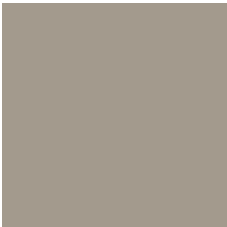


Neshannock Township School District



2024/2025 Medical, Prescription Drug and HRA Benefit Guide

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This brochure summarizes the benefit plans that are available to Neshannock Township School District eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

A Message to Our Employees

Neshannock Township School District, as part of the Western Pennsylvania Schools Health Care Consortium, is a cornerstone of our community. We are committed to increasing student engagement, and we strive to create an educational environment in which every student is well-known and feels a sense of connection. Our success depends on you – our teachers, administrators, and staff – who are dedicated to helping our students develop to their full potential. To support you and your family, we are proud to offer a comprehensive and competitive benefits program designed to promote and protect your health and financial well-being.

This guide has been designed to provide you with information about the benefit choices available to you. If you are a newly hired employee, you have 30 days from your date of hire to enroll in benefits. If you do not enroll when you are first eligible, you will have to wait until the next annual open enrollment period, unless you experience a qualifying life event.

Open enrollment occurs annually and provides employees with the opportunity to make changes to your benefit elections. Open Enrollment is your one-time opportunity during the year to make changes to your elections unless you experience a qualifying life event.

Few things are as important as your health. Making healthy choices and smart decisions with your healthcare needs are vital ways to impact your quality of life and manage your future healthcare costs, while providing you and your family with peace of mind.

What's New for 2024?

We are excited to announce that our Pharmacy Benefit Manager will be moving from RxBenefits to **Meritain Health® Pharmacy Solutions**, which is owned by **CVS Caremark**, effective July 1, 2024. CVS has one of the largest pharmacy networks in the country, providing employees with convenient access to a wide range of retail pharmacies, including but not limited to CVS, Giant Eagle, Wal-Mart, and Rite Aid as well as many independent pharmacies. With CVS, you can expect enhanced customer support and a more streamlined process when managing your benefit needs. CVS provides strong clinical support and guidance to employees to help you make informed decisions about your medications and your overall health.

There will be no changes to the medical plans offered for the 2024-2025 plan year. You will continue to have the choice of two plan options – Highmark Community Blue PPO or UPMC Health Plan. Both plans have the same benefits – the difference is the network of providers.

Benefits for You & Your Family

Neshannock Township School District is pleased to announce our 2024/2025 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions.

Who is Eligible?

Active full-time employees and your eligible dependents may participate in the Neshannock Township School District benefits program.

Generally, for the Neshannock Township School District benefits program, dependents are defined as:

- Your spouse under a legally valid existing marriage. All new enrollees shall be required to provide a valid certificate of marriage.
- Dependent “child” up to age 26.
Child means:
 - Natural child
 - Newborn child
 - Stepchildren
 - Children legally placed for adoption
 - Legally adopted children
 - Children awarded coverage pursuant to a court order
- Your unmarried dependent child over age 26 who is not able to support themselves due to a mental or physical disability, mental illness, or developmental disability. The plan may require proof of such disability from time to time.

Remember, it's your responsibility to notify the Business Office when you have changes. Failure to properly notify the Business Office regarding family changes in status may subject you to repayment for costs of covering ineligible dependents.

How Do I Enroll?

New hires: Please complete your enrollment forms within 30 days of your date of hire.

Open enrollment is held annually. At open enrollment, you may make changes to your elections without experiencing a qualifying life event. The 2024-2025 open enrollment will be conducted May 13, 2024 through June 3, 2024. If you do not want to make any changes to your current elections, you do not need to do anything!

Please contact Justin DiMuccio with any benefits-related questions and requested changes.

Justin DiMuccio
724-856-4604

jdimuccio@ntsd.org

Flexible Spending Accounts are available. Please refer to the Flexible Spending handout for details and how to enroll in the Flexible Spending Accounts.

When is My Coverage Effective?

If you are a new hire, the business office will provide you with your benefit effective date. All open enrollment changes will be effective July 1, 2024 through June 30, 2025.

Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to your Business Office within 30 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Highlights of the Benefits

Neshannock Township School District has a Consumer Driven Health Plan (CDHP), coupled with a Health Reimbursement Arrangement (HRA). A CDHP is a benefit plan where you are responsible for the initial costs under your plan in order to financially incentivize consumerism. The HRA is a spending account that is funded by the District and is available for you to access. The money in this account can be used toward your out-of-pocket medical expenses.

Medical and Prescription Drug Deductible

- A deductible is the amount of expenses that must be paid out-of-pocket before your insurance will begin to make payment. The deductible applies to all medical services and prescription drug coverage. The exception to this is **Preventive Care**, which is covered at 100%, no deductible applies. Refer to the Annual Preventive Schedule for specific Covered Services on Highmark's or UPMC's website.
- If you see an In-Network physician, practice, or hospital, you will have lower out-of-pocket costs than if you utilize an Out-of-Network provider.
- You have a separate deductible for In-Network and Out-of-Network services.
 - **Your In-Network plan year deductible is \$1,500 Employee and \$3,000 Family (Employee + 1 or more dependents).**
 - **Your Out-of-Network plan year deductible is \$2,600 Employee and \$5,200 Family (Employee + 1 or more dependents).**
- The annual family deductible can be met by one family member or multiple family members whose combined claims add up to the \$3,000 In-Network deductible or \$5,200 Out-of-Network deductible.
- If your providers are In-Network, after the deductible is met, most medical costs will be paid 100% and Prescription Drugs will be subject to copays.
- If your providers are Out-of-Network, you will have financial responsibility after the deductible. You will be responsible for 30% of the eligible costs until you reach the coinsurance maximum. The Out-of-Network coinsurance maximum is \$50,000 Employee and \$100,000 Family (Employee + 1 or more dependents). This does not include any In-Network deductible you may have previously satisfied or balance billing by the Out-of-Network provider. There is no pharmacy coverage Out-of-Network.

Office Visits

- You must meet your deductible before the plan will pay for office visits. Once the deductible is met, In-Network office visits and services will be covered at 100%.
- **In-Network eligible Preventive Care is covered at 100%; the deductible does not apply for eligible preventive services.**

Emergency Room / Urgent Care Services

- If you are treated and released from the Emergency Room, you will be subject to a \$250 copayment then the cost is covered 100% after the In-Network deductible is met. If admitted inpatient as a result of the ER visit, the copayment is waived, and the visit will be covered 100% after the In-Network deductible is met.
- Urgent Care Centers, such as MedExpress, are ambulatory care facilities separate from a hospital Emergency Room setting which treat patients on a walk-in basis. Urgent Care Centers usually treat conditions that require immediate care but are not serious enough to warrant the Emergency Room.
 - If you or a covered family member visit an In-Network Urgent Care Center, it is covered 100% after the In-Network deductible is met.

Highlights of the Benefits

Prescription Drug Coverage

- The In-Network Medical deductible is integrated with the Prescription Drug deductible. Once you have met your deductible of \$1,500 Employee or \$3,000 Family (Employee + 1 or more dependents), you will be subject to the Prescription Drug copay structure until the out-of-pocket maximum of \$6,450 Employee and \$12,900 Family (Employee + 1 or more dependents) is met. *Note: Each member of a Family (employee + 1) plan will satisfy their out-of-pocket maximum once they have met \$6,450. After two members each meet \$6,450, the total \$12,900 Family (employee + 1) out-of-pocket maximum will be satisfied.*
- As part of our longer-term plan to encourage better health outcomes, all preventive or maintenance medications from the listing on pages 17-19 are completely free to you. The medications on the list will not be subject to the deductible and no copayments will apply – the plan will pay 100% of the cost. Maintenance medications are those typically prescribed to treat long-term or chronic conditions, such as diabetes, high blood pressure, and high cholesterol. The list is updated regularly by Meritain/CVS Caremark. If your medication is not on the FREE list, we encourage you to speak with your Physician to see if you can switch to one that is covered at no cost to you.
- The plan has mandatory generic coverage which means if you prefer to take a brand and a generic equivalent is available, you will be charged the brand copayment in addition to the difference in the cost of the generic drug and the brand drug. If you are in the deductible layer, only the generic drug's cost will apply to the deductible.
- The plan includes a Mandatory Mail Order provision. This means that you are required to use home delivery from CVS Caremark Mail Service or fill your 90-day prescription at a Maintenance Network Pharmacy such as CVS or Kroger's for maintenance medications. Maintenance medications are prescriptions that you take regularly for *ongoing conditions*.

Health Reimbursement Arrangement (HRA)

- Provides dollars that can be used for eligible health care expenses under IRS Section 213(d) plus retiree healthcare premiums.
- Funded by Employer dollars only; Employees cannot contribute to the HRA.
- This account rolls over and accumulates each year.
- It is a pre-tax benefit and District contributions are deposited tax-free.
- Funds can be withdrawn for qualified medical expenses, tax-free.
- Funding is greater if you participate in the Wellness Program.
- The account is portable upon separation of employment. The account is yours and will go with you to use tax free on eligible qualified medical expenses per the IRS Section 213(d).
- An excellent savings vehicle for future medical expenses or medical care during retirement.

