



CITY OF EASTON

PENNSYLVANIA

City of Easton
Bureau of Human Resources

November 12, 2021

RE: Open Enrollment

To All City of Easton Employees,

During this time, every year the City does Open Enrollment which gives employees an opportunity to review and make changes to your benefits which will start January 1, 2022. The City offers a PPO and a HDHP (HSA) Healthcare plan for all full-time employees along with a Flexible Spending (FSA) opportunity to utilize pre-tax dollars for eligible medical expenses.

We will be doing face-to-face meetings on Nov. 15, 16, & 17 in City Council Chambers from 2:00 PM – 3:00 PM for anyone who wishes to attend. We have also created the attached packet for you to determine if you would like to change any of your benefits. Personalize appointment may also be made with HR if requested by the employee.

****Please note that if you do not change or cancel your benefits then they will remain the same for 2022 as they were for 2021 (including the FSA)**

Within this packet you will find:

- Enrollment form for the Flexible Spending Account (FSA)
 - Please fill this out if you wish to enroll/change/or cancel your FSA
- Enrollment form for the Health Savings Account (HSA)
 - You may only enroll in this account if you participate in the HDHP healthcare plan
- PMRS Voluntary Contribution Change Form
 - If you wish to increase your voluntary pension amount starting Jan. 1, 2021
- Employee Assistance Program (EAP) through IBH
 - This is a benefit for all employees and family for services that may assist you
- AblePay
 - This is an optional program for employees to save money on healthcare cost
- Capital Blue
 - Change/enrollment form for any changes
 - Preventive Schedule for 2021- Services that are covered at 100%
 - Capital Blue's Preauthorization Program for your review
 - Virtual Care Flyer
- United Concordia Dental
 - Information about the dental benefit app
- Colonial Life
 - Additional life and accident insurance for employees and their families

BeneCard is the City's Rx provider and is a separate attachment to this packet. In the BeneCard attachment you will find:

- The Benefit plan booklet
- Information on the Member Portal
- How to utilize the BeneCard app with managing your prescriptions

Other optional benefits that the City offers (info upon request):

- NY Life
- Valic (457(b) additional retirement plan)
- Empower Retirement (457 (b))
- Lincoln Voluntary Life Insurance (Admin Only)

If you would like any additional information for any of these optional benefits, please contact HR.

Any question or request for appointments may be made with the following individuals:

Email: sgriffin@easton-pa.gov (610)250-6628 (Shakirah Griffin)
sweber@easton-pa.gov (610)250-6747 (Stefanie Weber)
Fax: (610)200-6451

All paperwork shall be submitted no later the November 30, 2020.

The HR department will be updating the health summaries and the SBC on the ADP portal for employees to go on and view. Please keep in mind that AFSCME is still in negotiations and the summaries for 2022 will not be available until the contact are settled. The 2021 summaries will stay in place until the contracts are settled.

If you have any additional questions or would like to set up a personal conference call to discuss your options, please do not hesitate to contact myself or Shakirah.

Sincerely,



Stefanie G. Weber, SHRM-CP
Human Resources Manager





Please return this form to your Employer

Enrollment Form: Flexible Spending Account(s)

Plan Start Date – Plan End Date

01/01/2022

12/31/2022

GENERAL INFORMATION:

Employee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Date of Hire (MM/DD/YYYY): _____

FLEXIBLE SPENDING ACCOUNTS:

I hereby elect to participate in the Flexible Spending Accounts
 I hereby elect NOT to participate in the Flexible Spending Accounts

	Per Pay Period	# Pay Periods	Annual Election
Health Care FSA up to \$ 2750	\$ _____	x 24.00	= \$ 0.00
Dependent Care FSA up to \$5,000 (Day care expenses incurred during employment hours)	\$ _____	x 24.00	= \$ 0.00

Effective date of coverage: 01/01/2022 The first payroll deduction will be on Jan. 15, 20 22

My pay schedule is: weekly bi-weekly semi-monthly monthly

AUTHORIZATION & ACKNOWLEDGEMENT:

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description. I also understand that if I or my spouse participates in a Health Savings Account (HSA), eligible medical expenses under the Health Care Reimbursement Account may be limited.

I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket, Medical, Dental, Vision and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Accounts for eligible expenses incurred by myself or my eligible dependents, in accordance with the terms of the respective Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Accounts for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

Employee Signature

Date

WageWorks is the administrator of your Plan.
Please return this form to your Employer.



Enrollment Form – Health Savings Account (HSA)

GENERAL INFORMATION:

Employee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Social Security Number: _____ Date of Birth (MM/DD/YYYY): _____

Date of Hire (MM/DD/YYYY): _____

Health Savings Account

2022 HSA Election Maximums

HDHP Single Coverage - **\$3650** HDHP Family Coverage - **\$7300**

Additional 'Catch-up' allowed for those 55 years of age or older - **\$1000**

I hereby elect to participate in the Health Savings Account

	Per Pay Period	# Pay Periods	Annual Election
Health Savings Account (HSA)	\$ _____	x 24 _____	= \$ _____

AUTHORIZATION & ACKNOWLEDGEMENT:

The annual maximum is the applicable statutory maximum for my High Deductible Health Plan (HDHP) coverage type (i.e., single or family). The IRS may adjust this amount each year. Contributions are prorated based on the number of pay periods you will be covered under an HDHP. An exception to this rule allows participants with an HSA who are covered on December 1st to contribute the entire amount for the year. Your HSA contribution election can be changed prospectively, for any reason in accordance with the administrative provisions set forth by Human Resources.

By electing HSA benefits, I am certifying that I meet the requirements under Internal Revenue Code § 223 to be eligible to contribute to an HSA. I understand that:

- I must be covered by an IRS qualified HDHP to contribute to an HSA.
- I may not be claimed as a dependent on another individual's income tax return.
- I may not be covered by other medical coverage, including Medicare or my spouse's traditional medical Flexible Spending Account.
- HSA benefits cannot be elected in addition to health care flexible spending account reimbursements unless a Limited Purpose FSA option is available.

For more information about HSA eligibility requirements, see IRS Publication 969.

Employee Signature

Date

WageWorks is the administrator of your Plan.
Please return this form to your Employer.

INSTRUCTIONS:

- This form is to be used to begin or change voluntary contributions to the pension plan.
- Optional contributions can be changed yearly, but must be in whole percentage.
- Contact the Membership Services Division at 1-800-622-7968 with any questions.
- Type or print all entries in ink.
- Return the completed form and all related documents to:
PMRS
P.O. Box 1165
Harrisburg, PA 17108-1165

PART A: PERSONAL INFORMATION

NAME: _____ SS# XXX - XX - _____

EMPLOYER: _____ MUNICIPAL CODE # _____

PART B: CONTRIBUTION ELECTION

I hereby authorize my employer to:

- Begin Withholding
- Increase Withholding
- Decrease Withholding
- Discontinue Withholding

from my compensation, in accordance with the authority granted under the contract with PMRS. Effective the first pay in the month of _____, 20____, and until otherwise notified, my employer is authorized to deduct an additional _____% from my compensation as voluntary member contributions. This is in addition to any mandatory member contributions.

Employee Signature

Date

Municipal Official Signature

Date

EAP + Work-Life Services

An Overview for Employees

Life presents us with many challenges both at work and home on a daily basis. You do not have to face these challenges alone.

When it Involves Your Life...

No Question is Too Simple and No Issue is Too Large

EAP benefits are available to all employees and their families at NO COST to you. Help is as easy as a phone call away. IBH offers you confidential advice, support, and practical solutions to real-life issues. You can access these services by calling the toll-free number and speaking with a consultant.

