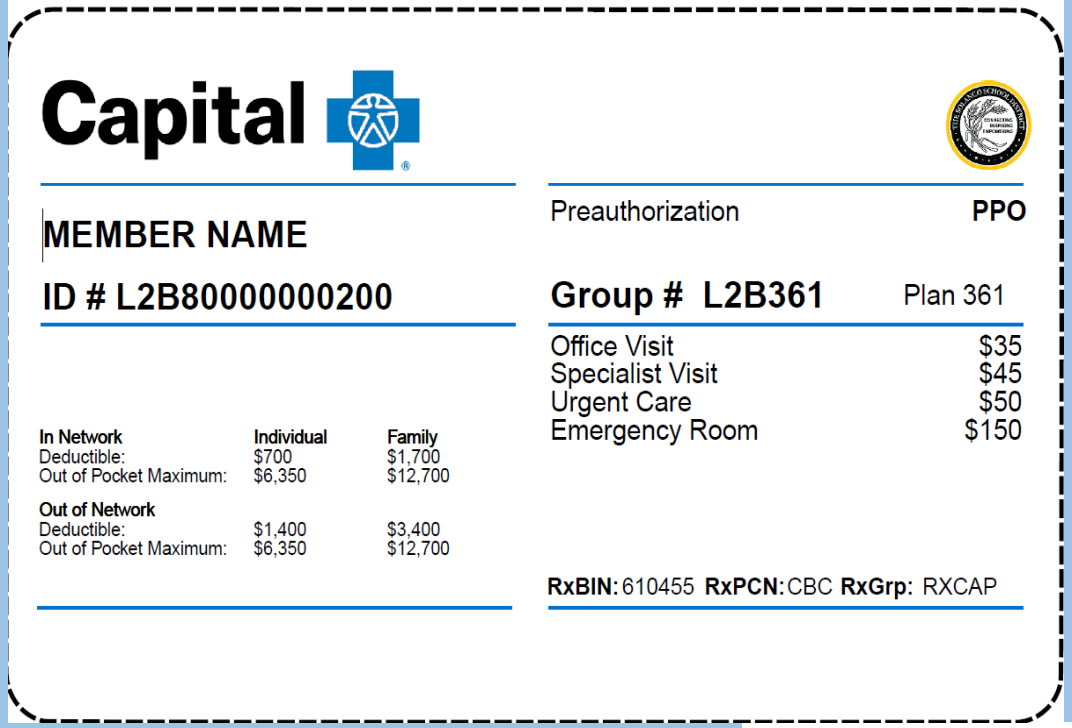
Express Scripts offers:

- 24/7 personalized assistance.
- Free shipping.
- Mobile app.

Call **877.715.0946**, or visit **ESRx.com/capitalbluecross** to get started.



Express Scripts® Pharmacy is a pharmacy that is contracted through Prime Therapeutics LLC to provide mail pharmacy services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent pharmacy benefit manager. Express Scripts® Pharmacy is a trademark of Express Scripts® Strategic Development, Inc.

