

Open Enrollment 2027

Presented by:

ETA Insurance Group

U.S. Employee Benefits Services Group

Benefits Overview

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2027 MEDICAL BENEFITS

- Hazleton Area School District employees are offered two (2) medical options:
  - **HDHP Option with a Health Savings Account (HSA)***
  - **PPO Option**

    *ESPA personnel are eligible for either HDHP or PPO

  - **These plans are administered through Highmark Blue Cross/Blue Shield**
  - **HSA accounts will be administered through Highmark (All-in-One Processing)**

HIGHMARK.

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MEDICAL PLAN HIGHLIGHTS

- HDHP Option

In-Network	Performance Flex Blue HSA	
	In-Network ENHANCED Tier	**In-Network STANDARD Tier**
Deductible	**$1,700 Individual/ $3,400 Family**	$2,000 Individual/ $4,000 Family
Coinsurance	0% after deductible	0% after deductible
Total Out-of-Pocket Max	$6,600 Individual/$13,200 Family	
Office Visit	**100% after enhanced deductible**	100% after standard deductible
Specialist Visit	**100% after enhanced deductible**	100% after standard deductible
Urgent Care	**100% after enhanced deductible**	100% after standard deductible
Emergency Room	100% after enhanced deductible	
Preventative Care	100% covered	100% covered

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HSA Funding (Employer Contribution) HDHP Only Varies by Union Contract

Union Contract	Single	Family
Security	$750.00	$2,000.00
Police	$750.00	$2,000.00
HAEA/Act 93	$750.00	$2,000.00
Teamsters	$750.00	$2,000.00
HAESPA	$750.00	$2,000.00

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Performance Flex Blue Overview

One plan, one solution

Performance Flex Blue streamlines your administration because it provides coverage across Pennsylvania* — so one plan cover your employees no matterwhere they work.

Innovative Coverage

Two levels of network coverage encourage your employees to choose higher-quality, lower-cost providers.

Coverage near and far

Your employees get access to high-quality care throughout Pennsylvania, not to mention 95% of doctors and 96% of hospitals in the U.S.** — and to providers around the world.

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Performance Flex Blue Overview (cont.)

Two tiers, twice the flexibility

This plan comes with 2 in-network levels – Enhanced Value and Standard Value. Your employees will get high-quality care at either level. But, choosing doctors and facilities that participate at the Enhanced Level has some real advantages.

Cost savings

When your employees visit providers participating at the Enhanced Value level of benefits, they pay less for high-quality care.

Expert Providers

Your employees can take advantage of renowned doctors and facilities across PA, including:

- Allegheny Health Network
- Conemaugh Health System
- Penn State Health
- WellSpan Health
- Lehigh Valley Health Network
- And more***

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Performance Flex Blue Overview (cont.)



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HSA OVERVIEW

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

- A tax–advantaged account to help save for medical expenses, like deductibles and copays, and unreimbursed medical and other expenses
- Contributions are made into an account by an employee and/or employer

BENEFITS

- Contributions by the employee are done pre-tax via payroll deduction
- Interest earned on an HSA is not considered taxable income
- Your HSA balance can be carried over year after year

2027 Annual HSA Contribution Limits:

- Single: $4,500 Family: $9,000
- These limits include funds from HASD and any employee contributions

- At age 55, individuals can contribute an additional $1,000 per year

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CLAIMS PROCESS WITH AN HSA

Process of meeting your deductible:

Member receives medical care → Member's Provider submits claim for processing → Member receives explanation of benefits and invoice → Member receives final provider invoice