EAP Services for Employees and Families

- Unlimited telephonic consultation with an EAP Counselor
- Dynamic website featuring over 3,400 helpful articles, training courses, a legal and financial center, and more
- Referrals to local counselors for up to six (6) sessions, free of charge, to assist with topics such as:

Education

Finding a preschool	College planning
Tutoring programs	Financial aid resources

Dependent Care

Adoption assistance	After school programs
Day care	Special needs care
In-home services	Senior housing options
Parenting classes	Support groups
Respite care	Elder care

Lifestyle and Fitness Management

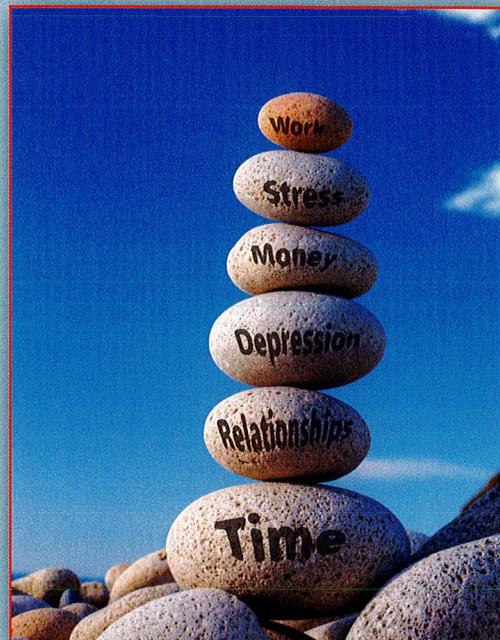
Nutrition and fitness	Stress and overload
Relationship issues	Divorce and separation
Health and wellbeing	Grief and loss
Relocation	Career planning
Retirement	Balancing work and home life

Legal & Financial

Budgeting	Credit and collections
Saving and investing	Home buying
Retirement planning	Basic tax planning
Immigration	Personal/family legal service
Will making	Legal forms

Pet Care

Grooming	Choosing a veterinarian
Training/behavior	Boarding and in-home care



Access Instructions

CALL **1-800-395-1616**

WEBSITE **IBHCorp.com**

- Click the orange Member button
- Enter your Access Code: **IBHEAP**
- Click the **My Benefits** button

Work-Life Services

Balancing Life at Work and Home

Your Employee Assistance Program, provides a range of legal and financial services to eligible members to help with a variety of issues related to:

Budgeting	Civil/Consumer Issues
Criminal Matters	Debt/Credit Counseling
Estate Planning Law	Financial Planning Services
Immigration	IRS Matters
Motor Vehicle	Personal/Family Legal Services
Real Estate	Tax Consultation/ Preparation



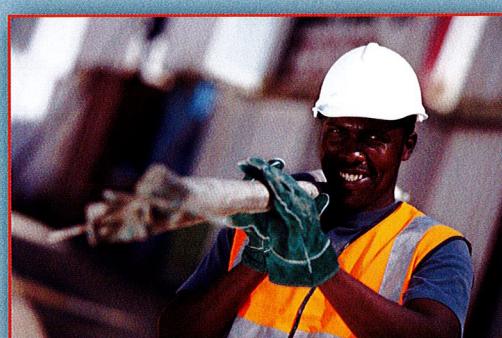
Financial Services

Employees can receive telephonic consultations with seasoned financial professionals and certified public accountants (CPA). Unlimited telephonic counseling and 30 days of financial coaching is available. Local referrals are available for more complex financial planning issues, such as: credit counseling, debt and budget assistance, basic tax planning, and retirement and college planning questions.



Legal Services

Employees can receive an initial 30 minute office or telephone consultation with an attorney. Plus, if the attorney is retained to provide legal services, the member can apply a 25% discount off the attorney's normal hourly rate on legal fees. Virtually all types of legal matters are eligible for these services.



Assistance with Document Preparation

A simple and inexpensive online process enable members to complete their own legal document preparation from home. This eliminates the cost of an attorney or dealing with lengthy completion and delivery periods.

Dedicated Legal/Financial Website

Each member is provided with unlimited access to a dedicated legal/financial website, which includes legal and financial tools. Examples include legal and financial forms, financial calculators, helpful articles and answers to frequently asked questions.

Access Instructions

CALL **1-800-395-1616**

WEBSITE **IBHCorp.com**

- Click the orange Member button
- Enter your Access Code: **IBHEAP**
- Click the My Benefits button

AblePay

SIMPLE **HEALTH** SAVINGS

A **no-cost** benefit that provides discounts and flexible payment terms on deductibles and coinsurance

ablepayhealth.com

HOW DOES IT WORK?

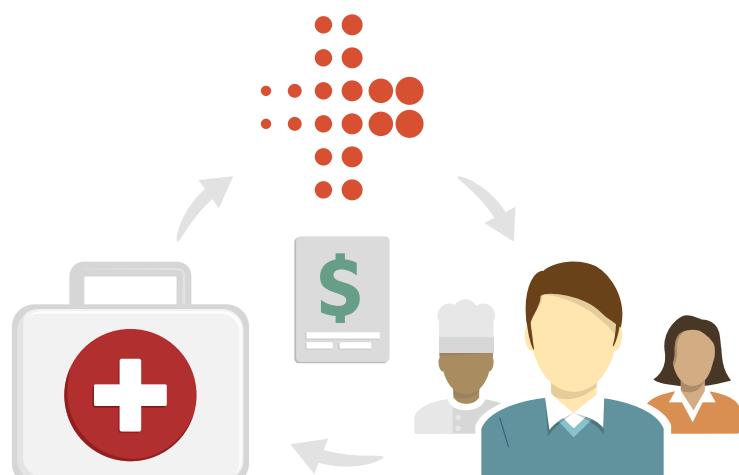


Provider Partnership

AblePay contracts with providers interested in lowering their costs and enhancing their receivable time without risk of recourse. We then work with employers, insurance brokers, and individuals in the provider's community to make them aware of how we can help "soften the blow" of higher deductibles and coinsurance by providing a discount and flexible payment term.

Becoming a Member

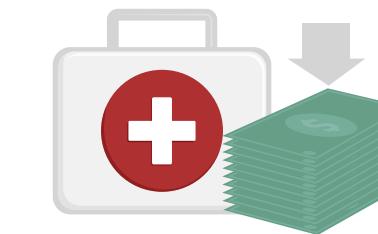
Sign-up is easy and at NO-COST. We provide you a link to our secure enrollment portal. Simply fill out your personal information and select your preferred payment method and term. In less than five minutes your membership is established. You will then receive your card in the mail.



Using the Card

Members show their AblePay card along with their insurance card. After service is complete and the insurance company processes the claim, the provider will invoice AblePay electronically and we will forward the invoice electronically to our member. Our member will have the opportunity to alter the payment method and term that makes the most sense for their current financial needs.

MEMBER BENEFITS



Discounts

AblePay members immediately save money on deductibles and coinsurance.



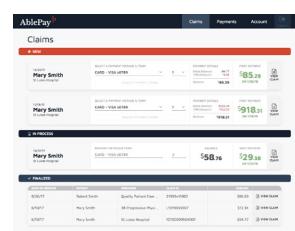
Flexibility

Every member is faced with different circumstances, so we offer a variety of payment terms and methods that make the most sense for their specific needs. We make it easy by accepting bank accounts (ACH), credit/debit cards, HSA, HRA, and FSA.



Advocacy

Our claims experts are available to help with questions regarding payment prior to or after seeking medical care. We work for our members!



Convenience

All medical bills are stored in the member portal, eliminating stacks of paper and providing easy access. Member bills are paid directly through their secure portal with a click of a button, eliminating the need to write multiple checks.

PAYMENT TERM AND DISCOUNT

- 1 Pay 13% Bank ACH, 10% Card
- 3 Pays 10% Bank ACH, 7% Card
- 6 Pays 8% Bank ACH, 5% Card

Payment Terms up to 12 Months - No Discount/No Interest

FREQUENTLY ASKED QUESTIONS ...

What does it cost to join and use AblePay? There is no cost to become an AblePay Member, nor are there any monthly fees.

How can there be no cost associated with signing up for AblePay? By assisting medical providers in reducing expenses and increasing receivables, we share a portion of the savings with our members. We simply retain a portion of the savings to operate AblePay Health.

Is AblePay insurance? No, AblePay is not insurance or supplemental insurance. It is entered as secondary insurance only for the purpose of the bill being sent to AblePay for processing.

Does it matter who the insurance carrier is? No, potential savings occur after the insurance process is completed, so it does not matter who the insurance carrier is.

Do I still receive my Explanations of Benefits (EOB's)? Yes! You will still receive your Explanation of Benefits (EOB's) as you currently do from your insurance carrier.

Can my spouse or children be members? Yes, anyone you wish to be financially responsible for can be a member. You can simply add them when you enroll and we will send a card. Remember, it does not matter if there are different Insurance carriers. Everyone is eligible!

Is AblePay HIPAA compliant? Yes, AblePay is HIPAA Compliant and takes the security of your Protected Health Information (PHI) seriously.