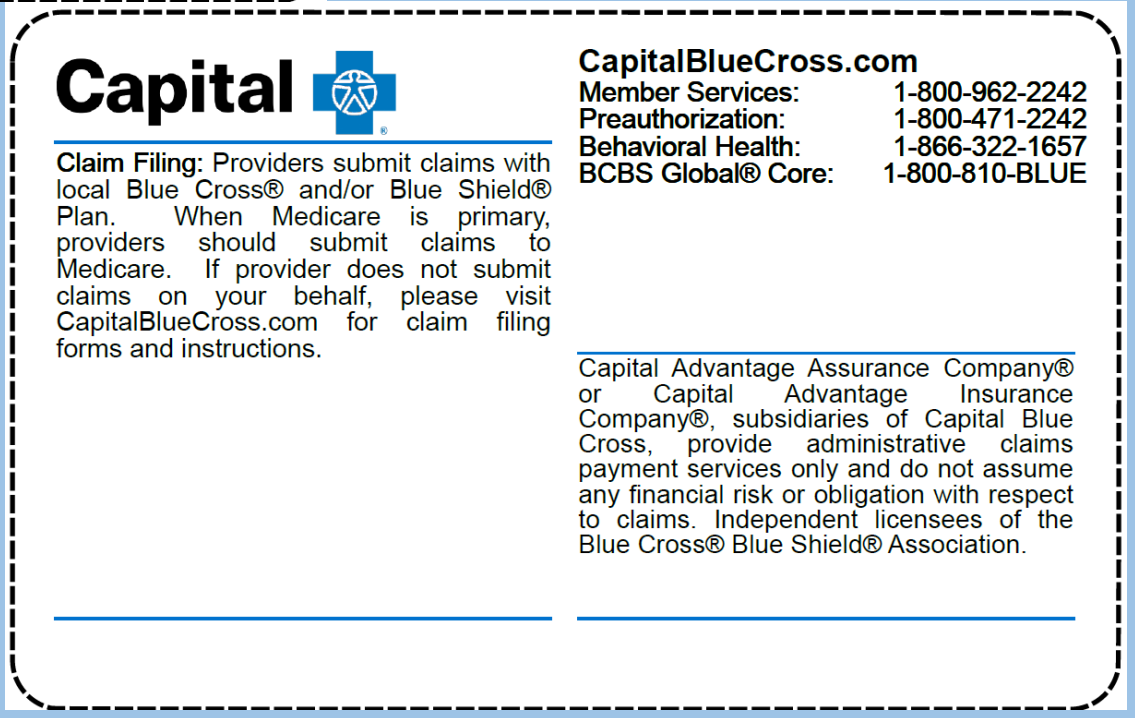


One card for medical and RX plans, Co-Pays, Deductibles, Out-of Pocket Maximum, Preauthorization

ID Card for each family member

Capital Blue Cross Phone Numbers

ID Cards to be issued prior to 12/31/2026



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2027 HEALTHCARE PREMIUMS

HEALTHCARE PLAN PREMIUMS

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$14,160.24	$22,656.24	$32,568.48
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE $ SHARE	$1,699.20	$2,945.28	$4,559.64
PER PAY DEDUCTION	$70.80	$122.72	$189.99
EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%	*10.0%*	*11.0%*	*12.0%*
WELLNESS PER PAY DEDUCTION	*$59.00*	*$103.84*	*$162.84*

WELLNESS PROGRAM REDUCTION

24 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PER PAY PREMIUM REDUCTION	$11.80	$18.88	$27.15
ANNUAL WELLNESS PREMIUM REDUCTION	$283.20	$453.12	$651.60

EMPLOYEE/SPOUSE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2026 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2027 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS – 19 PAY

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$14,160.24	$22,656.24	$32,568.48
EMPLOYEE % SHARE	12.0%	13.0%	14.0%
EMPLOYEE $ SHARE	$1,699.20	$2,945.34	$4,559.56
PER PAY DEDUCTION	$89.43	$155.02	$239.98
EMPLOYEE SHARE WELLNESS PROGRAM REDUCTION – 2%	*10.0%*	*11.0%*	*12.0%*
WELLNESS PER PAY DEDUCTION	*$74.53*	*$131.17*	*$205.69*

WELLNESS PROGRAM REDUCTION – 19 Pay

19 - PAY EMPLOYEES	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
WELLNESS PROGRAM PER PAY REDUCTION	$14.90	$23.85	$34.29
ANNUAL WELLNESS PROGRAM REDUCTION	$283.10	$453.15	$651.51

EMPLOYEE MUST COMPLETE BIOMETRIC SCREENINGS AND FLU SHOT DURING 2026 (OR SUBMIT APPROPRIATE DOCUMENTATION FROM PHYSICIAN) TO RECEIVE 2027 HEALTHCARE PREMIUM REDUCTION

HEALTHCARE PLAN PREMIUMS - RETIREES

RETIREES – PPO PLAN	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$14,160.24	$22,656.24	$32,568.48
MONTHLY PREMIUM	$1,180.02	$1,888.02	$2,714.04
RETIREES – HDHP	EMPLOYEE ONLY	EMPLOYEE + 1	FAMILY
ANNUAL PREMIUM	$10,760.04	$17,216.40	$24,748.44
MONTHLY PREMIUM	$896.67	$1,434.70	$2,062.37