HSA Bank Account Debit Card



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MEDICAL PLAN HIGHLIGHTS

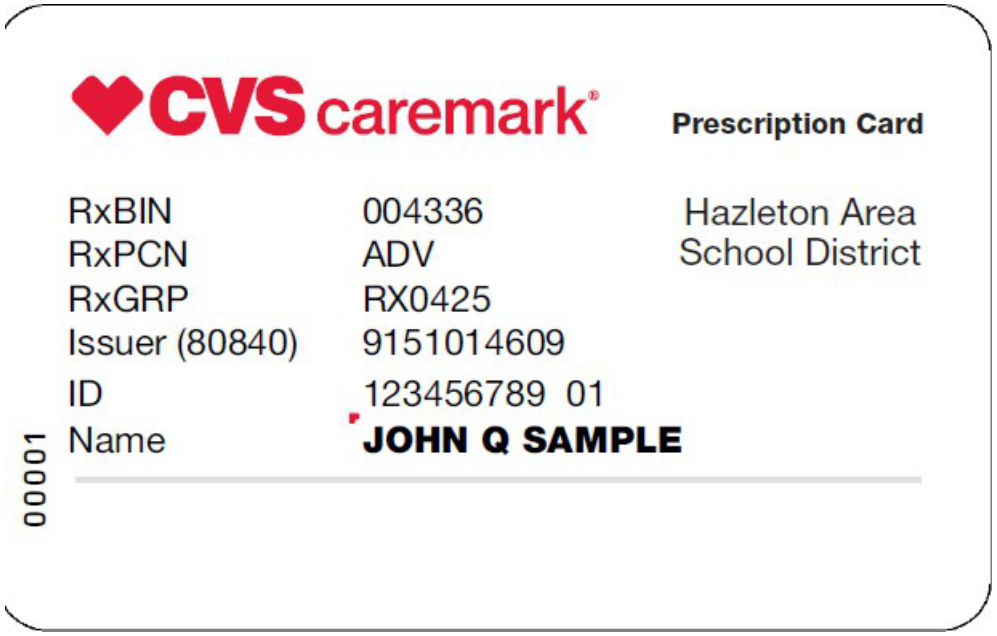
- PPO Option

Support Staff in HAESPA

In-Network	Performance Flex Blue PPO	
	In-Network ENHANCED Tier	**In-Network STANDARD Tier**
Deductible	**$250 Individual/ $750 Family**	$500 Individual/ $1,500 Family
Coinsurance	0% after deductible	0% after deductible
Total Out-of-Pocket Max	$6,600 Individual/$13,200 Family	
Office Visit	**$10 copay**	$15 copay
Specialist Visit	**$15 copay**	$30 copay
Urgent Care	**$15 copay**	$30 copay
Emergency Room	$100 copay (waived if admitted)	
Preventative Care	100% covered	100% covered

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PRESCRIPTION PLAN HIGHLIGHTS



- ALL EMPLOYEE PLANS

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PRESCRIPTION HIGHLIGHTS

- ALL EMPLOYEE PLANS

	PPO	HSA
Retail Rx Select Generic / Generic / Brand Preferred / Brand Non-Preferred	$0/$15/$35/$50	$0/$15/$35/$50 after deductible
Mail Rx	$0/$30/$70/$150	$0/$10/$50/$120 after deductible

TEAMSTERS / SUPPORT (ESPA)

	PPO	HSA
Retail Rx Select Generic / Generic / Brand Preferred / Brand Non-Preferred	$0/$15/$35/$50	$0/$5/$25/$40 after deductible
Mail Rx	$0/$30/$70/$150	$0/$10/$50/$120 after deductible

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MONTHLY CONTRIBUTION REVIEW (payroll deductions)

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MONTHLY CONTRIBUTION REVIEW

TEACHERS (HAEA) / ADMIN & PRINCIPALS (ACT 93)

HSA	2027
Single	$36
EE+1	$59
EE+2 or more	$85

PPO	2027
Single	$115
EE+1	$190
EE+2 or more	$300

HSA - Annual Savings vs. PPO	2027
Single	$948
EE+1	$1,260
EE+2 or more	$2,580

PPO$500 Plan members may move to HSA during open enrollment. HSA Plan members may NOT move to the PPO$500 Plan

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MONTHLY CONTRIBUTION REVIEW

HAESPA

HSA	2027
Single	$17.64
EE+1	$31.00
EE+2 or more	$45.20

PPO	2027
Single	$67.48
EE+1	$121.47
EE+2 or more	$182.22

HSA Plan - Annual Savings vs. PPO	2027
Single	$598.08
EE+1	$1,085.64
EE+2 or more	$1,644.24

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MONTHLY CONTRIBUTION REVIEW

TEAMSTERS

HSA Plan	2027
Single	$25.00

MONTHLY CONTRIBUTION (cont.)