Why do I need a "Default Payment"? Since the entire billing process is paperless with AblePay, this is your standing electronic payment method. You will always have the ability to change this information with each bill, but in the event you do not, we have this authorized method to insure all transactions are handled as outlined.

What do you do with my payment information? Your payment information is tokenized and sent to a payment processing facility, we do not retain or have access to this information other than to receive the payment after your account is established.

Can I use my AblePay card for Co-Pays? Unfortunately, since most co-pays are incurred prior to service and take place before the insurance process, we are unable to provide a discount on co-pays, unless your medical provider does not charge you at time of service.

Can I use AblePay for my prescriptions? At this time, we can only provide discounts on medical services. We are unable to discount prescriptions at this time.

Can I use my AblePay card at the dentist or eye doctor? Dental and Vision are supplemental insurance. We are unable to discount dental and vision care at this time.

WHAT OUR MEMBERS ARE SAYING ...

"The financial aspect of the membership is very important, but more important to me, is the time I have saved being a member."

"AblePay has been a great partner to work with and was really well received by the employees."

"I just want to say thank you for the great service you provide! I have saved over \$877 so far this year after the birth of my daughter. I shared my positive experience with my employer, asking them to consider offering AblePay as a benefit to employees. Thanks for the simple and easy way to pay my medical bills and save big!"

"I have used AblePay two times and it is a dream. I love saving money on health care costs. And it has been so easy. I will happily be an AblePay advocate."

"So, let me see if I have this right. I can save money on my deductible, decide how I want to pay on every claim, and all my claims are stored for me electronically in the portal. Plus if I have a problem or a question I just call, and you will help get it straightened out. And it doesn't cost me or my employer anything? This is amazing! I almost can't wait to get hurt to use this!"

"I called twice and a real human being answered the phone both times, plus they were very nice and helpful!"

"My husband and I spoke for almost our entire dinner about how great this is for our family."

YOUR MEMBER PORTAL

AblePay Claims Payments Account Providers FAQ Logout

Claims

★ NEW

04/08/2019 **Mary Smith** LVHN Physician Group 10110019919954002

SELECT A PAYMENT METHOD & TERM
CARD - x6789 Visa 1 PAYMENT DETAILS
Initial Balance: 94.77 10% Discount: -9.48 Balance: \$85.29

FIRST PAYMENT \$85.29 ON 05/15/2019 PAY TODAY

REQUEST PAYMENT CHANGE

03/07/2019 **John Smith** LVHN Hospital 10312300939194954002

1 SELECT A PAYMENT METHOD & TERM
CARD - x6789 Visa 1 PAYMENT DETAILS
Initial Balance: 1020.34 10% Discount: -102.03 Balance: \$918.31

FIRST PAYMENT \$918.31 ON 05/13/2019 PAY TODAY

REQUEST PAYMENT CHANGE

03/28/2019 **John Smith** St Luke's Hospital 103Z194Y954002

SELECT A PAYMENT METHOD & TERM
CARD - x6789 Visa 1 PAYMENT DETAILS
Initial Balance: 2724.00 10% Discount: -272.40 Balance: \$2451.60

FIRST PAYMENT \$2451.60 ON 05/13/2019 PAY TODAY

REQUEST PAYMENT CHANGE

03/05/2019 **Robert Smith** Main Line Hospital 10KL80094954003

PAYMENT METHOD & TERM
BANK - x1234 Wells Fargo 6 BALANCE \$579.84

NEXT PAYMENT \$96.64 ON 05/27/2019

VIEW CLAIM

? HELP/ UPLOAD

02/17/2019 **John Smith** LVHN Hospital 10312300939194954002

BANK - x1234 Wells Fargo ✓ CARD - x6789 Visa
✓ 1 3 6 12 REQUEST PAYMENT CHANGE

PAYMENT DETAILS
Initial Balance: 1020.34 10% Discount: -102.03 Balance: \$918.31

FIRST PAYMENT \$918.31 ON 04/25/2019 PAY TODAY

REQUEST PAYMENT CHANGE

03/07/2019 **John Smith** LVHN Hospital 10312300939194954002

SELECT A PAYMENT METHOD & TERM
BANK - x1234 Wells Fargo 6 PAYMENT DETAILS
Initial Balance: 1020.34 8% Discount: -81.63 Balance: \$938.71

FIRST PAYMENT \$156.46 ON 05/11/2019 PAY TODAY

REQUEST PAYMENT CHANGE

AblePay Claims Payments Account Providers FAQ Logout

Claims

★ NEW

04/08/2019 **Mary Smith** LVHN Physician Group 10110019919954002

03/07/2019 **John Smith** LVHN Hospital 10312300939194954002

03/28/2019 **John Smith** St Luke's Hospital 103Z194Y954002

IN PROCESS

03/05/2019 **Robert Smith** Main Line Hospital 10KL80094954003

LVHN Hospital 03/07/2019

Provider Claim: 10312300939194954002 AblePay Member ID: ABLEPAY1

DESCRIPTION	UNITS	CHARGE
Radiology	1	2047.00
Provider Billed		2047.00
Insurance Adjustment		-1026.66
Insurance Allowable		1020.34
Insurance Payment		-0.00
Initial Balance		1020.34
10% Discount on 05/13/2019		-102.03
Balance		\$918.31

PAY TODAY

VIEW CLAIM

FIRST PAYMENT \$85.29 ON 05/15/2019 PAY TODAY

FIRST PAYMENT \$918.31 ON 05/13/2019 PAY TODAY

FIRST PAYMENT \$2451.60 ON 05/13/2019 PAY TODAY

PAY TODAY

VIEW CLAIM

PAY TODAY

VIEW CLAIM

Leave Us A Message X

Phone: 484-292-4000

Message:

Attachments (0):

Drag files here or click to browse

CLEAR SEND

1. You can toggle between payment methods with every claim that we process. If you have multiple methods you can change those by using the down arrow and switching payments from a Card or Bank account. Request payment change to confirm your choice.

2. You have the ability to change the payment term for every claim that we process. You can pay in full using the 1 time payment option or you can span your claim out over 3, 6 or 12 payments.

3. On the Member Portal you have access to view your claim detail. If you notice an error on the detail of your claim, or have any questions you can call us at anytime!

4. Payment Details will reflect the discount you choose. Regardless of the discount taken the full balance is applied to your deductible. In this example, the method on file changed from a Card to Bank Account and from a 1 term to a term of 6.

5. If you have any questions or concerns you may use the help/upload feature. You can also send your statement to us or any EOB's by attaching your files. Once received, we will send you an email and let you know the next steps regarding your bill.



AblePay 
SIMPLE **HEALTH** SAVINGS

support@ablepayhealth.com

484-292-4000



800.962.2242 • capbluecross.com

APPLICATION TO ENROLL OR CHANGE ENROLLMENT

(Please print or type)

GROUP ADMINISTRATOR: You must complete all areas in the shaded box before submitting this application to Capital BlueCross.

Group Name	Group Number	Subgroup Number	Class	Effective Date of Coverage/Change	Date Hired
REASON CODES (see page 2 for codes and descriptions)					
Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Initial Eligibility Change: CODE _____ <input type="checkbox"/> Other (please explain): _____			Change of Enrollment <input type="checkbox"/> Life Status Change: CODE _____ Date of Change _____ / _____ / _____	Termination <input type="checkbox"/> Termination: CODE _____ Date of Termination _____ / _____ / _____ Member coverage ends at midnight of the Termination Date indicated.	
Medical Plan ID	Rx Plan ID	Dental Plan ID	Vision Plan ID		

SUBSCRIBER: Please refer to the attached Instruction Sheet when completing sections 1 through 6 of this form. Subscriber information must be completed for any transaction.