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 1, 2026** to qualify for discount.
- Biometric screening scheduled at High School on 11/6/26.
- *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 11.6.26 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 11/6/26 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 preventive care)*

- 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



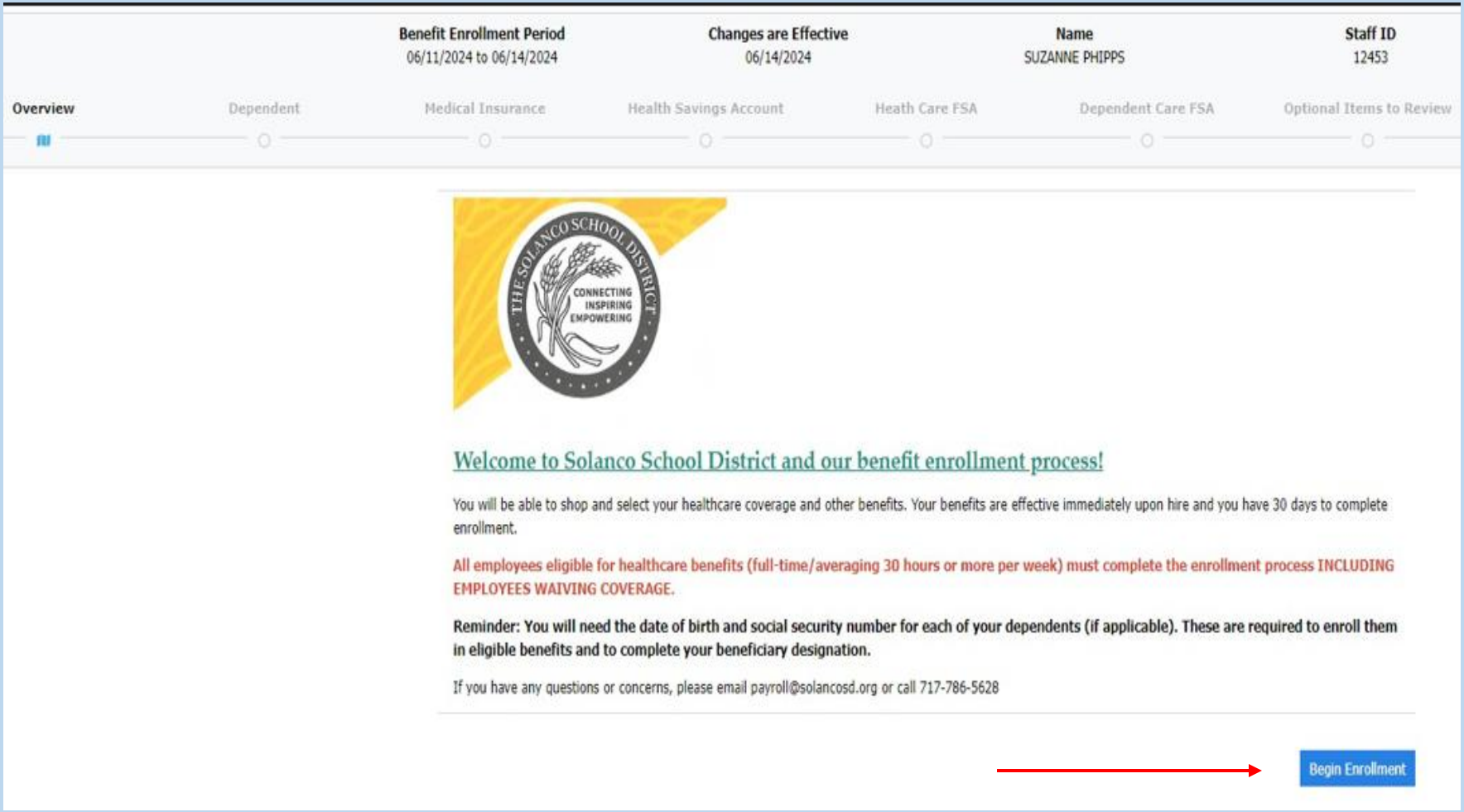
Capital

OPEN ENROLLMENT

OPEN ENROLLMENT COMMUNICATION

- Utilizing CSIU/FIS open enrollment system for 2027
  - 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 15, 2026**