ID Cards

- When you first enroll, you will receive a **Medical ID Card** (*Highmark -OR- UPMC*) and **Prescription Drug ID Card** (*Meritain/CVS Caremark*). Please be sure you provide your doctors and pharmacists with your new ID Card information. **For 7/1/2024, all participants will receive a new Prescription Drug ID Card.**
- You **will** receive a **Health Reimbursement Account/Debit Card** from Daveic when you enroll. If you are already enrolled and have a debit card from Daveic, you can continue to use your current card.

Medical Benefits Overview

Neshannock Township School District will continue to offer **Highmark BCBS** and **UPMC Health Plan** options. The plans cover the same services with the same benefit levels as described below. The only difference in the plans is the network of providers. Network providers can be identified through the Highmark and UPMC websites or by calling your doctor/hospital. This chart is a brief outline of the plans. Please refer to the summary plan description for complete plan details.

Covered Services	In Network Providers	Out of Network Providers
Annual Deductible (Deductible runs July 1 through June 30th each year) Integrated Medical and Prescription Drug Deductible Employee Only / Employee + 1 or more Dependents	\$1,500 / \$3,000	\$2,600 / \$5,200
Health Reimbursement Arrangement – Base Funding Employee Only / Employee + 1 or more Dependents	\$325 / \$650	
Health Reimbursement Arrangement – Base + Wellness Funding – <i>refer to pages 33-39 for details</i> Employee Only / Employee + 1 or more Dependents	\$750 / \$1,500	
Coinsurance (Plan Payment Level)	100% after Deductible	70% after Deductible ¹
Annual Coinsurance Max. Employee Only / Employee + 1 or more Dependents	None / None	\$50,000 / \$100,000
Total Out of Pocket Maximum (Per Member / Per Family)	\$6,450 / \$12,900	Unlimited
Primary care provider (PCP) required ²	No	No
Pre-existing cond. Limitations	None	None
Pre-certification Requirements ³	Provider Responsibility	Member Responsibility. Required for select services, \$500 financial penalty per incident for failure to comply
Dependent Eligibility Ages	Dependent Children to age 26 ⁷	

Medical Benefits Overview

Preventive Care – Refer to Annual Preventive Schedule for specific Covered Services. Health Care Reform Changes are incorporated. Please note that a physician can charge an office visit if a diagnostic service is provided.

UPMC covers routine physicals once per plan year (July 1-June 30) and Highmark covers one routine physical per calendar year (January 1-December 31).

Preventive Services	In Network Providers	Out of Network Providers
Adult		
Routine Physical Exam	100% - Deductible does not apply	Not Covered
Pediatric		
Routine Physical Exam	100% - Deductible does not apply	Not Covered
Pediatric immunization	100% - Deductible does not apply	70% (No Deductible) ¹
Well-baby visits	100% - Deductible does not apply	Not Covered
Physician Services	In Network Providers	Out of Network Providers
Primary Care Physician office visit (for illness or injury)	100% after Deductible	70% after Deductible ¹
Medical/Surgical services (inpatient medical and surgical care, outpatient surgeon's fees, anesthesia)	100% after Deductible	70% after Deductible ¹
Specialist Office Visits	100% after Deductible	70% after Deductible ¹
	Referrals to Specialists not Required	
Physician Hospital Visit or Consultation	100% after Deductible	70% after Deductible ¹
Women's Care		
Routine gynecological exam, Pap test, Prenatal visit, Diagnostic test, and surgical services, Mammogram (annual mammogram for plan participants age 40 and over, under 40 if Physician recommended)	100% – Deductible does not apply	70% after Deductible ¹ Routine gynecological exam, PAP test, and mammogram not subject to deductible
Maternity Care	100% after Deductible	70% after Deductible ¹

Medical Benefits Overview

Hospital Services	In Network Providers	Out of Network Providers
Inpatient	100% after Deductible	70% after Deductible ¹ ; Pre-certification required ³
Outpatient care, medical/surgical services, ancillary services, and supplies	100% after Deductible	70% after Deductible ¹
Emergency Department Services	In Network Providers	Out of Network Providers
Emergency Services Coverage	\$250 copayment; then 100% after deductible ¹ (waived if admitted)	
Ambulance Services	100% after In Network Deductible Coverage provided from the scene of accident or medical emergency as well as emergency transportation between hospitals or from a hospital to a skilled nursing facility. If the Ambulance is out of network, plan pays 100% of allowance after deductible and member may get balance billed.	
Urgent Care Centers	In Network Providers	Out of Network Providers
Urgent Care Coverage	100% after Deductible	70% after Deductible ¹
Diagnostic Services	In Network Providers	Out of Network Providers
Basic and Advanced imaging (PET, MRI, CAT etc.)	100% after Deductible	70% after Deductible ¹
Basic Diagnostic Services (lab/pathology)	Quest, LabCorp, or Independent Lab 100% plan payment no deductible, no copay All Other Network Providers 100% after deductible	70% after Deductible ¹
Diagnostic Services (diagnostic medical and allergy testing)	100% after Deductible	70% after Deductible ¹
Medical Therapy Services	In Network Providers	Out of Network Providers
Chemotherapy, radiation, infusion therapy, respiratory therapy, dialysis treatment	100% after Deductible	70% after Deductible ¹
Rehabilitation Therapy Services	In Network Providers	Out of Network Providers
Physical, speech and occupational	100% after Deductible	70% after Deductible ¹
	36 visit max. per Benefit Period combined all 3 therapies	

Medical Benefits Overview

Telemedicine	In Network Providers	Out of Network Providers
SwiftMD	100% - Deductible does not apply	Not Covered
Other Medical Services	In Network Providers	Out of Network Providers
Skilled nursing facility	100% after Deductible	70% after Deductible ¹
Home Health Care	100% after Deductible	70% after Deductible ¹
Hospice Care	100% after Deductible	70% after Deductible ¹
Therapeutic (Spinal) Manipulation	100% after Deductible	70% after Deductible ¹
	limit of 15 visits per benefit year	
Podiatric Care	100% after Deductible	70% after Deductible ¹
Allergy testing and serum	100% after Deductible	70% after Deductible ¹
Durable medical equipment and corrective appliances	100% after Deductible	70% after Deductible ¹
Private Duty Nurse (Pre-cert. required)	100% after Deductible	70% after Deductible ¹
Mental Health	In Network Providers	Out of Network Providers
Inpatient	100% after Deductible	70% after Deductible ¹ ; Pre-certification required
Outpatient	100% after Deductible	70% after Deductible ¹
Chemical dependency treatment	100% after Deductible	70% after Deductible ¹
Inpatient detoxification	100% after Deductible	70% after Deductible ¹
Inpatient rehabilitation	100% after Deductible	70% after Deductible ¹
Outpatient rehabilitation	100% after Deductible	70% after Deductible ¹

Prescription Drug Benefits Overview

Prescription Drug Coverage (WPSHCC program administered by Meritain Health [®] Pharmacy Solutions, powered by CVS Caremark) Meritain/CVS Caremark Member Services via phone 1-866-475-7589 or visit www.caremark.com After Deductible is met, copays will apply Mandatory Generic⁴ Maintenance Medications must be obtained as a 90-day supply through the mail order drug program with CVS Caremark Mail Service or at Maintenance Choice Network pharmacy⁵		
	In Network Providers	Out of Network Providers
Annual Deductible (Deductible runs July 1 through June 30th each year) Integrated Medical and Prescription Drug Deductible Employee Only / Employee + 1 or more Dependents	\$1,500 / \$3,000	N/A (No Coverage for Out of Network Pharmacy)
Retail – up to a 30-day supply dispensed at pharmacy \$10 mandatory generic/\$30 formulary brand /\$50 non-formulary brand⁶		
Home Delivery – up to a 90-day supply for Home Delivery (mail order) maintenance drugs \$20 mandatory generic/\$60 formulary brand /\$100 non-formulary brand⁶		
Specialty⁸ - \$10 mandatory generic specialty/\$30 formulary brand specialty/\$50 non-formulary brand specialty. Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Solution program. If your drugs are eligible under the PrudentRx Solution program and you do not enroll, you will subject to a 30% copay.		

¹ If care is out-of-network, benefits are paid at a lower level after your annual deductible is met. If you go to an out-of-network provider, you also may have to pay the difference between the provider's charge and the Carrier payment (reasonable and customary amount).

² A Physician whose practice is limited to family practice, general practice, internal medicine, or pediatrics.

³ Carrier Physicians obtain pre-certification on behalf of members. If you are using a non-network provider, please make sure the physician secures pre-certification on your behalf. For pre-certification call Member Services number located on the back of ID card.