1. SUBSCRIBER INFORMATION (please print clearly)

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Subscriber's First Name	Subscriber's Last Name			<input type="checkbox"/> Male <input type="checkbox"/> Female	Subscriber's ID/SSN	Birth Date (MM/DD/YYYY)	
Street Address		City	State	ZIP Code	New Address <input type="checkbox"/> Yes <input type="checkbox"/> No	County	Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work () _____ - _____	Email Address
Employment Status	<input type="checkbox"/> Active Full-Time <input type="checkbox"/> Active Part-Time	<input type="checkbox"/> Retired (date) _____ / _____ / _____ <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	<input type="checkbox"/> Union <input type="checkbox"/> Non-Union	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number		Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. PLAN OPTIONS

<input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> CareConnect SM GPO <input type="checkbox"/> HMO <input type="checkbox"/> Senior <input type="checkbox"/> Rx <input type="checkbox"/> Traditional <input type="checkbox"/> QHDHP <input type="checkbox"/> HRA <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____

3. ENROLLMENT/CHANGE INFORMATION**a. Spouse**

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Spouse's First Name	Spouse's Last Name			<input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's ID/SSN	Birth Date (MM/DD/YYYY)
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number	Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Rx			

b. Dependent

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Dependent's First Name	Dependent's Last Name			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Dependent's ID/SSN	Birth Date (MM/DD/YYYY)
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number	Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Rx	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: _____ / _____ / _____	Name of School: _____

c. Dependent

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Dependent's First Name	Dependent's Last Name			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Dependent's ID/SSN	Birth Date (MM/DD/YYYY)
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number	Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical <input type="checkbox"/> Vision	<input type="checkbox"/> Dental <input type="checkbox"/> Rx	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: _____ / _____ / _____	Name of School: _____

3. ENROLLMENT/CHANGE INFORMATION (continued)

Subscriber ID:

d. Dependent

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Dependent's First Name	Dependent's Last Name			<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Dependent's ID/SSN	Birth Date (MM/DD/YYYY) ____/____/____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number	Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Rx	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: ____ / ____ / ____		
					Name of School:		

e. Other (see section #3 of the instructions for further guidance)

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove	Other's First Name	Other's Last Name			<input type="checkbox"/> Male <input type="checkbox"/> Female	Other's ID/SSN	Birth Date (MM/DD/YYYY) ____/____/____
Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	PCP/NPI Number	Current Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Rx	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date: ____ / ____ / ____ Name of School:		

If you have more dependents, please attach an additional application.

4. MEDICARE COVERAGE INFORMATION

Complete Medicare Information for Subscriber and/or Dependents CURRENTLY enrolled for Medicare. Please list the starting date for each reason in the applicable date field. (Refer to your Health Insurance Card for the Medicare number and effective dates.)

Subscriber or Dependent First Name	Subscriber or Dependent Last Name	Medicare Number
Effective Date(s) Hospital (Part A) ____ / ____ / ____ Medical (Part B) ____ / ____ / ____		Reason/Effective Date for Medicare Coverage <input type="checkbox"/> Age ____ / ____ / ____ <input type="checkbox"/> Disabled ____ / ____ / ____ <input type="checkbox"/> ESRD ____ / ____ / ____
Subscriber or Dependent First Name	Subscriber or Dependent Last Name	Medicare Number
Effective Date(s) Hospital (Part A) ____ / ____ / ____ Medical (Part B) ____ / ____ / ____		Reason/Effective Date for Medicare Coverage <input type="checkbox"/> Age ____ / ____ / ____ <input type="checkbox"/> Disabled ____ / ____ / ____ <input type="checkbox"/> ESRD ____ / ____ / ____

5. CHANGE THE FOLLOWING INFORMATION

Change is for Subscriber Dependent

Name	From: (First): _____ (Last): _____	To: (First): _____ (Last): _____
Birth Date	From: ____ / ____ / ____	To: ____ / ____ / ____
Social Security Number	From: _____	To: _____

6. STATEMENT OF APPLICATION

Note: An authorized Group Administrator may sign for subscriber terminations (including all dependents).

By signing this application, I am indicating that I have read the STATEMENT OF APPLICATION. I verify that the information given is true and correct.

By providing a telephone number and/or an email address, I hereby authorize Capital BlueCross, its affiliates, subsidiaries and/or agents (collectively "Capital BlueCross") to communicate with me by phone, text messages, faxes, and/or emails for billing, transactional, informational, marketing, or any other purposes including, without limitation, calls or messages made or sent using an automatic telephone dialing system or artificial/prerecorded voice. I understand my consent is not a condition of purchasing any goods or services and that I may opt out at any time.

Subscriber's Signature

Date / /

2022 Schedule of Preventive Care Services

This information highlights the preventive care services available under this *coverage* and lists items/services required under the Patient Protection and Affordable Care Act of 2010 (PPACA), as amended. It is reviewed and updated periodically based on the recommendations of the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, and other applicable laws and regulations. Accordingly, the content of this schedule is subject to change.

Your specific needs for preventive services may vary according to your personal risk factors. It is not intended to be a complete list or complete description of available services. In-network preventive services are provided at no Member Cost-share. Additional diagnostic studies may be covered if *medically necessary* for a particular diagnosis or procedure; if applicable, these diagnostic services may be subject to cost-sharing. Members may refer to the benefit contract for specific information on available *benefits* or contact *Customer Service* at the number listed on their ID card.

Schedule for Adults: Age 19 years and older

GENERAL HEALTHCARE*		
For routine history and physical examination, including pertinent patient education. Adult counseling and patient education include:		
Women		
• Breast Cancer Chemoprevention	• Hormone Replacement Therapy (HRT) – Risk vs. Benefits	At least annually
• Contraceptive Methods/Counseling ¹	• Urinary Incontinence Assessment	
Men and Women		
• Aspirin Prophylaxis (high-risk)	• Physical Activity/Exercise	At least annually
• Drug Use	• Seat Belt Use	
• Family Planning	• Statin Medication (high-risk)	
• Fall Prevention (age 65 and older)	• Unintentional Injuries	
SCREENINGS/PROCEDURES*		
Women (Preventive care for pregnant women, see Maternity section.)		
Bone Mineral Density (BMD) Test	Testing every 2 years for women age 19-64 at increased risk for osteoporosis. Once every 2 years for women over age 65 and older.	
BRCA Screening/Genetic Counseling/Testing	For women at risk, including those not previously diagnosed with BRCA-related cancer but who have a personal or family history of cancer.	
Chlamydia and Gonorrhea Test	Test all sexually active women from age 19-24 years; women at increased risk at age 25 years and older, as recommended by your healthcare provider. Suggested testing is every 1-3 years.	
Domestic/Interpersonal/Partner Violence Screening/Counseling	At least annually, for women age 19 and older: provide or refer services as determined by your healthcare provider.	
Mammogram (2D or 3D)	Beginning at age 40, every 1-2 years.	
Pelvic Exam/Pap Smear/HPV DNA	Pelvic Exam/Pap Smear: Age 21-65: every 3 years; HPV DNA: Age 30-65, every 5 years.	
Men		
Abdominal Duplex Ultrasound	One-time screening for abdominal aortic aneurysm in men age 65-75 who have ever smoked.	
Prostate Cancer Screening	Beginning at age 19 for high-risk males. Beginning at age 50, annually.	
Prostate Specific Antigen	Beginning at age 50, annually.	
Men and Women		
Alcohol Use Screening/Counseling	Behavioral counseling interventions for adults age 19 and older who are engaged in risky or hazardous drinking.	
Anxiety/Depression Screening	Age 19 and older: Annually or as determined by your healthcare provider.	
Cardiovascular Disease Prevention	Age 19 and older at increased risk of cardiovascular disease (CVD); screening and Intensive Behavioral Therapy (IBT) counseling.	
CT Colonography ²	Beginning at age 45, every 5 years.	
Colonoscopy ³	Beginning at age 45, every 10 years.	
Diabetes Screening	Test all adults age 40-70 who are overweight or obese; if normal, rescreen every 3 years. If abnormal, offer Intensive Behavioral Therapy (IBT) counseling to promote a healthful diet and physical activity.	
Fasting Lipid Profile	Beginning at age 20, every 5 years.	
Fecal Occult Blood Test (gFOBT/FIT) ⁴	Beginning at age 45, annually.	
FIT-DNA Test	Beginning at age 45, every 3 years.	
Flexible Sigmoidoscopy ³	Beginning at age 45, every 5 years.	
Hepatitis B Test	For adults age 19 and older who have not been vaccinated for hepatitis B virus (HBV) infection and other high-risk adults; Periodic repeat testing of adults with continued high risk for HBV infection.	
Hepatitis C Test	Offer one-time testing for adults age 19-79. Periodic repeat testing of adults with continued high risk for HCV infection.	