CSIU/FIS OPEN ENROLLMENT START SCREEN

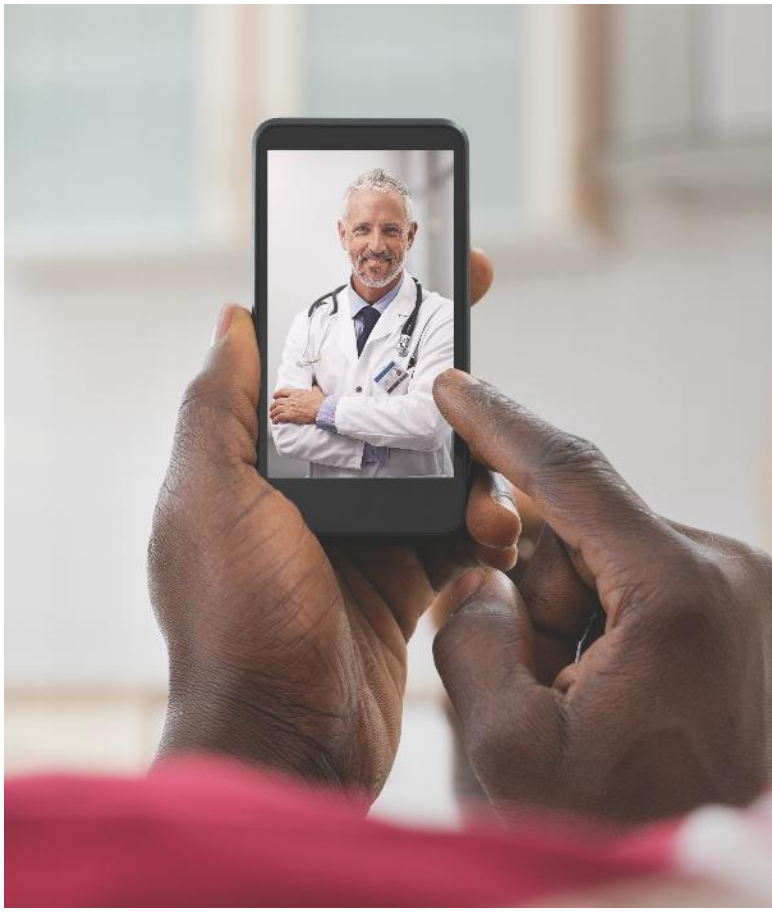


PRINT AND SAVE YOUR HEALTHCARE ENROLLMENT SUMMARY FOR FUTURE REFERENCE

VirtualCare

Convenient care. Everywhere.

- Doctors are available every hour, every day of the week, even on holidays.
- Get in touch on your smartphone, tablet, or PC.
- VirtualCare doctors can even call in prescriptions for you, when clinically appropriate.
- Services also include behavioral health care with mental health providers and psychiatrists, and nutrition counseling with licensed registered dietitians.
- Translation services in 28 languages.
- Access through **CapBlue.com/virtualcare**, your secure account, or the Capital Blue Cross app.



Diabetes management program

A personalized program, powered by OMADA HEALTH that helps members with Type 1 or Type 2 diabetes manage their diabetes at no additional cost.