SECURITY & SPO

HSA Plan	2027
Single	$25.00

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DENTAL & VISION OVERVIEW

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DENTAL BENEFIT OVERVIEW

UNITED CONCORDIA®

In-Network	Plan 1 - Employees	Plan 2 - Dependents
Deductible	N/A	N/A
Annual Max	$1,500 per person	$1,500 per person
Preventive	100%	80%
Basic Restorative	100%	50%
Major Restorative	100%	Not Covered

Maximize your benefits by using a participating dentist in the Elite Plus Network

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VISION

National Vision Administrators, L.L.C.

Benefit	In-Network
Vision Exam	Covered 100% Once every 12 months
Clear Standard Lenses (Pair)	Covered 100% After $20 Copay Once every 12 months
Frames	All Frames - Up to $300 Retail Allowance (plus 20% off the amount over the allowance) Covered every 24 months
Contact Lenses	All Contacts - $150 Retail Allowance Once every 12 months

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LIFE AND DISABILITY BENEFITS

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VOLUNTARY BENEFITS

VOLUNTARY LIFE AND AD&D

EMPLOYEE BENEFIT

- **Guaranteed Issue: 5x Annual Salary, up to $200,000**
- Max benefit: 5x Annual Salary, up to $500,000
- Buy up at group rate in $10,000 increments
- Minimum benefit: $10,000

SPOUSAL BENEFIT

- **Guaranteed Issue: 100% of Employee's Benefit, up to $50,000**
- Max benefit: 100% of Employee's Benefit, up to $250,000
- Buy up at group rate in $5,000 increments
- Minimum benefit: $5,000

CHILDREN BENEFIT

- **Guaranteed Issue: $10,000**
- Maximum benefit: $10,000
- Buy up at group rate in $1,000 increments
- Minimum benefit: $2,000

IMPORTANT NOTE:

At each open enrollment, *employees only* are eligible to **increase** their current Voluntary coverage in $10,000 increments up to the Guaranteed Issue without having to complete an Evidence of Insurability form.

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VOLUNTARY BENEFITS

LONG TERM DISABILITY

LTD - Coverage continues with Mutual of Omaha

- **Completely Voluntary, not employer paid, payroll deduction required**
- 90 day waiting period if disability caused by illness or accident
- Benefit: 60% of before-tax monthly salary up to $6,000
- $100 Minimum monthly benefit
- Benefit duration: Up to 5 years or more

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Unlimited telephone access to EAP professionals 24/7: 1-800-316-2796 or *mutualofomaha.com/eap*
- Five free face-to-face sessions with a counselor
  - per household, per calendar year



- Information and referral services
- Robust network of licensed and/or certified mental health professionals
- Legal assistance and financial services
  - Online will preparation
  - Legal library and online forms
  - Telephonic financial consultation
  - Financial tools & resources
- Resources for
  - Work life balance
  - Substance abuse
  - Dependent and elder care assistance and referral services

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TELEMEDICINE

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TELEMEDICINE OVERVIEW

WHAT IS HEALTHIEST YOU?

HealthiestYou gives employees access 24/7/365 to US board-certified doctors through the convenience of phone, video or mobile apps

HOW MUCH DOES IT COST?

Employees pay $0 per call - no copays & no deductibles

WHAT ARE THE BENEFITS?

- **FREE** option to employees to avoid the Urgent Care & ER
- HY will send Rx directly to pharmacy for pick-up
- Employees can get care anywhere in all 50 states
- Employees can access real-time cost comparisons for prescriptions nearby
- Telemedicine is available to all enrolled employees and their enrolled household members



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TELEMEDICINE OVERVIEW (Cont.)