⁴ Your program includes coverage for both formulary and non-formulary drugs at the specific copayment amounts listed above. You are responsible for the payment differential when a generic drug is available, and you or your doctor specifies a brand name drug. Your payment is the price difference between the brand name drug and generic drug in addition to the brand name drug copayment. If you have not met your deductible and you or your doctor specifies a brand name drug when a generic drug is available, only the cost of the generic drug will be counted towards your deductible.

⁵ Your program allows for the purchase of your first three 30-day supplies of maintenance drugs at any in-network retail pharmacy. After 3 fills, maintenance drugs must be purchased as a 90-day supply through the mail order program or at a Maintenance Choice Network pharmacy such as CVS or Kroger's. For additional information, please contact Meritain/CVS.

⁶ The formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment amounts listed above. Questions on your formulary can be directed to Meritain/CVS.

⁷ Your unmarried dependent child over age 26 who is not able to support themselves due to a mental or physical disability, mental illness or developmental disability. The plan may require proof of such disability from time to time.

⁸ Specialty drugs MUST be obtained directly from the Specialty Pharmacy Program. Specialty Drugs are not available at retail or mail order pharmacies and there are no grace fills provided to Covered Persons. PrudentRx Solution assists individuals by helping them enroll in manufacturer copay assistance programs. Medications in the specialty tier will be subject to a 30% Copay if those drugs are available through the program and you do not enroll. However, enrolled individuals who get a copay card for their Specialty Drug (if applicable), will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution program. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution program.

This document is a representative listing of covered services under your plan. Please see the Summary Plan Document for a detailed description of plan coverages. Should any discrepancies exist between this document and the Summary Plan Document, the Summary Plan Document will supersede this document.

Prescription Drug Benefits Overview

PrudentRx Solution for Specialty Drugs

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Please refer to the Prescription Drug Schedule of Benefits for a complete description of this program.

Rx Smart Savings Program

The Rx Smart Savings Program works with the Plan, your Physician, and pharmacies to improve your quality of care and identify possible savings in your Prescription Drug coverage. From time to time, you may be contacted by a program representative who will speak with you about possible alternatives to your current prescribed drugs. The decision to switch to a different prescribed drug is up to you and your Physician.

Mandatory Specialty Pharmacy Program

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program. For additional information, please contact the Prescription Drug Card Program Administrator. Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

Mandatory Generic Program

The Plan requires that pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug, even if a DAW (Dispense As Written) is written by the prescribing Physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

Maintenance Drugs through Mail Order

The Plan allows for the purchase of your first three 30-day supplies of maintenance drugs at any in-network retail pharmacy. After 3 fills, maintenance drugs must be purchased as a 90-day supply through the mail order program or at a Maintenance Choice Network pharmacy such as CVS or Kroger's. For additional information, please contact Meritain/CVS.

Step Therapy

Certain Prescription Drug classes are subject to Step Therapy. Step Therapy is a type of prior authorization. In most cases, you must first try a less expensive drug on the formulary (also called a drug list) that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug. This might mean trying a similar, more affordable Brand Name Drug. The more affordable drugs in the first phase are known as "Step 1" Prescription Drugs. Please note the formulary may change at any time. You will receive notice when necessary. However, if you have already tried the more affordable drug and it didn't work or if your Physician believes it is Medically Necessary for you to be on a more expensive drug, he or she can contact the Plan Administrator to request an exception. If your Physician's request is approved, the Plan will cover the more expensive drug. The more expensive drugs are known as "Step 2" Prescription Drugs.

Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

Prescription Drug Benefits Overview

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out-of-pocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

<https://www.healthcare.gov/what-are-my-preventive-care-benefits> For a list of Preventive Drugs, contact Meritain/CVS.

Member Portal

**Register at
Caremark.com**



When you register at Caremark.com, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to Caremark.com, click the *Register* button and follow the instructions to sign up
- Download the CVS Caremark® mobile app from Google Play or the App Store to register your account
- Call the number on the back of your member ID card and a representative will get you started with a personalized registration email or text

Register to:

- Refill your prescriptions
- Check the status of your order
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money
- Log into Caremark.com from your desktop to access these additional features: manage your profile information, including shipping addresses, payment methods and notifications

Prescription Drug Benefits Overview

CVS Caremark Mail Service Pharmacy

Your CVS Caremark Mail Service Pharmacy

How would you like to have your long-term medicine conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medicine for a copay* that may be significantly less than you would pay at a participating retail pharmacy.

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine.
- Enjoy the convenience of having your medicine delivered to a location of your choice—home, office or vacation spot.
- Speak to a registered pharmacist 24 hours a day, seven days a week.
- Order prescriptions and get health information online at www.caremark.com.



**Note: Copay or coinsurance means the amount you are responsible to pay, based on your plan. This may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.*

Getting started

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:

- The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy.
- The second for the maximum days supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark Mail Service Pharmacy.

If you're not in a hurry, just mail your prescription for a 90-day supply (with any appropriate refills) to CVS Caremark.

Filling out the mail service order form

Follow these five steps to fill out the mail service order form:

Step 1—Benefit ID number

Fill in your ID number from your member ID card. (On your next order, your ID number will be pre-printed on your order form.)

Step 2—Address

Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.

The image shows a sample of the CVS Caremark Mail Service Pharmacy order form. It includes fields for:

- Step 1:** A field to 'Enter ID # below if not shown or if different from' with a circled '1' next to it.
- Step 2:** A 'Shipping Address' section with fields for Last Name, First Name, Middle Initial, Suffix (JR, SR), Street Name, Apt./Suite #, City, State, and ZIP Code. A circled '2' is placed over the Apt./Suite # field.
- Instructions:** 'Please use blue or black ink, capital letters, and fill in both sides of this form.' and 'FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your prescription benefit ID Card.'
- Additional Info:** 'Mall this form to:' followed by a barcode and address: 'CVS CAREMARK, PO BOX 94467, PALATINE, IL 60094-4467'.

Prescription Drug Benefits Overview

CVS Caremark Mail Service Pharmacy

Step 3—Prescription information

Provide the requested information for the first person for whom a prescription(s) is being submitted.

- Indicate if you would like your order to include easy-open caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
- Be sure to completely fill out your doctor's first name, last name and phone number.
- Fill in the ovals under *Allergies* if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the *Other* oval and write in the allergy.
- Fill in the ovals under *Conditions* if you have any health conditions. If you do not see your health condition listed, fill in the *Other* oval and write in the health condition.

3a. Provide the requested information for the second person for whom a prescription is being submitted (if applicable). If this is the case, provide the same information as Step 3.

Step 4—Method of payment

Fill in the appropriate oval for your method of payment. You can pay using an electronic check, Bill Me Later® or credit/debit card (VISA®, MasterCard®, Discover® or American Express®). If you are paying by check or money order, please write your benefit ID number on the check. **Please do not send cash.**

Note: electronic check and Bill Me Later® require pre-registration by logging on to www.caremark.com or by calling Customer Care.



Step 5—Enclose your prescription

Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

Mail it in

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided or use your own envelope and mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form. Please be sure to fold the mail service order form along the fold lines so the CVS Caremark Mail Service Pharmacy address shows through the window of the envelope.

Prescription Drug Benefits Overview

CVS Caremark Mail Service Pharmacy (cont.)

Three ways to refill:

- **Online.** You can order your mail service refills by logging on to www.caremark.com. Register online to receive refill reminders, informative newsletters and other important alerts. Have your benefit ID number handy to register.
- **Phone.** Call our toll-free Customer Care number for fully automated refill service. Have your benefit ID number ready.
- **Mail.** You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number (s) in the space provided. Send the order form to CVS Caremark and enclose your payment, if your plan requires a payment.

Sign up for mail service with FastStart®

You have several options to get started. It's easy!

- **By internet**
 1. Log in to www.caremark.com and sign in or register if necessary.
 2. Click on *Start a New Prescription* and then click on *FastStart®*.
 3. Fill in your information.
- **By phone**
 1. Call FastStart® toll free at **1.800.875.0867** Monday through Friday, 7:00 AM to 7:00 PM (CT).
 2. Let the representative know you wish to fill your prescription through mail service.
 3. Provide the representative the information on your member ID card, the names of your long-term medicines, your doctor's name and phone number, your payment information and mailing address.

Prescription Drug Benefits Overview

Free Preventive Medications

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

emtricitabine/tenofovir disoproxil fumarate 200/300 mg

ANTICOAGULANTS/ ANTIPLATELETS

ANTICOAGULANTS

*dabigatran
enoxaparin
fondaparinux
warfarin
Jantoven*

PLATELET AGGREGATION INHIBITORS

*aspirin 81 mg
clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel*

Over-the-Counter (OTC) products require a prescription.
Coverage may vary by plan.