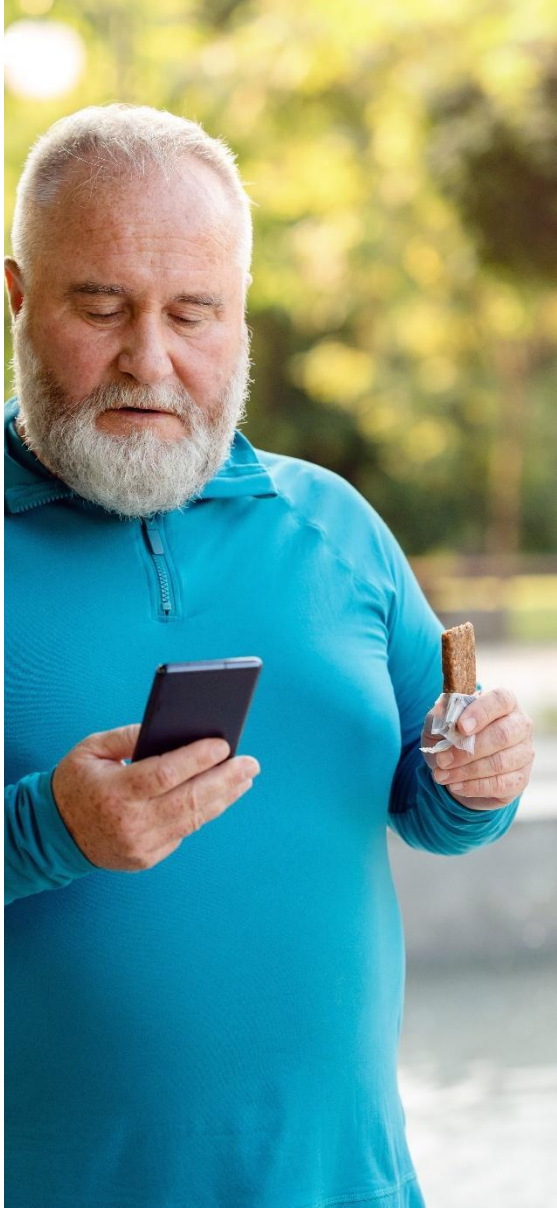
OMADA HEALTH replaces existing Livongo program.

Monitor progress using an integrated mobile app.

The program also offers:

- Free wireless smart scale and diabetic supplies.
- Health coaching.
- Access to a team of providers.
- Support from a virtual community.

For more information or to enroll:
CapBlueCross.com/diabetes-management



On behalf of Capital Blue Cross, Omada Health, Inc., an independent company, provides this diabetes prevention and management program.

Women's health programs

Ovia Health by labcorp

Ovia Health by Labcorp is a women's health and family support program offering daily personalized support for your life and health.



Get started with Ovia Health!

1. Download the app that's right for you.
2. Select "I have Ovia Health as a benefit" during signup.
3. Select your Capital Blue Cross health plan.
4. Explore Ovia Health.

For more information go to: **CapBlueCross.com/ovia**

On behalf of Capital Blue Cross, Ovia Health by Labcorp, an independent company, provides this maternity management program.

AllOne Health EAP



HUMAN CARE + DIGITAL ACCESS + WHOLE ORGANIZATION IMPACT

A human-led, digitally enabled EAP —
connecting everyone to the right care at the right time.

ALLONE HEALTH

allonehealth.com | © 2026 AllOne Health Resources, Inc.

Replaces Luminare's Support Solution

Short Term Counseling (3 Sessions per Event)

<u>All</u> employees eligible for benefit

Mental health support — **when and how** they need it.

From in-the-moment support to ongoing counseling to self-guided tools, *all within one program.*



COUNSELING SESSIONS

In-Person & Virtual

Master's-level, licensed clinicians support employees through stress, anxiety, depression, grief, relationship challenges, and more. Same-day or next-day virtual scheduling is available, with onsite sessions also offered. Sessions are structured per issue — in models of 3, 5, 8, or unlimited — so each concern receives dedicated attention.



24/7 IN-THE-MOMENT SUPPORT

Live Clinicians, Always On

Our live call center is staffed around the clock with trained clinicians. Calls are answered in seconds. Members receive immediate triage, crisis counseling, and warm hand-offs to ongoing care when needed.