High Blood Pressure (HBP)	Every 3-5 years for adults age 19-39 with BP<130/85 who have no other risk factors. Annually for adults age 40 and older, and annually for all adults at increased risk for HBP.
HIV Test	Routine one-time testing of adults age 19-65 at unknown risk for HIV infection. Periodic repeat testing (at least annually) of all high-risk adults age 19 and older.
Latent Tuberculosis (TB) Infection Test	At least one-time testing of adults age 19 and older at high risk. Periodic repeat testing of adults with continued high risk for TB infection.
Low-dose CT Scan for Lung Cancer	Annual testing until smoke-free for 15 years for high-risk adults 50-80 years of age.
Obesity/Weight Loss Interventions	Age 19 and older: Every visit (BMI of 30 or greater: Intensive Multicomponent Behavioral Therapy (IBT) counseling available).
STI counseling	Age 19 and older for high-risk adults: Moderate and Intensive Behavioral Therapy (IBT) counseling available.
Skin Cancer Prevention Counseling	Counseling to minimize exposure to ultraviolet (UV) radiation for adults age 19-24 with fair skin.
Syphilis Test	Test all high-risk adults age 19 and older; suggested testing is every 1-3 years.
Tobacco Use Assessment/ Counseling and Cessation Interventions	Age 19 and older: 2 cessation attempts per year (each attempt includes a maximum of 4 counseling visits of at least 10 minutes per session); FDA-approved tobacco cessation medications ⁵ ; individualize risk in pregnant women.

IMMUNIZATIONS**

COVID-19 ⁶	Age 19 and older: Based on vaccine availability, refer to the CDC for dosing recommendations.
Haemophilus Influenza Type B (Hib)	Age 19 and older: Based on individual risk or healthcare provider recommendation, one or three doses depending on indication.
Hepatitis A (HepA)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses.
Hepatitis B (HepB)	Age 19 and older: Based on individual risk or healthcare provider recommendation, two or three doses.
Human Papillomavirus (9vHPV)	Age 19-26: Two or three doses, depending on age at series initiation. Age 27-45: Based on healthcare provider recommendation.
Influenza	Age 19 and older: One dose annually during influenza season.
Measles/Mumps/Rubella (MMR)	Age 19 and older: Based on indication (born 1957 or later) or healthcare provider recommendation, one or two doses.
Meningococcal A, C, W, Y (MenACWY)	Age 19 and older: Based on individual risk or healthcare provider recommendation: One or two doses depending on indication, then booster every 5 years if risk remains.
Meningococcal B (MenB)	Age 19 and older: Based on individual risk or healthcare provider recommendation: Two or three doses depending on indication, then booster every 2-3 years if risk remains.
Pneumococcal (conjugate) (PCV13)	Age 19-64: One dose. Based on individual risk, serial administration with PPSV23 may be indicated. Age 65 and older: Based on individual risk and healthcare provider recommendation.
Pneumococcal (polysaccharide) (PPSV23)	Age 65 and older: One or two doses depending on indication. One dose at least 5 years after PPSV23. Age 19-64: Based on individual risk or healthcare provider recommendation.
Tetanus/Diphtheria/Pertussis (Td or Tdap)	Age 19 and older: One dose of Tdap, then Td or Tdap booster every 10 years.
Varicella/Chickenpox (VAR)	Beginning at age 19: One or two doses (born 1980 or later) based upon past immunization or medical history.
Zoster (Shingles)	Beginning at age 50: Two doses.

¹ Coverage is provided without cost-share for all FDA-approved generic contraceptive methods and all FDA-approved contraceptives without a generic equivalent. See the Rx Preventive Coverage List at capitalbluecross.com for details. Coverage includes clinical services, including patient education and counseling, needed for provision of the contraceptive method. If an individual's provider recommends a particular service or FDA-approved item based on a determination of medical necessity with respect to that individual, the service or item is covered without cost-sharing.

² CT Colonography is listed as an alternative to a flexible sigmoidoscopy and colonoscopy, with the same schedule overlap prohibition as found in footnote #3.

³ Only one endoscopic procedure is covered at a time, without overlap of the recommended schedules.

⁴ For guaiac-based testing (gFOBT), six stool samples are obtained (2 samples on each of 3 consecutive stools, while on appropriate diet, collected at home). For immunoassay testing (FIT), specific manufacturer's instructions are followed.

⁵ Refer to the most recent Formulary located on the Capital Blue Cross web site at capitalbluecross.com.

⁶ COVID-19 vaccine availability is dependent on government distribution during the public health emergency (PHE). Refer to the CDC for the most up-to-date information on COVID-19 vaccines.

Schedule for Maternity

SCREENINGS/PROCEDURES*

The recommended services listed below are considered preventive care (including prenatal visits) for pregnant women. You may receive the following screenings and procedures at no member cost share:

- Anemia screening (CBC)
- Anxiety/Depression Screening (prenatal/postpartum)
- Breastfeeding Support/Counseling/Supplies
- Gestational Diabetes Screening (prenatal/postpartum)
- Hepatitis B Screening (at the first prenatal visit)
- HIV Screening
- Low-dose Aspirin Therapy (after 12 weeks of gestation for preeclampsia in high-risk women)
- Preeclampsia screening
- Rh Blood Typing
- Rh Antibody Testing for Rh-negative Women
- Rubella Titer
- Syphilis screening
- Tobacco Use Assessment, Counseling and Cessation Interventions
- Asymptomatic Urine Bacteria Screening
- Other preventive services may be available as determined by your healthcare provider

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information.

Schedule for Children: Birth through the end of the month child turns 19 years old

GENERAL HEALTHCARE

Routine History and Physical Examination – Recommended Initial/Interval of Service:

Newborn, 3-5 days, by 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and 30 months; and 3 years to 19 years annually.

Exams may include:

- Blood pressure (risk assessment up to 2½ years)
- Body mass index (BMI; beginning at 2 years of age)
- Developmental milestones surveillance (except at time of developmental screening)
- Head circumference (through 24 months)
- Height/length and weight
- Newborn evaluation (including gonorrhea prophylactic topical eye medication)
- Weight for length (through 18 months)
- Anticipatory guidance for age-appropriate issues including:
 - Growth and development, breastfeeding/nutrition/support/counseling/supplies, obesity prevention, physical activity and psychosocial/behavioral health
 - Safety, unintentional injuries, firearms, poisoning, media access
 - Contraceptive methods/counseling (females)
 - Tobacco products, use/education
 - Oral health risk assessment/dental care/fluoride supplementation (> 6 months)¹
 - Fluoride varnish painting of primary teeth (to age 5 years)
 - Folic Acid (childbearing age)

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
SCREENINGS/PROCEDURES*																					
Alcohol, Tobacco and Drug Use Assessment (CRAFFT)													✓	✓	✓	✓	✓	✓	✓	✓	
Alcohol use screening/counseling																			✓	✓	
Anemia screening			✓	Assess risk at all other well child visits																	
Anxiety/Depression Screening (PHQ-2)													✓	✓	✓	✓	✓	✓	✓	✓	

	Newborn	9-12 months	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years
SCREENINGS/PROCEDURES*																					
Autism Spectrum Disorder Screening	At 18 months	✓																			
Chlamydia Test																					
Developmental Screening	✓	✓	✓	✓																	
Domestic/Interpersonal/Intimate Partner Violence																					
Gonorrhea Test																					
Hearing Screening/Risk Assessment																					
Hearing Test (objective method)	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
Hepatitis B Test																					
Hepatitis C Test																			✓	✓	
High Blood Pressure (HBP)					✓																
HIV Screening/Risk Assessment																	✓	✓	✓	✓	✓
HIV Test																					
Lead Screening Test/Risk Assessment																					
Lipid Screening/Risk Assessment				✓		✓		✓		✓						✓	✓	✓	✓	✓	
Lipid Test																					
Maternal Depression Screening																					
Newborn Bilirubin Screening	✓																				
Newborn Blood Screen (as mandated by the PA Department of Health)	✓																				
Newborn Critical Congenital Heart Defect Screening	✓																				
Obesity								✓													
STI Counseling																✓					
STI Screening																✓	✓	✓	✓	✓	✓
Skin Cancer Prevention Counseling																					
Syphilis Test																					
Tobacco Smoking Screening and Cessation																			✓	✓	
Tuberculin Test																					
Vision Risk Assessment		Up to 2½ years						✓		✓		✓		✓		✓	✓	✓	✓	✓	✓
Vision Test (objective method)				✓	✓	✓	✓														