General Medical 24/7 - **$0 visit fee - Unlimited visits**
Speak to a licensed doctor by phone or video 24/7 from anywhere

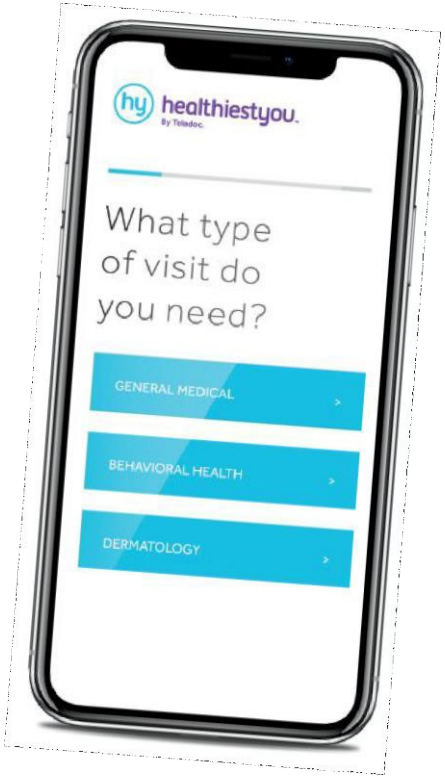
Expert Medical Services - **$0 visit fee - Unlimited visits**
Receive a second opinion on an existing diagnosis and treatment for any condition

Mental Health - **$0 visit fee - Unlimited visits**
Talk to a therapist seven days a week from wherever you are

Neck and Back Care - **$0 visit fee - Unlimited visits**
Relieve your back pain through guided videos with a certified health coach

Dermatology - **$0 visit fee - Unlimited visits**
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days

Nutrition - **$0 visit fee - Unlimited visits**
Members work directly with registered dieticians who assess clinical nutrition needs and develop personalized programs including custom meal plans and shopping guides



COST SAVINGS TIPS

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URGENT CARE VS. EMERGENCY ROOM



Minor Emergencies	Life/Limb Threatening Conditions
✓ Sprains & Broken Bones	✓ Signs of Heart Attack
✓ Flu & Colds	✓ Signs of Stroke
✓ Other Common Illnesses	✓ Severe Shortness of Breath
✓ Ear, Eye & Other Infections	✓ Poisoning
✓ Sore Throat	✓ Coughing up or Vomiting Blood
✓ Fevers	✓ Uncontrollable Bleeding
✓ Minor Stitches	✓ Loss of Consciousness

PPO COPAY - $30	**PPO COPAY - $100**
HDHP COST - $150-$300	**HDHP COST - $1,000 MIN**

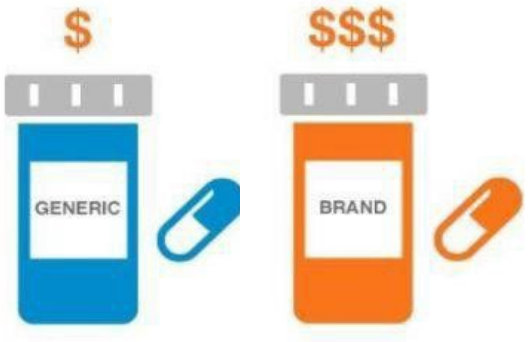
HEALTHIESTYOU COST - $0

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RX SAVINGS TIPS

GENERIC VS. BRAND MEDICATION

- 80% – 85% cheaper
- Same:
  - Active Ingredient
  - Strength
  - Dosage Form
  - Route of Administration
- Bioequivalent to brand-name



MAIL ORDER VS. RETAIL

Mail order may be for you if:

- You like saving time and money
- You forget to order or pick up refills
- You require long-term maintenance medications

Benefits:

- Free shipping
- Can order a 90-day supply
- Cheaper than retail
- Improved medical adherence

Retail pharmacy may be for you if:

- You need medication right away
- You take a compound medication
- You like the “personal” touch

Benefits:

- Same day pick-up
- Many have a drive thru window
- Improved medical adherence

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FLEXIBLE SPENDING ACCOUNT

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WHAT IS A FLEXIBLE SPENDING ACCOUNT?