SELF-GUIDED THERAPY (ICBT)

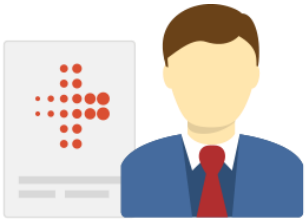
On App & Member Portal

Internet-based Cognitive Behavioral Therapy gives employees clinically validated tools to work through challenges at their own pace. Modules cover anxiety, depression, sleep, and stress — available 24/7 on the AllOne Health App and member portal.

AblePay Partnership

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

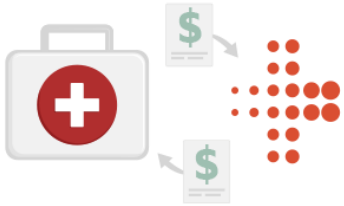
How Does it Work?



AblePay Signs Up Employers



Employees Become Members, Show Card at Time of Service



Provider Bills AblePay
AblePay Pays Provider



Member Pays AblePay

AblePay Member Benefits

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



Savings Example



CURRENT PLAN

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

Capital Blue Cross member app

Access your benefits on the go.

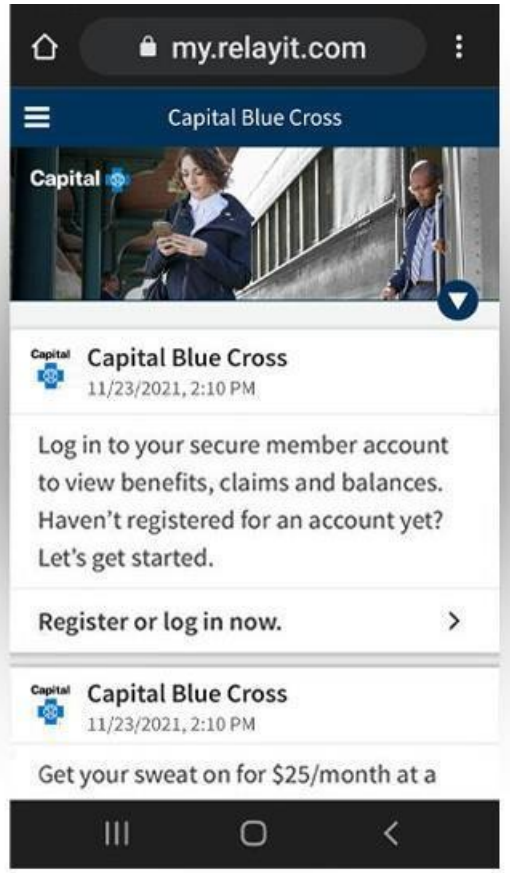
- Access VirtualCare.
- Check claims and balances.
- Find benefits and coverage.
- View, share, and request ID cards.
- Log in with the same username and password you use for your **CapitalBlueCross.com** secure account.



Capital Blue Cross Loop

Stay connected with your health plan.

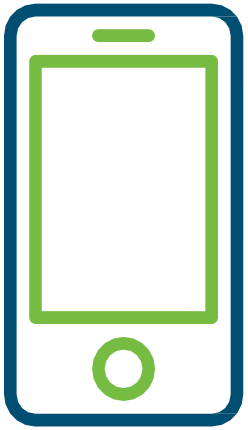
- Combines text with secure web messaging.
- Get tips on your plan.
- Signing up* is simple.
  - Text SignMeUp to **24194**.
  - Or call **855.939.5426**.



* By signing up for the Capital Blue Cross Loop, I authorize Capital Blue Cross, its affiliates, subsidiaries and/or agents to text me for informational, transactional (e.g., billing), or marketing purposes including, without limitation, texts sent using an automatic dialing system. I understand that the provision of my phone number is not a condition of purchasing any goods or services, and I may opt out at any time. Message and data rates may apply. Please check with your wireless provider.

Member Services

Here when you need us.



- **By phone.**
  Call the number on the back of your ID card (TTY: 711).
- **Secure email.**
  Visit **CapitalBlueCross.com** and choose *Contact us*, then *Ask us.*
- **Capital Blue Cross Connect.**
  Stop by one of our health and wellness centers, visit **CapitalBlueCrossConnect.com** for hours.



FORWARD QUESTIONS TO:

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