ANTICONVULSANTS

*carbamazepine
carbamazepine ext-rel
clobazam
clonazepam
divalproex sodium delayed-rel
divalproex sodium ext-rel
ethosuximide
felbamate
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
methsuximide
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
topiramate ext-rel
valproic acid
vigabatrin
zonisamide
Epitol
Phenytek*

CARDIOVASCULAR CONDITIONS - OTHER

ANTIARRHYTHMIC AGENTS

*amiodarone
disopyramide
dofetilide
flecainide
propafenone
propafenone ext-rel
sotalol
sotalol AF
Pacerone*

ORAL ANTIANGINAL AGENTS

*isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate ext-rel*

Sublingual and chewable formulations are not included
on this list.

TRANSDERMAL/TOPICAL ANTIANGINAL AGENTS

nitroglycerin transdermal

CORONARY ARTERY DISEASE

ANTIHYPERTENSIVES

*atorvastatin
cholestyramine
colesevelam
colestipol
ezetimibe
fenofibrate
fenofibric acid
fenofibric acid delayed-rel
fluvastatin
fluvastatin ext-rel
gemfibrozil
icosapent ethyl
lovastatin
niacin ext-rel
pitavastatin
pravastatin
rosuvastatin
simvastatin
Niacor
Prevalite*

COMBINATION ANTIHYPERTENSIVES

*amlodipine/atorvastatin
ezetimibe/simvastatin*

DIABETES

ORAL DIABETES AGENTS

*acarbose
alogliptin*

*alogliptin/metformin
alogliptin/pioglitazone
glimepiride
glipizide
glipizide ext-rel
glipizide/metformin
metformin
metformin ext-rel
miglitol
nateglinide
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
repaglinide
saxagliptin
saxagliptin/metformin ext-rel*

HYPERTENSION

ACE INHIBITORS/ANGIOTENSIN II RECEPTOR ANTAGONISTS AND COMBINATION AGENTS

*amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
candesartan
candesartan/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
moexipril
olmesartan
olmesartan/hydrochlorothiazide
perindopril
quinapril
quinapril/hydrochlorothiazide
ramipril
telmisartan
telmisartan/hydrochlorothiazide
trandolapril
trandolapril/verapamil ext-rel
valsartan
valsartan/hydrochlorothiazide*

BETA-BLOCKERS AND COMBINATION AGENTS

*acebutolol
atenolol
atenolol/chlorthalidone
betaxolol*

Prescription Drug Benefits Overview

Free Preventive Medications (cont.)

bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
carvedilol phosphate ext-rel
labetalol
metoprolol
metoprolol succinate ext-rel
metoprolol/hydrochlorothiazide
nadolol
nebivolol
pindolol
propranolol
propranolol ext-rel
timolol maleate

CALCIUM CHANNEL BLOCKERS AND COMBINATION AGENTS

amlodipine
diltiazem
diltiazem ext-rel
diltiazem XR
felodipine ext-rel
isradipine
levamlodipine
nicardipine
nifedipine
nifedipine ext-rel
nisoldipine ext-rel
verapamil
verapamil ext-rel
Cartia XT
Dilt-XR
Matzim LA
Nifediac CC
Taztia XT

DIURETICS

amiloride/hydrochlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
spironolactone/hydrochlorothiazide
triamterene/hydrochlorothiazide

OTHER ANTIHYPERTENSIVE AGENTS

aliskiren
amlodipine/olmesartan
amlodipine/telmisartan
amlodipine/valsartan/ hydrochlorothiazide
clonidine
clonidine transdermal
guanfacine
hydralazine
methyl dopa
minoxidil
olmesartan/amlodipine/ hydrochlorothiazide

MENTAL HEALTH

ANTIDEPRESSANTS

amitriptyline
amoxapine

bupropion
bupropion ext-rel
citalopram
desipramine
desvenlafaxine ext-rel
doxepin
duloxetine delayed-rel
escitalopram
fluoxetine
fluoxetine delayed-rel
imipramine HCl
imipramine pamoate
mirtazapine
nortriptyline
paroxetine HCl
paroxetine HCl ext-rel
phenelzine
protriptyline
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ext-rel
vilazodone
Irenka

ANTIMANIC

lithium carbonate
lithium carbonate ext-rel

ANTIPSYCHOTICS

aripiprazole
asenapine
chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate
haloperidol
loxapine
lurasidone
olanzapine
olanzapine orally disintegrating tabs
paliperidone
perphenazine
quetiapine
quetiapine ext-rel
risperidone
thioridazine
thiothixene
trifluoperazine
ziprasidone

OBSESSIVE COMPULSIVE DISORDER

clomipramine
fluvoxamine
fluvoxamine ext-rel

OSTEOPOROSIS

alendronate
calcitonin
calcitonin/salmon
ibandronate

raloxifene
risedronate
teriparatide
zoledronic acid 5 mg/100 mL

PREVENTIVE CARE SERVICES

AGENTS FOR CHEMICAL DEPENDENCY

acamprostate calcium
buprenorphine sublingual
buprenorphine/naloxone sublingual
disulfiram
naltrexone
Depade

ANTI-OBESITY AGENTS

benzphetamine
diethylpropion
diethylpropion ext-rel
orlistat
phendimetrazine
phentermine

BOWEL PREPARATIONS

peg 3350/electrolytes
sodium sulfate/potassium sulfate/magnesium sulfate
Gavilyte

SMOKING DETERRENTS

bupropion ext-rel
nicotine polacrilex
nicotine transdermal
varenicline

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

MISCELLANEOUS

cholecalciferol (D3)

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

RESPIRATORY DISORDERS

RESPIRATORY AGENTS

budesonide suspension
budesonide/formoterol
cromolyn sodium nebulizer solution
fluticasone furoate/vilanterol
fluticasone propionate HFA
fluticasone/salmeterol
montelukast
zafirlukast
zileuton ext-rel
Breyna
Wixela Inhub

VARIOUS CONDITIONS

ANTI-MALARIAL AGENTS

atovaquone/proguanil
chloroquine
mefloquine
primaquine

Prescription Drug Benefits Overview

Free Preventive Medications (cont.)

DENTAL CAVES PREVENTION

sodium fluoride

IMMUNOSUPPRESSIVE AGENTS

cyclosporine caps

everolimus

mycophenolate mofetil

mycophenolate sodium delayed-rel

sirolimus

tacrolimus

Gengraf

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel

fingolimod

glatiramer

teriflunomide

WOMEN'S HEALTH

ANTIESTROGENS

tamoxifen

AROMATASE INHIBITORS

anastrozole

exemestane

letrozole

CONTRACEPTIVES

CONTRACEPTIVES - ALL GENERIC PRESCRIPTION FORMULATIONS

Over-the-Counter (OTC) emergency contraceptive products require a prescription. Coverage may vary by plan.

PRENATAL VITAMINS

folic acid

PRENATAL VITAMINS - GENERIC PRODUCTS

Over-the-Counter (OTC) products require a prescription. Coverage may vary by plan.

Please note: This list represents branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

Some strengths or dosage forms may not be included in the Preventive Therapy Drug List and certain products or categories may not be covered, regardless of their appearance in this document. Please check with your plan provider should you have any questions about coverage. Additional medications may be included in this list from time to time in compliance with Affordable Care Act requirements and/or U.S. Internal Revenue Service (IRS) guidance. This list includes medications considered preventive by the IRS; it may not include all preventive medications.

Prescription Drug Benefits Overview

National Network Pharmacies

This is a list of major chain pharmacies. Most local independent pharmacies are also In Network.



Participating National Network Retail Pharmacies

The network includes all major chains and most independent pharmacies. The following list shows the major chain pharmacies that accept your prescription ID card. In addition to the pharmacies listed below, many independent pharmacies also take part in the prescription program. To find out if a pharmacy not listed here accepts your card, call the pharmacy directly.

A

A & P Pharmacy
Accredo Health Group, Inc.
ACME Pharmacy
Albertson's Pharmacy
Aurora Pharmacy

B

Baker's Pharmacy
Bartell Drugs
Bel Air Pharmacy
Brookshire Pharmacy

C

CarePlus
Caremark Specialty Pharmacy
Carrs-Gottstein Foods Pharmacy
Cashwise Pharmacy
CenterWell Pharmacy
City Market Pharmacy
Coborn's Pharmacy
Copp's Food Center Pharmacy
Coram CVS Specialty Pharmacy
Costco Pharmacy

C

Cub Pharmacy
CVS Pharmacy
CVS Pharmacy in Target stores
CVS Specialty

D

Dillon Pharmacy
Discount Drug Mart
Doc's Pharmacy
Duane Reade

E

Eaton Apothecary
Essentia Health

F

Fairview Pharmacy
Food City Pharmacy
Food Lion Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy
Fresh Market Pharmacy
Fruth Pharmacy
Fry's Food and Drug

G

Gerbes Pharmacy
Giant Eagle Pharmacy
Giant Pharmacy
Group Health Pharmacy

H

Haggen Pharmacy
Hannaford Food & Drug
Harmons Pharmacy
Harps Pharmacy
Harris Teeter Pharmacy
Harveys Supermarket Pharmacy
Healthsmart Pharmacy
H-E-B Pharmacy
Hen House Pharmacy
Henry Ford Medical Center Pharmacy
Homeland Pharmacy
Hy-Vee Pharmacy

I

IHC Health Center
Ingles Pharmacy

Prescription Drug Benefits Overview

National Network Pharmacies (cont.)