ADMINISTERED BY HORACE MANN

1. **Healthcare FSA** (*for those enrolled in the PPO plan*)
   - A Healthcare Flexible Spending Account, or "FSA," is a pre-tax benefit account that you can use to pay for eligible medical, dental, and vision care expenses that are not covered by your health insurance plan.

2. **Limited Purpose FSA** *(for those enrolled in the HDHP)*
   - A Limited FSA is a type of FSA that only covers certain expenses that typically include vision, dental, or OTC dental and vision products. A Limited FSA is often designed to be compatible with a Health Savings Account.

3. **Dependent Care FSA**
   - The Dependent Care FSA allows employees to set aside tax-free money toward dependent care costs. These costs could be toward daycare, care for elderly or disabled dependents, or toward before and after school care. Dependents include children up to age 13 or your spouse or qualifying child or relative who is incapable of self-care (mentally or physically).

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WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) covers common types of expenses:

• **Medical**	• **Orthodontics**	• **Prescription drugs**
• **Dental**	• **Vision**	• **Day care**



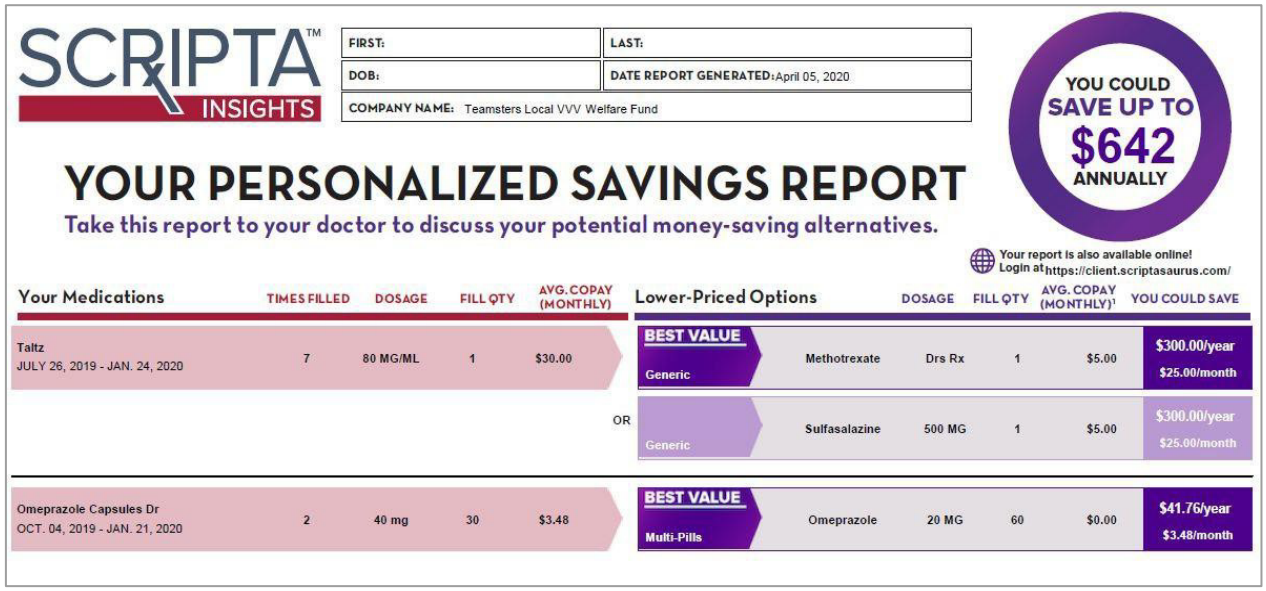
Other Benefits

- 2027 Annual FSA maximum is $3,400
- Annual Dependent Care FSA maximum is $7,500
  - $3,750 for married couples filing separately
- FSA funds can be accessed immediately
- FSA allows you to set aside funds for qualifying healthcare/ dependent care
  - Funds are pre-taxed
- Expenses **must be incurred** within the plan year (1/1/2027 – 12/31/2027)
- Reimbursement requests **must be submitted** prior to 12/31/2027
- Funds are “use it or lose it”
- A dependent care flexible spending account provides tax savings on day care
  - Dependent care funds are available once deposited into account

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WHAT IS SCRIPTA INSIGHTS?