IMMUNIZATIONS**

COVID-19 ⁴	Based on vaccine availability, refer to the CDC for age and dosing recommendations.
Diphtheria/Tetanus/Pertussis (DTaP)	2 months, 4 months, 6 months, 15–18 months, 4–6 years.
Haemophilus Influenza Type B (Hib)	2 months, 4 months, 6 months (4 dose), 12–15 months, and 5–18 years for those at high-risk.
Hepatitis A (HepA)	12–23 months (2 doses).
Hepatitis B (HepB)	Birth, 1–2 months, 6–18 months.
Human Papillomavirus (HPV)	11–12 years (2 doses) and 9–10 years for those at high-risk or individualization for those not at high-risk.
Influenza ⁴	6 months–18 years; annually during flu season.
Measles/Mumps/Rubella (MMR)	12–15 months, 4–6 years.
Meningococcal (MenACWY-D/MenACWY-CRM)	11–12 years, 16 years; 2 months–18 years for those at high-risk.
Meningococcal B (MenB)	10–18 years for those at high-risk; 16–18 years not at high-risk based on healthcare provider recommendation.
Pneumococcal (conjugate) (PCV13)	2 months, 4 months, 6 months, 12–15 months and 5–18 years for those at high-risk.
Pneumococcal (polysaccharide) (PPSV23)	2–18 years (1 or 2 doses) for those at high-risk.
Polio (IPV)	2 months, 4 months, 6–18 months, 4–6 years.
Rotavirus (RV)	2 months, 4 months, 6 months (3 doses) for specific vaccines.
Tetanus/Reduced Diphtheria/Pertussis (Tdap)	11–12 years.
Varicella/Chickenpox (VAR)	12–15 months, 4–6 years.

¹ Fluoride supplementation pertains only to children who reside in communities with inadequate water fluoride.

² Encourage all PA-CHIP Members to undergo blood lead level testing before age 2 years. If not previously tested, test between the ages of 3 and 6 years old.

³ Refer to the most recent Formulary located on the Capital Blue Cross web site at capitalbluecross.com.

⁴ COVID-19 vaccine availability is dependent on government distribution during the public health emergency (PHE). Refer to the CDC for the most up-to-date information on COVID-19 vaccines.

⁵ Children aged 6 months to 8 years who are receiving influenza vaccines for the first time should receive 2 separate doses (> 4 weeks apart), both of which are covered.

* Services that need to be performed more frequently than stated due to specific health needs of the member and that would be considered medically necessary may be eligible for coverage when submitted with the appropriate diagnosis and procedure(s) and are covered under the core medical benefit. If a clinician determines that a patient requires more than one well-woman visit annually to obtain all necessary recommended preventive services, the additional visits will be provided without cost-sharing. Occupational, school and other "administrative" exams are not covered.

** Refer to the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for additional immunization information including catch-up vaccinations if necessary.

This preventive schedule is periodically updated to reflect current recommendations from the U.S. Preventive Services Task Force (USPSTF); Health Resources and Services Administration (HRSA); National Institutes of Health (NIH); NIH Consensus Development Conference Statement, March 27–29, 2000; Advisory Committee on Immunization Practices (ACIP); Centers for Disease Control and Prevention (CDC); American Diabetes Association (ADA); American Cancer Society (ACS); Eighth Joint National Committee (JNC 8); U.S. Food and Drug Administration (FDA); American Academy of Pediatrics (AAP); Women's Preventive Services Initiative (WPSI).

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SERVICES REQUIRING PREAUTHORIZATION

Members should present their *identification (ID) card* to their health care *provider* when medical services or items are requested. When *members* use an *in-network provider* (including a BlueCard® facility *participating provider* providing *inpatient services*), the *in-network provider* will be responsible for obtaining the *preauthorization*. If *members* use an *out-of-network provider* or a BlueCard *participating provider* providing *non-inpatient services*, the *out-of-network provider* or BlueCard *participating provider* may call for *preauthorization* on the *member's* behalf. However, it is ultimately the *member's* responsibility to obtain *preauthorization*. *Providers* and *members* should call our *Utilization Management Department* toll-free at **1-800-730-7219** to obtain the necessary *preauthorization*.

Providers/Members should request *Preauthorization* of non-urgent admissions and services well in advance of the scheduled date of service (15 days). *Investigational* or experimental procedures are not usually covered benefits. *Members* should consult their *Benefits Booklet or Contract*, *Capital Blue Cross' Medical Policies*, or contact Member Services at the number listed on the back of their ID card to confirm *coverage*. *In-network providers* and *members* have full access to our medical policies and may request *preauthorization* for experimental or *investigational* services/items if there are unique *member* circumstances.

We only pay for services and items that are considered *medically necessary*. *Providers* and *members* can reference our medical policies for questions regarding *medical necessity*. Final determination of *coverage* is subject to the *member's* *benefits* and eligibility on the date of service.

PREAUTHORIZATION OF MEDICAL SERVICES INVOLVING URGENT CARE

If the *member's* request for *preauthorization* involves *urgent care*, the *member* or the *member's provider* should advise us of the urgent medical circumstances when the *member* or the *member's provider* submits the request to our Clinical Management Department. We will respond to the *member* and the *member's provider* no later than 72 hours after our Utilization Management Department receives the *preauthorization* request.

FAILURE TO OBTAIN PREAUTHORIZATION

Failure to obtain *preauthorization* for a service could result in a payment reduction or denial for the *provider* and *benefit* reduction or denial for the *member*, based on the *provider's* contract and the *member's* Benefits Booklet or Contract. Services or items provided without *preauthorization* may also be subject to retrospective *medical necessity* review.

If the *member* presents his/her *ID card* to an *in-network provider* in the 21-county area and the *in-network provider* fails to obtain or follow *preauthorization* requirements, payment for services will be denied and the provider may not bill the *member*.

The table that follows is a partial listing of the *preauthorization* requirements for services and procedures.

The attached list provides categories of services for which *preauthorization* is required, as well as specific examples of such services. This list is not all inclusive. We may from time to time remove *preauthorization* requirements for *benefits* under certain dollar thresholds. For a listing of services currently requiring *preauthorization*, including any threshold requirements, *members* and *providers* may consult [Single Source Preauthorization List](#).

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Category	Details	Comments
Inpatient Admissions	<ul style="list-style-type: none"> • Acute care • Long-term acute care • Non-routine maternity admissions and newborns requiring continued hospitalization after the mother is discharged • Skilled nursing facilities • Rehabilitation hospitals • Behavioral Health (mental health care/ substance use disorder) 	<p><i>Preauthorization</i> requirements do not apply to services provided by a <i>hospital emergency room provider</i>. If an <i>inpatient</i> admission results from an emergency room visit, notification must occur within 2 business days of the admission. All such services will be reviewed and must meet <i>medical necessity</i> criteria from the first hour of admission. Failure to notify us of an admission may result in an administrative denial.</p> <p>Non-routine maternity admissions, including preterm labor and maternity complications, require notification within 2 business days of the date of admission.</p>
Observation Care Admissions	<ul style="list-style-type: none"> • Notification is required for all observation stays expected to exceed 48 hours. • All observation care must meet medical necessity criteria from the first hour of admission. 	<p>Admissions to observation status require notification within 2 business days.</p> <p>Failure to notify us of an admission may result in an administrative denial.</p>
Diagnostic Services	<ul style="list-style-type: none"> • Genetic disorder testing except: standard chromosomal tests, such as Down Syndrome, Trisomy, and Fragile X, and state mandated newborn genetic testing. • High tech imaging such as but not limited to: Cardiac nuclear medicine studies including nuclear cardiac stress tests, CT (computerized tomography) scans, MRA (magnetic resonance angiography), MRI (magnetic resonance imaging), PET (positron emission tomography) scans, and SPECT (single proton emission computerized tomography) scans. 	Diagnostic services do not require <i>preauthorization</i> when emergently performed during an emergency room visit, observation stay, or <i>inpatient</i> admission.
Durable Medical Equipment (DME), Prosthetic, Appliances, Orthotic Devices, Implants		<i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at the Single Source Preauthorization List .