J

Jewel-Osco Pharmacy

K

Kessel Pharmacy

King Soopers Pharmacy

Kinney Drugs

Klein's Pharmacy

Klingensmith's Drug

Stores

Kmart Pharmacy

Knight Drugs

Kroger Pharmacy

Kroger Sav-On Pharmacy

L

Longs Drug Store

M

Marianos Pharmacy

Martin's Pharmacy

Maxor Pharmacies

Med-Fast Pharmacy

Medicap Pharmacy

Medicine Shoppe

Pharmacy

Meijer Pharmacy

Mercy Pharmacy

Metro Market Pharmacy

N

Navarro Discount
Pharmacy

NCS Healthcare

Pharmacy

Neighborcare Pharmacy

Nob Hill Pharmacy

North Florida Pharmacy

[Caremark.com](https://www.caremark.com)

CVS Caremark® reserves the right to review and update the Participating National Network Retail Pharmacies List.

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O

Omnicare Pharmacy

Oncology Pharmacy

Option Care Pharmacy

Osco Pharmacy

P

Pavilions Pharmacy

Pharmerica

Pick N Save Pharmacy

Price Chopper Pharmacy

Price Cutter Pharmacy

Publix Pharmacy

Q

QFC Pharmacy

R

Raley's Drug Center

Ralphs Pharmacy

Randall's Pharmacy

Rite Aid Pharmacy

S

Safeway Pharmacy

Sam's Club Pharmacy

Sav-Mor Pharmacy

Save Mart Pharmacy

Sav-On Pharmacy

Schnucks Pharmacy

Scott's Pharmacy

Shaw's Pharmacy

Shop 'n Save Pharmacy

Shoppers Pharmacy

S

ShopRite Pharmacy

Smith's Pharmacy

St. John Pharmacy

Stop & Shop Pharmacy

Super 1 Pharmacy

T

Texas Oncology
Pharmacy

Thrifty White Pharmacy

Times Pharmacy

Tom Thumb Pharmacy

Tops Pharmacy

U

United Market Street
Pharmacy

United Pharmacy

USA Drug

UW Health Pharmacy
Services

V

Vons Pharmacy

W

Walgreens Pharmacy

Walmart

Wegman's Pharmacy

Weis Pharmacy

White Drug

Winn-Dixie Pharmacy

Dental



Dental Benefits Summary for Neshannock Township School District

Network: Advantage

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	100%	100%
Posterior Resins (White Fillings)		
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, <u>Onlays</u>		
Endodontics		
Complex Oral Surgery		
General Anesthesia	80%	80%
Nonsurgical Periodontics		
Surgical Periodontics		
Class III – Major Services		
Inlays, <u>Onlays</u> , Crowns	100%	100%
Repairs of Bridges & Dentures	50%	50%
Prosthetics (Bridges, Dentures)		
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50%
Included Plan Features		
Preventive Incentive [®]	Class I services do not count toward your annual program maximum	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	\$1,000	
	Excludes Class I & Orthodontics	
Lifetime Orthodontic Maximum (per person)	\$800	
Reimbursement	Advantage	In PA: Advantage Outside PA: 90th Percentile

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Unmarried dependent children covered to age 19. Unmarried dependent students covered to age 25.

2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

Vision



Vision Care Plan for – Neshannock Township School District

Group/Sponsor Number – 00350113

General Information

National Vision Administrators (NVA) is the Administrator for the vision plan. NVA has a network of participating Ophthalmologists, Optometrists, and Opticians to serve you. Benefits are also available from non-participating providers. This document describes the principal features of the PSEA Health and Welfare Fund Vision Plan. It is not to be considered the contract of benefits and provisions. The PSEA Health and Welfare Plan and Trust are the controlling documents.

Where can I obtain services?

NVA, the plan administrator, has a network of participating ophthalmologists, optometrists and opticians. A list of the Participating Providers in your area is available through NVA's website at www.e-nva.com (using the Group/Sponsor Number at the top of this page) or by calling the PSEA Health and Welfare Fund. Benefits are also available from non-participating providers.

How to use your plan

Participating Providers:

When making your appointment with a NVA Participating Provider, please provide your name, social security number or identification number, group/sponsor number and the name of the patient. The provider will contact NVA to verify your vision care eligibility. At the time of your first appointment, present your NVA Vision Identification Card—you do not need to obtain a vision claim form. The Participating Provider will inform you of your eligibility status prior to rendering services. To verify benefit eligibility prior to scheduling your eye care appointment, contact NVA's Customer Service Department at 1-800-672-7723 or log into your account at the NVA website www.e-nva.com.

When the services have been completed, the Participating Provider will have you sign a claim form, and it will be sent to NVA for processing and payment. You do not pay anything unless you select something other than what the plan allows. NVA will pay the provider directly for all plan benefits.

Non-Participating Providers:

If you select a non-participating provider, you must pay the provider. Reimbursement will be made directly to you from NVA in accordance with the non-participating provider reimbursement schedule for your group. You must submit an itemized receipt from the doctor and/or optician—including a copy of the doctor's prescription, along with your name, social security number or identification number, patient's name, patient's date of birth, and group number or a photocopy of your NVA Vision Identification Card to the following address:

National Vision Administrators
P.O. Box 2187
Clifton, NJ 07015

Vision

What services are covered?

Eye examinations, refractive services and post-refractive services are covered.

Eye examinations and refractive services include:

- Case history, testing visual acuity
- External and internal examination of the eyes
- Determination of binocular measurement
- Medication for dilating the pupils and desensitizing the eyes for tonometry
- Tonometry, if indicated
- Summary and finding
- Prescribing of corrective lenses

Post-refractive services include:

- Facial measurement and other specifications needed for ordering lenses
- Frames and contact lenses
- The cost of the glasses or contact lenses
- Adjustment of the glasses or contact lenses

How often are these services available?

Vision Examination:

Participant and eligible dependents—once every 12 months.

Lenses:

Participant and eligible dependents—once every 12 months.

Frames:

Participant and eligible dependents— once every 24 months, regardless of age.

Payment will not be made for both contact lenses and glasses within a 24-month period

How much do eligible employees have to pay for these services?

When a participating doctor is used, the examination will be provided at no cost. Lenses and frames will be provided free of charge when the patient stays within the plan guidelines. If contact lenses are selected in lieu of an exam, lenses, and frames, the allowance listed in the summary of benefits section of this document, which includes examination, is made toward the cost of cosmetic contact lenses. Additional exam charges relating to cosmetic contact lenses (those that are not medically necessary) such as fitting fees are not covered.

While the plan is comprehensive, it will not pay for everything (“What is not covered” section).

Patients sometimes select lenses or lens characteristics that are not necessary for their visual welfare but are desired for cosmetic reasons. In such cases, if the patient is using a participating provider, they will pay according to the lens option schedule in effect at the time of purchase of lenses. A copy of this schedule is on page 24 of this document.

Vision

The plan provides a wide selection of quality frames. Because of the cosmetic nature of frames and rapidly changing styles, there is a limit on the cost of frames provided under the plan. However, because NVA buys frames at wholesale cost, the limit is designed to cover many frames in current use. Patients who select frames that exceed the limit will pay a maximum charge of the actual difference between the wholesale cost and the maximum allowance plus 20% of the difference. NVA's wholesale pricing provides substantial cost savings to participants.

What is not covered?

Exclusions include, but are not limited to:

- Medical or surgical treatment of the eye
- Drugs or other medication
- Non-prescription lenses including sunglasses
- Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames
- Services covered by Worker's Compensation laws
- Vision services or materials provided by federal, state or local government
- Examinations or materials not listed as a covered service
- Additional exam charges relating to cosmetic contact lenses (such as fitting fees)
- Parts or repair of frames

The following items will be provided at the regular plan allowances with any extra charge billed to the eligible employee:

- Fashion color and coated lenses
- Photochromic lenses, gray or brown, light or dark
- Progressive or no-line multifocals
- Sunglasses requiring a prescription
- Prescription industrial safety lenses
- Safety frames with side shields
- Frames costing more than the plan allowance

Contact lenses shall be considered medically required only after cataract surgery or other conditions such as, but not limited to, anisometropia or keratoconus, if indicated, or when visual acuity is not correctable to 20/70 with spectacle lenses in a frame but can be improved to 20/70 or better by the use of contact lenses.

Who do I call with questions?