- Scripta Insights is an employee benefit offered through HASD's medical/Rx plan. This voluntary program could you hundreds or even thousands of dollars each year on your prescription drugs.
- Scripta provides members with alternate drug options with lower copays.
- Identified members will receive a **Personalized Savings Report** and are encouraged to discuss this report with your doctor. These reports will come by mail, but can also be received via email, online portal, or mobile app.
- Download the ***Scripta Insights*** app on your smartphone via the Apple App Store or Google Play store



SCRIPTA INSIGHTS

FIRST: | LAST:

DOB: | DATE REPORT GENERATED: April 05, 2020

COMPANY NAME: Teamsters Local VVV Welfare Fund

YOU COULD SAVE UP TO $642 ANNUALLY

YOUR PERSONALIZED SAVINGS REPORT

Take this report to your doctor to discuss your potential money-saving alternatives.

Your report is also available online! Login at https://client.scriptasaurus.com/

Your Medications	TIMES FILLED	DOSAGE	FILL QTY	AVG. COPAY (MONTHLY)	Lower-Priced Options	DOSAGE	FILL QTY	AVG. COPAY (MONTHLY)[1]	YOU COULD SAVE
Taltz JULY 26, 2019 - JAN. 24, 2020	7	80 MG/ML	1	$30.00	BEST VALUE Generic	Methotrexate	Drs Rx	1	$5.00	$300.00/year $25.00/month
					OR Generic	Sulfasalazine	500 MG	1	$5.00	$300.00/year $25.00/month
Omeprazole Capsules Dr OCT. 04, 2019 - JAN. 21, 2020	2	40 mg	30	$3.48	BEST VALUE Multi-Pills	Omeprazole	20 MG	60	$0.00	$41.76/year $3.48/month



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WHAT IS CANARx?

- CanaRx is a **ZERO** cost program to employees and is completely voluntary for those enrolled in HASD medical/Rx plan.
- CanaRx contracts with government-licensed pharmacies in Canada, the United Kingdom, and Australia to supply Brand Name medications.
    - **Brand name drugs only.**
    - Narcotics and controlled substances are not included due to safety concerns, laws, and regulations.
- New enrollments are verified to have at least 30 days of medication on hand before a new order is fulfilled.
- Allow 21 days for delivery after approval (depending on country, some may ship faster).
- All medications are packed and sealed by original manufacturer.
- **100% Voluntary participation** in order to comply with FDA directives.
- All medications are dispensed on 90 day mail order.

Call 1-866-893-6337 and speak with a CANARX representative to see if a medication you are currently taking is offered. You can view the complete formulary and print enrollment material at www.canarx.com (WebID: HASD).

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ENROLLMENT PROCESS

- If you want to keep your current medical plan and level of coverage as is, there is no action needed on your part.
- ESPA ONLY If you wish to change your medical plan or your medical plan tier, you must complete the medical enrollment form with appropriate changes, which includes adding or removing dependents.
- If you wish to enroll in one of the FSA's for 2027 you must complete the FSA enrollment form. Your election from 2026 will NOT roll over to 2027.
- If you are waiving benefits for the 2027 plan year, you must complete the HASD waiver form (Union Specific Form) and the 2- page enrollment change form if you are currently enrolled and decide not to enroll for 2027.
- If you are enrolled/newly enrolling in the HDHP $2000/$4000 and wish to start contributing to your HSA through payroll deductions in 2027, you must complete the HSA Payroll Contribution Form & return to Michele Boretski, Payroll Supervisor

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ALL FORMS ARE DUE TO AYERSC@HASDK12.ORG BY END OF DAY FRIDAY, NOVEMBER 20, 2026

Please contact Jennifer Pecora via email at jpecora@daybright.com or by phone at 570-401-9699

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