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Category	Details	Comments
Office Surgical Procedures When Performed in a Facility*	<ul style="list-style-type: none"> • Aspiration and/or injection of a joint • Colposcopy • Treatment of warts • Excision of a cyst of the eyelid (chalazion) • Excision of a nail (partial or complete) • Excision of external thrombosed hemorrhoids; • Injection of a ligament or tendon; • Eye injections (intraocular) • Oral Surgery • Pain management (including trigger point injections, stellate ganglion blocks, peripheral nerve blocks, and intercostal nerve blocks) • Proctosigmoidoscopy/flexible Sigmoidoscopy; • Removal of partial or complete bony impacted teeth (if a benefit); • Repair of lacerations, including suturing (2.5 cm or less); • Vasectomy • Wound care and dressings (including outpatient burn care) 	<p>The items listed are examples of services considered safe to perform in a professional <i>provider's</i> office. <i>Medical necessity</i> review is required when office procedures are performed in a facility setting. <i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> when performed in a facility at the Single Source Preauthorization List.</p>
Outpatient Procedures/ Surgery	<ul style="list-style-type: none"> • Weight loss surgery (Bariatric) • Meniscal transplants, allografts and collagen meniscus implants (knee) • Ovarian and Iliac Vein Embolization • Photodynamic therapy • Radioembolization for primary and metastatic tumors of the liver • Radiofrequency ablation of tumors • Transcatheter aortic valve replacement • Valvuloplasty 	<p>The items listed are examples of outpatient procedures that may be reviewed for <i>medical necessity</i> and or place of service. <i>Members</i> and <i>providers</i> may view a listing of services currently requiring <i>preauthorization</i> at the Single Source Preauthorization List.</p>
Rehabilitative Therapy Services	<ul style="list-style-type: none"> • Hyperbaric oxygen therapy (non-emergency) • Occupational therapy • Physical therapy • Pulmonary rehabilitation programs 	
Transplant Surgeries	Evaluation and services related to transplants	<i>Preauthorization</i> will include referral assistance to the Blue Distinction Centers for Transplant network if appropriate.

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Category	Details	Comments
Reconstructive or Cosmetic Services and Items	<ul style="list-style-type: none"> • Removal of excess fat tissue (Abdominoplasty/Panniculectomy and other removal of fat tissue such as Suction Assisted Lipectomy) • Breast Procedures <ul style="list-style-type: none"> ♦ Breast Enhancement (Augmentation) ♦ Breast Reduction ♦ Mastectomy (Breast removal or reduction) for Gynecomastia ♦ Breast Lift (Mastopexy) ♦ Removal of Breast implants • Correction of protruding ears (Otoplasty) • Repair of nasal/septal defects (Rhinoplasty/Septoplasty) • Skin related procedures <ul style="list-style-type: none"> ♦ Acne surgery ♦ Dermabrasion ♦ Hair removal (Electrolysis/Epilation) ♦ Face Lift (Rhytidectomy) ♦ Removal of excess tissue around the eyes (Blepharoplasty/Brow Ptosis Repair) ♦ Mohs Surgery when performed on two separate dates of service by the same provider • Treatment of Varicose Veins and Venous Insufficiency 	
Medical Injectables		<i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at the Single Source Preauthorization List .
Investigational and Experimental procedures, devices, therapies, and pharmaceuticals		<i>Investigational</i> or experimental procedures are not usually covered benefits. <i>Members and providers</i> may request <i>preauthorization</i> for experimental or <i>investigational</i> services/items if included on the listing of services requiring authorization.
New to market procedures, devices, therapies, and pharmaceuticals		<i>Preauthorization</i> is required during the first 2 years after a procedure, device, therapy or pharmaceutical enters the market. <i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at the Single Source Preauthorization List .
Select Outpatient Behavioral Health Services	<ul style="list-style-type: none"> • Transcranial Magnetic Stimulation (TMS) • Partial Hospitalization • Intensive Outpatient Programs 	The items listed are examples of outpatient procedures that may be reviewed for <i>medical necessity</i> and or place of service. <i>Members and providers</i> may view a listing of services currently requiring <i>preauthorization</i> at the Single Source Preauthorization List .

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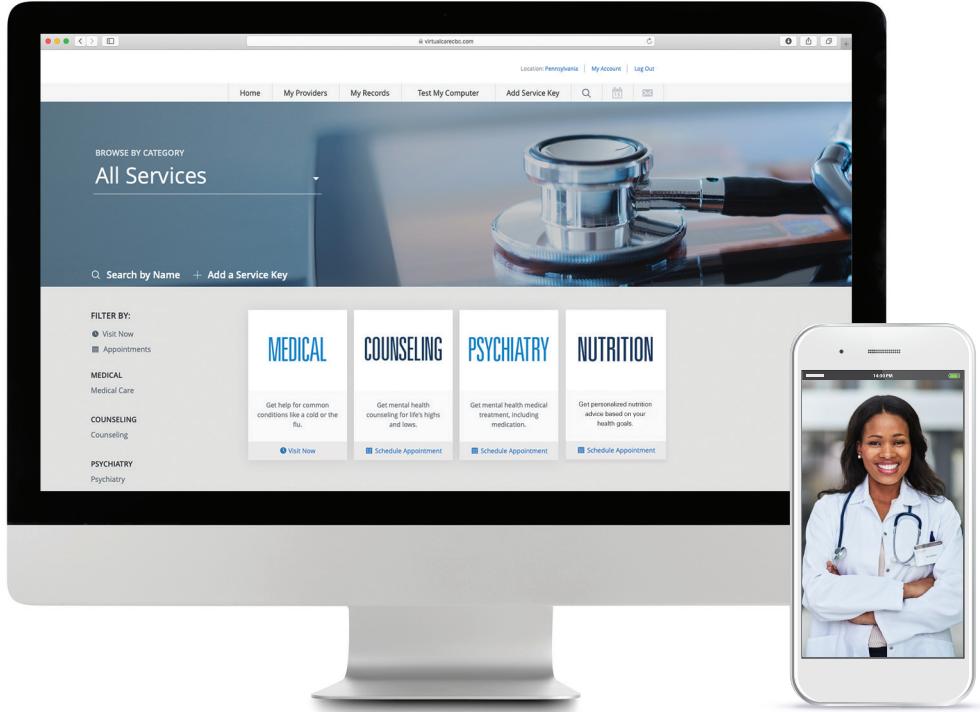


Category	Details	Comments
Other Services	<ul style="list-style-type: none">• Bio-engineered skin or biological wound care products• Category IDE trials (Investigational Device Exemption)• Enhanced external counterpulsation (EECP)• Home health care• Eye injections (Intravitreal angiogenesis inhibitors)• Laser treatment of skin lesions• Non-emergency air ambulance transports• Radiofrequency ablation for pain management• Facility based sleep studies for diagnosis and medical Management of obstructive sleep apnea• Enteral feeding supplies and services	
Pain Management	<ul style="list-style-type: none">• Interventional Pain Management• Joint injections	Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List .
Oncology Services	Radiation therapy and related treatment planning and procedures performed for planning (such as but not limited to IMRT, proton beam, neutron beam, brachytherapy, 3D conform, SRS, SBRT, gamma knife, EBRT, IORT, IGRT, and hyperthermia treatments.)	Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List .
Select Cardiac Services		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List .
Gene Therapy		Members and providers may view a listing of services currently requiring preauthorization at the Single Source Preauthorization List .

PLEASE NOTE: This listing identifies those services that require **preauthorization only as of the date it was printed**. This listing is subject to change. **Members** should call us at 1-800-730-7219 (TTY: 711) with questions regarding the **preauthorization** of a particular service.

For HMO and Gatekeeper PPO **members**, all care rendered by **out-of-network providers** requires **preauthorization**. This includes care that falls under the Continuity of Care provision of the Benefits Booklet or Contract.

This information highlights the standard Preauthorization Program. **Members** should refer to their **Benefits Booklet** or Contract for the specific terms, conditions, exclusions and limitations relating to their coverage.



The doctor will see you now. **Literally.**

See a doctor anytime, anywhere, with Capital Blue Cross Virtual Care.

With Capital Blue Cross Virtual Care, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Capital Blue Cross Virtual Care is a covered benefit on most health plans from the Capital Blue Cross family of companies*, and it even includes behavioral health services and nutrition counseling.

Why use Capital Blue Cross Virtual Care?

- ✓ Convenient and easy
- ✓ Can be less costly than a trip to an urgent care center or emergency room
- ✓ Helpful when:
 - You become sick while traveling within the United States
 - You feel too sick to leave the house
 - You need personalized nutrition advice
 - You need to see a doctor, but can't fit it into your schedule
 - Your doctor's office is closed

*Virtual visits may not be covered under all benefit plans. Refer to your Certificate of Coverage for benefit details. Copays and deductibles may apply.