To inquire about eligibility, payment of claim, or a participating provider in your area, call NVA at (800) 672-7723 or visit their website at: www.e-nva.com

If you have any questions regarding your vision care plan, call the PSEA Health and Welfare Fund at (800) 944-7732, extension 7024

**Pennsylvania State Education Association
HEALTH AND WELFARE FUND
400 North Third Street, PO Box 1724
Harrisburg, PA 17105-1724 (717) 255-7024
• (800) 944-7732**

Vision

Summary

The Plan covers dependents up to age 19. Full time students covered to age 23 with certification.

Participating Providers

Service:

Vision Examination (Excluding Exams for Contacts) Covered in Full

Tonometry Covered in Full

Should the patient require vision correction they may choose either frames & lenses or contacts, not both, during the benefit period.

Glasses:

Frames \$32.00 Wholesale allowance* Standard

Lenses (pair) single, bi-focal, tri-focal Covered in Full

Non-Standard Lenses Allowance Equal to Cost of Standard Lenses

Low Vision Aids Covered in Full (Up to \$250.00)
(Medically required – includes exam)

Contact Lenses:

- The contact lenses benefits are provided in place of the benefits relating to eye glass lenses/frames/examination benefits that are listed above.
- Payment will not be made for both contact lenses and glasses within a 24-month period.
- Reimbursement is available only once for any given service in a covered period.
- Contact lenses coverage allowance is used to cover the exam and cost of lenses.

Medically Required Contact Lenses Covered in full (up to \$350.00)
(once every 24 months)
(Medically required, see page 20)

Cosmetic Contact Lenses (once every 24 months) Up to \$90.00

Additional Benefits at Participating Providers; No forms to complete, Discount Pricing on Lens Options (see next page).

Other discounts available to NVA Participants include (see separate documents):

- Contact Fill – Contact mail order service available at your option
- Lasik Discount available

Vision

Lens Options Discount for Participating Providers:

If you select materials that are not covered under your program, the participating provider may charge the following:

LENS OPTION	Participant Cost (Subject to Change)
UV COATINGS	\$12.00
AR COATINGS STANDARD	\$40.00
POLYCARBONATE SV	\$25.00
POLYCARBONATE BI/TRI	\$30.00
SOLID TINTS SV/BI/TRI	\$10.00
GLASS PHOTOGREY SV	\$20.00
GLASS PHOTOGREY BI/TRI	\$30.00
TRANSITIONS STANDARD SV	\$65.00
TRANSITIONS STANDARD BI/TRI	\$70.00
SCRATCH COATING	\$10.00
BLENDED SEGMENT	\$30.00
FASHION GRADIENT TINTS	\$12.00
POLAROID	\$75.00
HIGH INDEX	\$55.00
PROGRESSIVE STANDARD	\$50.00
PROGRESSIVE PREMIUM	Wholesale+25%
UV - ultraviolet; AR - anti-reflective; SV - single vision; BI - bifocal; TRI - trifocal	

FRAMES OPTION

Difference between the wholesale cost and the wholesale allowance plus 20% of the difference (see frame benefit examples on page 24)

CONTACT LENS DISCOUNT Participating

Provider's Usual Charge less 25%

Vision

Non-Participating Providers

Should the participant use a non-participating provider, they must pay the provider directly and submit for reimbursement up to the maximum amounts listed below to NVA at the following address:

National Vision Administrators
P.O. Box 2187
Clifton, NJ 07015

Service:	Maximum Reimbursement		Maximum Reimbursement
Vision Examination	\$27.00	Tonometry	\$3.00
Glasses:			
Frames	\$32.00 - Retail Allowance *		
Lenses (pair):			
Single	\$25.00	Tri-focal	\$60.00
Bi-focal	\$40.00	Aphakic	\$80.00
Low Vision Aids (Medically required – includes exam)			\$250.00

Contact Lenses:

- The contact lenses benefits are provided in place of the benefits relating to eye glass lenses/frames/examination that are listed above.
- Payment will not be made for both contact lenses and glasses within a 24-month period.
- Reimbursement is available only once for any given service in a covered period.
- Contact lenses coverage allowance is used to cover the exam and cost of lenses.

	Maximum Reimbursement
Medically Required Contact Lenses (once every <u>24 months</u>) (Medically required, see page 3)	\$350.00
Cosmetic Contact Lenses (once every <u>24 months</u>)	\$90.00

* For Participating Provider the allowance is applied toward the wholesale cost. For Non-Participating Providers allowance is applied toward the retail cost. Refer to Wholesale pricing example on following page.

To find a participating provider use the group/sponsor number list at the top of page 18 and visit www.e-nva.com

Vision

Frame Wholesale Pricing Feature

Pricing may vary depending upon supplier – Generally retail pricing is 2.5 to 3.0 times wholesale pricing - Participating Providers are independent contractors

Examples assume providers Frames retail at 2.5 times wholesale

Example 1: Purchase of Frames that retail for \$100

Participating Provider

Frame allowance
\$32.00

Benefit Calculation

	Approximate
\$40.00	Wholesale Price
<u>-\$32.00</u>	Frame Allowance
\$8.00	Balance
+\$1.60	20% service fee on balance only
\$9.60	Net out of pocket Cost

Non-Participating Provider

Non-par reimbursement
\$32.00

Benefit Calculation

\$100.00	Retail Price
<u>-\$32.00</u>	Frame Allowance
\$68.00	Balance
	0% service fee
\$70.00	Net out of pocket Cost

Examples are for comparison only actual pricing may vary.

Example 2: Purchase of eye glasses that retail for \$200

Participating Provider

Frame allowance
\$32.00

Benefit Calculation

	Approximate
\$80.00	Wholesale Price
<u>-\$32.00</u>	Frame Allowance
\$48.00	Balance
+\$9.60	20% service fee on balance only
\$57.60	Net out of pocket Cost

Non-Participating Provider

Non-par reimbursement
\$32.00

Benefit Calculation

\$200.00	Retail Price
<u>-\$32.00</u>	Frame Allowance
\$168.00	Balance
	0% service fee
\$168.00	Net out of pocket Cost

Examples are for comparison only actual pricing may vary.

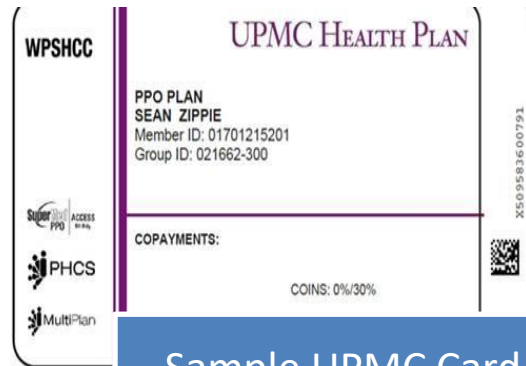
What Cards to Expect

When you newly enroll, you will receive **three** cards.

1. MEDICAL CARD from either Highmark or UPMC:



Sample Highmark Card



Sample UPMC Card

Show your medical card whenever you receive medical care such as doctor's office, hospital, urgent care, emergency room, lab or radiology provider, chiropractor or physical therapist and any other medical facilities/providers.

You will not be charged a "copay" when you visit your medical provider except for emergency room visits. You will be mailed an "Explanation of Benefits" (EOB) from UPMC or Highmark and an invoice/bill from the provider.

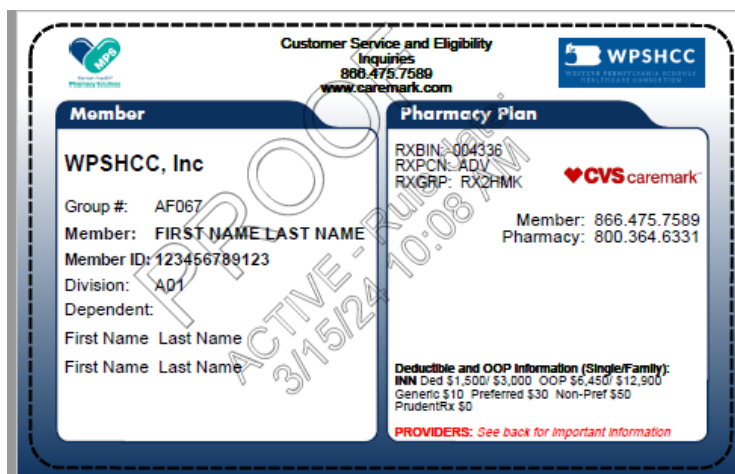
Until you have met your deductible, you will be responsible for the discounted amount from In Network providers. Do not pay the provider until you receive your Explanation of Benefits (EOB) from Highmark or UPMC. Sometimes providers will bill you before the health plan discount is applied.

What Cards to Expect

2. PRESCRIPTION DRUG CARD from Meritain/CVS Caremark

All participants will get a new Prescription Card for July 1, 2024.

(Highmark Group# AF067 and UPMC Group # AF068)



Show your prescription drug card whenever you are filling a prescription at the pharmacy or ordering through CVS Caremark mail order.

Showing your prescription drug card ensures your out of pocket costs will be counted toward your annual deductible and annual out-of-pocket maximum.

You will be charged the discounted total cost of the prescription drug at the pharmacy until you reach your deductible.

Once you reach your In Network deductible for the year (July through June) you will then only be charged the appropriate copayment.

What Cards to Expect

3. HRA Debit Card from Davevic



If you are enrolled in the FLEXIBLE SPENDING ACCOUNT (FSA), the same Davevic debit card is used to access both your FSA and HRA, in that order.

When To Use Your HRA Debit Card

- Anytime **YOU** are responsible for medical expenses before your deductible has been met.
- Doctor's office visits, therapist, hospital or any other facility.
- At the pharmacy when picking up a prescription.
- For mail order prescriptions.
- Other "Qualified Medical Expenses" such as dental and vision.
- For a complete listing, please go to <https://www.irs.gov/pub/irs-pdf/p502.pdf>.

How Does My HRA Card Work?

- Your HRA Debit Card is a supplement to your insurance coverage to help pay your out of pocket costs.
- Use your card to access the HRA funds that you have accumulated in your name to pay for your and your dependents (if applicable) out of pocket medical, prescription drug, dental and vision expenses.
- To be a savvy consumer, you can use your personal credit card (Amex, Visa, MasterCard or Discover) to pay for your out-of-pocket costs to get the credit card "points". Then you can reimburse yourself from your HRA Account to pay off your credit card charges.

What My HRA Debit Card is NOT

- It is NOT your medical or Rx insurance card.
- It does NOT provide access to your insurance coverage or accumulate dollars towards your annual deductible or out-of-pocket maximum.

Wellness HRA

Health Reimbursement Account (HRA)

If enrolled in the medical plan, you are eligible for the Health Reimbursement Account (HRA). The HRA is a spending account that you may access and will be funded by Neshannock Township School District. The money in your HRA account can be used toward your out-of-pocket medical and other eligible expenses.

How will I get reimbursed from my HRA?

The HRA is administered by Davevic and each employee will receive a debit card to use on their medical expenses. You also have the option of requesting reimbursement online.

You can manage your account online at www.Davevic.com or you can contact Davevic customer service at 800-854-4099.

Eligible HRA expenses are defined by Internal Revenue Code Section 213(d). Additionally, retiree healthcare premiums to continue coverage until Medicare age under Acts 110 and 43 are eligible for reimbursement.

If you are a NEW HIRE, the HRA funding amount is dependent on the date that your enrollment is effective in the medical plan.

New Hires enrolled between July 1st and December 31st

- You will receive the basic HRA funding and are eligible to earn the additional Wellness Credit funding.
- To earn the wellness credit funding - you and your spouse (if enrolled on the health plan) must have a preventive exam with biometric screening.
- The exam and screenings need to be completed anytime between May 1, 2023 and 60 days after you are enrolled in medical benefits.
- You have **60 days after your benefit enrollment date** to certify that you have received the exam and biometric screening.
- HRA Monies will be deposited into your account within 90 days of your benefit enrollment date.

New Hires enrolled between January 1st and June 30th

- You will receive ½ of the basic HRA funding:
 - Employee Only Coverage - \$162.50
 - Family Coverage - \$325.00
- HRA monies will be deposited into your account within 90 days of your benefit enrollment date.

Wellness HRA – New Hires with Benefit Effective Dates between July 1, 2024 and December 31, 2024

New Hires July 1, 2024 through December 31, 2024

To earn the wellness credit:

1. **Certify Preventive Exam** on May 1, 2023 or later and have your physician complete the attached Physician Certification Form and submit the form to your District Business Office **within 60 days of your benefit enrollment effective date.**
2. **Certify Biometric Screening** on May 1, 2023 or later – receive your biometric screening and have your physician certify completion on the Biometric Screening Section of the certification form and submit to your District’s Business Office **within 60 days of your benefit enrollment effective date.** Biometric Screening includes:
 - a. LDL, HDL, and Total Cholesterol;
 - b. Triglycerides;
 - c. Glucose; and
 - d. Blood Pressure.

The total funding is listed below. If you elect to not complete the wellness credits, you will receive the base amount. If you and your spouse (required, if enrolled in the health plan) receive a preventive exam and biometric screening within the allotted timeframe, you will receive the full HRA funding.

Coverage Tier	Individual	Husband/Wife or Family Coverage*
Base Amount (Wellness Credits Not Earned)	\$325	\$650
Preventive Exam and Biometric Screening Wellness Credit	\$425	\$850
Total Maximum Base & Wellness HRA Money available if criteria completed within 60 Days	\$750	\$1,500

*For Husband/Wife or Family coverage, both Employee & Spouse must complete the criteria to earn the Wellness Credit. If your spouse is not enrolled in the WPSHCC plan, only Employee completion is required.

Two options to complete Biometric Screening (you may complete both options):

- a. You can visit your primary care physician and have your physician certify completion on the Biometric Screening Section of the Physician Certification Form and submit to your District Business Office; or
- b. You can participate in the district’s on-site biometric screenings held during the 2024/2025 school year. The dates are to be determined. The procedure will only take 15 minutes, and you will get results immediately. **Your Physician does NOT need to certify completion of the on-site biometric screening.** Districts will receive a report indicating who completed the on-site screening, and you will be given credit for completion (no results are reported to the district, just completion).

Wellness HRA – New Hires with Benefit Effective Dates between July 1, 2024 and December 31, 2024 – Step 1

Physician Certification Form and Biometric Screening Certification Form

Due within 60 days after New Enrollee Benefit Start Date

Plan Year starting July 1, 2024

Employee / Spouse Complete This Section	Please complete a separate form for employee and spouse
Patient's Name: _____	
Employee Name: _____	
School District Name: _____	

The two (2) criteria for the 2024/2025 WPSHCC Wellness Program are:

STEP 1: Certification of completion of an Annual Preventive Care Examination

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- a. Have your Physician complete **Step 1: Preventive Exam** section of this form and submit it to the Business Office to satisfy this requirement; **AND**,

STEP 2: Receive a Comprehensive Biometric Screening, inclusive of:

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- a. LDL, HDL and Total Cholesterol;
- b. Triglycerides;
- c. Glucose; and
- d. Blood Pressure

Two Options to Complete Biometric Screening:

- a. Complete on your own and have your physician certify completion in the **Step 2: Biometric Screening** section of this form. Submit it to the Business Office to satisfy this requirement; **OR**,
- b. Participate in district on-site biometric screening held during the 2024/2025 school year (*dates to be determined*). Districts will receive a report indicating who completed the on-site screening and consented to having their name released. Do so, and you will be given credit for completion (*no results reported to district, just completion*). **Physician does NOT need to certify completion of the on-site biometric screening.** You may complete both options a and b if you choose.

You **MUST** complete **BOTH** steps (Routine Physical & Biometric Screening) to earn the wellness funds for 2024.

Step 1: Health Care Provider Complete This Section for Preventive Exam

We ask that you certify that your patient, listed above, has received their Annual Preventive Examination during the period of **May 1, 2023, through 60 days after his/her Benefit Start Date.** Examples of an Annual Preventive Examination include but are not limited to: Well Visit, Well Woman Exam, Age-Appropriate Screenings, a Well Visit that becomes diagnostic but was originally scheduled as a Well Visit.

By signing and dating below, you are certifying that the above named patient has received a preventive exam between the above referenced date range.

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ **Date:** _____

Date of Preventive Exam: _____

Please contact your District's Business Office with any questions regarding the Physician Certification Form and Preventive Biometric Screening.

Wellness HRA – New Hires with Benefit Effective Dates between July 1, 2024 and December 31, 2024 – Step 2

Physician Certification Form and Biometric Screening Certification Form
Due within 60 days after New Enrollee Benefit Start Date
Plan Year starting July 1, 2024

Step 2: Health Care Provider Complete This Section for Biometric Screening (if applicable)

We ask that you certify that your patient, listed below, has received their Preventive Biometric Screening during the period of **May 1, 2023, through 60 days after his/her Benefit Start Date** as defined in STEP 2 on the first page of this form.

By signing and dating below, you are certifying that the above named patient has received a Preventive Biometric Screening between the above referenced date range.

Patient's Name _____

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ **Date:** _____

Date Biometric Screening Performed: _____

- ❖ *Preventive Biometric Screenings are covered at 100% when coded as a Preventive Service. UPMC covers once per plan year (July 1-June 30) and Highmark covers once per calendar year (January 1 – December 31st). You should discuss coverage of Biometric Screenings as a Preventive Service with your Physician's office prior to the service or call your Insurance Administrator at the number on the back of your Identification Card.*

Wellness HRA – For July 1, 2025 Wellness Funding

For the 2025/2026 Plan Year - To receive the total Wellness HRA funding for July 1, 2025, we will continue to have the same two (2) criteria to the Health Rewards Program; a Preventive Exam and a Preventive Biometric Screening. Both criteria must be completed to receive the wellness credit.

The total funding for 2025/2026 will remain the same; allocation of the funding will continue to be based on what criteria you and your spouse (required, if enrolled on the health plan) complete within the allotted timeframe. HRA monies will be available in your HRA on July 1, 2025, as follows:

Coverage Tier	Individual	Husband/Wife or Family Coverage *	*For Husband/Wife or Family coverage, both Employee & Spouse must complete the criteria to earn the Wellness Credit. If your spouse is not enrolled in the WPSHCC plan, only Employee completion is required.
Base Amount (Wellness Credits Not Earned)	\$325	\$650	
Preventive Exam and Biometric Screening Wellness Credit	\$425	\$850	
Total Maximum Base & Wellness HRA Money available if all criteria completed by April 30, 2025	\$750	\$1,500	

For 2025/2026, you and your spouse (*if enrolled on the health plan*) have **two (2) Health Rewards Criteria that must be completed between May 1, 2024 and April 30, 2025 to receive the Wellness Credits outlined above.**

The **2 Criteria** required to earn 2025/2026 Wellness Credit are:

- 3. Certify Preventive Exam between 5/1/2024 and 4/30/2025** and submit the completed Physician Certification Form available from your District Business Office
- 4. Comprehensive Biometric Screening, inclusive of:**
 - e. LDL, HDL and Total Cholesterol;
 - f. Triglycerides;
 - g. Glucose; and
 - h. Blood Pressure.

Two options to complete Biometric Screening (you may complete both options):

- c. You can visit your primary care physician and have your physician certify completion on the Biometric Screening Section of the Physician Certification Form and submit to your District Business Office; or
- d. You can participate in the district's on-site biometric screenings held during the 2024-2025 school year. The dates are to be determined. The procedure will only take 15 minutes, and you will get results immediately. **Your Physician does NOT need to certify completion of the on-site biometric screening.** Districts will receive a report indicating who completed the on-site screening, and you will be given credit for completion (no results are reported to the district, just completion).

We truly appreciate your partnership in better health and wish you a happy and healthy year ahead.

Wellness HRA – Step 1 Physician Certification Form

Physician Certification Form and Biometric Screening Certification Form - Due 4/30/2025

Plan Year starting July 1, 2025

Employee / Spouse Complete This Section

Patient's Name: _____

Employee Name: _____

School District Name: _____

Please complete a separate form for employee and spouse.

The two (2) criteria of the 2025 WPSHCC Wellness Program are:

STEP 1: Certification of completion of an Annual Preventive Care Examination

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- Have your Physician complete **Step 1: Preventive Exam** section of this form and submit it to the Business Office to satisfy this requirement; **AND,**

STEP 2: Receive a Comprehensive Biometric Screening, inclusive of:

(Required for both Employee and Spouse, if enrolled in the Health Care Plan)

- LDL, HDL and Total Cholesterol;
- Triglycerides;
- Glucose; and
- Blood Pressure

Two Options to Complete Biometric Screening:

- Complete on your own and have the physician certify completion in the **Step 2: Biometric Screening** section of this form. Submit it to the Business Office to satisfy this requirement; **OR,**
- Participate in district on-site biometric screening held during the 2024/2025 school year (*dates to be determined*). Districts will receive a report indicating who completed the on-site screening and consented to having their name released. Do so, and you will be given credit for completion (*no results reported to district, just completion*). **Physician does NOT need to certify completion of the on-site biometric screening.** You may complete both options a and b, if you choose.

You MUST complete BOTH steps (Routine Physical & Biometric Screening) to earn the wellness funds for 2025.

Step 1: Health Care Provider Complete This Section for Preventive Exam

We ask that you certify that your patient, listed above, has received their Annual Preventive Examination during the period of **May 1, 2024 through April 30, 2025**. Examples of an Annual Preventive Examination include but are not limited to: Well Visit, Well Woman Exam, Age-Appropriate Screenings, a Well Visit that becomes diagnostic but was originally scheduled as a Well Visit.

By signing and dating below, you are certifying that the above named patient has received a preventive exam between the above referenced date range.

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ **Date:** _____

Date of Preventive Exam: _____

WPSHCC coverage through **Highmark** covers Preventive Screenings **once per calendar year**
WPSHCC coverage through **UPMC** covers Preventive Screenings **once per plan year (7/1 through 6/30)**

Wellness HRA – Step 2 Biometric Screening Form

***Physician Certification Form and Biometric Screening Certification Form - Due 4/30/25
Plan Year starting July 1, 2025***

<p><i>Employee / Spouse Complete This Section</i></p> <p>Patient's Name: _____</p> <p>Employee Name: _____</p> <p>School District Name: _____</p>	<p>Please complete a separate form for employee and spouse.</p>
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Step 2: Health Care Provider Complete This Section for Biometric Screening (if applicable)

We ask that you certify that your patient, listed above, has received their Preventive Biometric Screening during the period of **May 1, 2024 through April 30, 2025** as defined in STEP 2 on the first page of this form.

By signing and dating below, you are certifying that the above named patient has received a Preventive Biometric Screening between the above referenced date range.

Health Care Provider's Name (printed or typed): _____

Health Care Provider's Signature: _____ **Date:** _____

Date Biometric Screening Performed: _____

- ❖ *Preventive Biometric Screenings are covered at 100% when coded as a Preventive Service. UPMC covers once per plan year (July 1-June 30) and Highmark covers once per calendar year (January 1 – December 31st). You should discuss coverage of Biometric Screenings as a Preventive Service with your Physician's office prior to the service or call your Insurance Administrator at the number on the back of your Identification Card.*

District Employee / Spouse – Please submit this completed form to your District's Business Office by April 30, 2025 to receive Wellness Credit.

Please contact your District's Business Office with any questions regarding the Physician Certification Form and Preventive Biometric Screening.

What You Pay?

To determine your employee copayment or cost from your paycheck for coverage, please refer to your Collective Bargaining Agreement.



Telemedicine

Welcome to SwiftMD

Eligible employees and family members can talk to a doctor 24/7 by phone or videoconference at **no cost for your visit!**

Some of the Benefits of SwiftMD:

- 24/7 nationwide access to U.S. Board-Certified physicians.
- Convenient appointments from your home, office, or on the road, usually within 30 minutes.
- Doctor makes diagnosis and recommends treatment and sends prescriptions to your preferred local pharmacy. If you are prescribed medication, your deductible and copay may apply subject to the terms of your primary health care coverage.
- Avoid unnecessary visits to the ER and Urgent Care, or long waits for appointments at your doctor's office.

No co-pays and no cost to you! Western PA Schools Healthcare Consortium, Inc. is paying for your membership!

Getting Started:

- You can use SwiftMD anytime simply by calling toll free **833-SWIFTMD (833-794-3863)**. Your membership will be verified, and your appointment scheduled for a callback from a SwiftMD doctor.

- OR -

- Access your membership online (optional)
- Go to **SwiftMD.com** member login and click "Get Started"
- Click "Lookup Account with Group Passcode"
- Enter Group Passcode: "WESTPASHCC", name, birthdate, email address and other info
- SwiftMD will email your username and password; be sure to log on to complete activation of your membership!

SwiftMD Physicians Are:

- U.S.-trained and Board Certified
- Experienced at diagnosing a range of illnesses and injuries, with a minimum of 10 years practicing medicine
- Excellent communicators with great bedside manners!

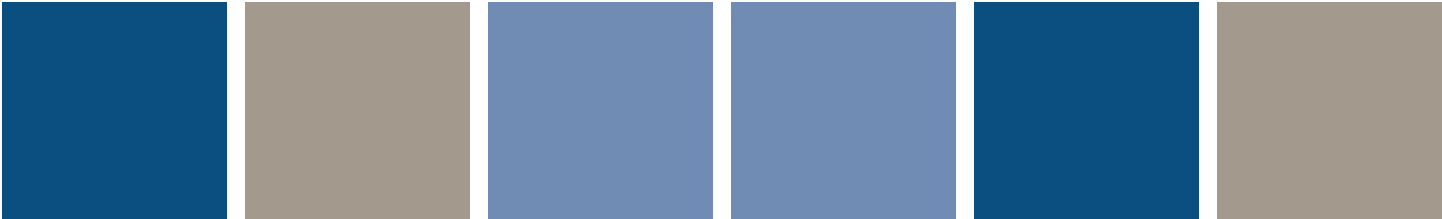
Contacts

Have Questions? Need Help?

Please contact your business office to complete any changes to your benefits that are not related to your initial or annual enrollment.

BENEFITS PLAN	CARRIER	PHONE NUMBER	WEBSITE
Highmark Medical PPO	Highmark, Inc.	800.241.5704	www.highmarkbcbs.com
UPMC Medical PPO	UPMC	844.220.4785	www.upmchealthplan.com
Prescription Drugs	Meritain/CVS Caremark	866.475.7589	www.caremark.com
\$0 Copay Telemedicine	SwiftMD Inc.	833.794.3863	www.swiftmd.com
HRA	Davevic	800.854.4099	www.davevic.com





**Neshannock Township
School District**