Convenient care — everywhere

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital Blue Cross Virtual Care doctor or behavioral health specialist within minutes. And be sure to share your visit summary with your Primary Care Physician (PCP).

	Medical	Counseling	Psychiatry	Nutrition Counseling
Doctors and Counselors	Capital Blue Cross Virtual Care providers are licensed doctors that have an average of 15 years of experience.	Capital Blue Cross Virtual Care counseling services are provided by licensed psychologists and master's level counselors.	Capital Blue Cross Virtual Care psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital Blue Cross Virtual Care nutrition counseling services are provided by dietitians certified in telehealth, who provide nutrition advice and diet plans based on personal health needs.
Treatment for conditions, such as:	<ul style="list-style-type: none">Abdominal painBronchitis and other respiratory infectionsFluPink eyeStrep throat	<ul style="list-style-type: none">AnxietyBereavement and griefDepressionLGBTQ counselingTrauma	<ul style="list-style-type: none">Anxiety disordersAnorexia/bulimiaBipolar disorderObsessive compulsive disorderPost traumatic stress disorder	<ul style="list-style-type: none">DiabetesDigestive disordersFood allergiesHigh cholesterolMeal planningPregnancy dietsWeight loss
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7 a.m. – 11 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.	Patients can schedule an appointment with their provider of choice. Appointments are available 7 days a week, including evenings. Follow-up appointments are available as necessary.

Two ways to sign up

1. Download the free Capital Blue Cross Virtual Care app
2. Visit virtualcarecbc.com

Learn More

Visit virtualcarecbc.com to learn more about virtual visits.

Questions

Virtual Care and website: Call **833.433.5914**

Health plan benefits: Call the number on your member ID card

virtualcarecbc.com



On behalf of Capital Blue Cross, American Well Corp. provides this online healthcare tool. American Well is an independent company.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Easily Find Doctors and Compare Costs

The Capital Blue Cross MyCare Finder offers best-in-class technology to easily find doctors, facilities, services, savings, and more.



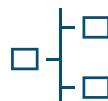
Find Doctors

Search by name, specialty, or location to find the right care at the right place for your needs. See real patient ratings and reviews too.



Compare Costs

Save money by comparing costs of services you need based on your plan status.



Treatment Timelines

Learn more about the services you need, including treatment timelines with cost estimates and savings opportunities for the many steps along the way—from evaluation to recovery.

Get Started

Members with an ID card:

- Create or log in to your secure account at **CapitalBlueCross.com**
- Choose *Find > Doctors* to start searching and saving

If you haven't received your ID card:

- Visit **CapitalBlueCross.com** and choose *Find > Doctors*
- Click *Search now > Choose a location and plan*
- Enter your zip code, select *Browse a list of plans*, and choose your plan name to begin

Just tap the app

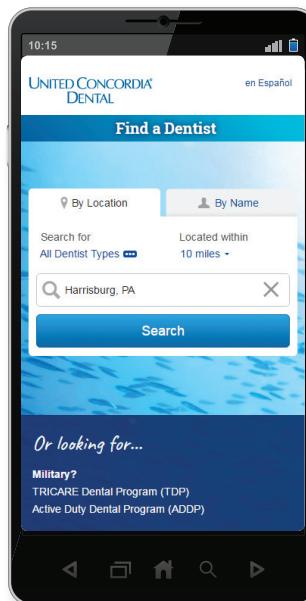
Get the United Concordia Dental mobile app

It's easy to pull up your dental plan info on your smartphone or tablet—anytime, anywhere.

Simply download the United Concordia Dental mobile app. It puts the details you need right in the palm of your hand.

Use the app to:

- See claims, deductible info and coverage details
- Find in-network dentists near you
- View your digital member ID card
- Learn what to do in a dental emergency
- Download our Chomper Chums® brushing app for kids



Create a *MyDentalBenefits* account first

To view your personal plan info on the app, you'll need to sign in with your *MyDentalBenefits* user name and password. If you don't have an account, create one now at UnitedConcordia.com/GetMDB. Make sure to have your member ID number or social security number handy.



Download the United Concordia mobile app in the **Apple App Store** and on **Google Play**.



The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711).
Español (Spanish)	ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。

MEM-0541-1019 • Group dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. Not all products available in all jurisdictions. For information about which companies are licensed in your state, visit the "Disclaimers" link at UnitedConcordia.com. Administrative and claims offices located at 4401 Deer Path Road, Harrisburg, PA 17110 (717-260-6800). This policy has exclusions, limitations, and reduction of benefits which may affect benefits payable. For costs and complete details of the coverage, call your insurance agent or the company. Policies or their provisions may vary or be unavailable in some states. See the actual policy or your account representative for specific provisions and details of availability. All statistics quoted are based on national data.

Manage Your Benefits Anywhere, Anytime



MY DENTAL BENEFITS

Create your *My Dental Benefits* member account to easily manage your United Concordia Dental coverage online.

Most benefit inquiries can be handled conveniently online using our simple, self-service member portal. Create a *My Dental Benefits* account to better manage your insurance coverage!

Use your My Dental Benefits account to:

- ✓ Check claim status quickly
- ✓ See what your plan covers and how much we'll pay
- ✓ Print ID cards
- ✓ Find a dentist
- ✓ Evaluate your oral health with My Dental Assessment

After your plan's effective date, you are able to create your account.

Here's how:

- ✓ Go to UnitedConcordia.com/MDB
- ✓ Click **Create an Account**
- ✓ Select **Member**
- ✓ Enter the **ID number** found on your insurance card and **your birthdate**. You can also use the Social Security Number of the policy holder in place of the ID number.
- ✓ Each dependent (spouse, child or in some states, domestic partner) with United Concordia dental benefits must create their own *My Dental Benefits* account.



**Use your mobile device
to access My Dental
Benefits on-the-go and
manage your coverage
at any time.**

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The City of Easton & Colonial Life

have chosen to partner in order to offer a suite of supplemental products to you. This allows you to tailor benefits to your specific needs to supplement your existing benefits plan.

Products available to you through payroll deduction include:

Short Term Disability Insurance- replaces a portion of your income(60%) if you are unable to work due to off job accident/sickness.

Cancer Coverage- Includes initial diagnosis, treatment, inpatient care, transportation & lodging, and experimental treatment

Whole Life & Level Term Life Insurance- Guaranteed issue availability for whole life product; portability if you retire or change jobs.

Accident Insurance- Helps pay unexpected medical expenses from lacerations, fractures or other injuries on or off the job. **Family Coverage available.**

Critical Illness- Helps provide much needed cash when a catastrophic illness strikes (heart attack, stroke, renal failure). Benefits payable regardless of other insurance

College Tuition Benefit!!!!!!

Free Tuition Money for select schools for children below 10th grade. A GIFT from your broker, KWM, and Colonial Life. You must sit with an agent to apply- NO COST to you! (see reverse side)

Open Enrollment November –Dec 22

CONTACT ED FOR A PHONE CONSULTATION

ED DOUGHERTY 484-467-4297

The College Tuition Benefit (CTB)
City of Easton, PA, #113557

Employees now have an added incentive to participate in the Retirement Plan. They earn Tuition Rewards that can be used to pay for up to one year of tuition at over 380 private Colleges and Universities. That's over one third of the National Association of Independent Colleges and Universities, NAICU. This benefit is being provided to you, by your employer, at no cost to you.

Highlights of the College Tuition Benefit, www.ColonialCollegeTuitionBenefit.com

- **Each employee is registered for 500 SAGE Scholarship Tuition Rewards.** Spouses can register for an additional 500.
- Employees in the Retirement Plan receive an annual **5% Tuition Rewards match** of their 401(k)/403(b) account balance.
- The security of **Colonial Workplace Benefits** are made available to employees as they are enrolled in the SAGE Scholarship Program.



To illustrate how the program helps pay for a child or grandchild's college education; assume a 12-year old in a family where the employee has \$50,000 in the Retirement plan, assume an annual contribution of \$2,000 into the Plan and a hypothetical 7% investment return.

(Note: Monies in most Retirement Plans do not have a guaranteed rate of return and may actually lose value).

Age	Retirement Plan Account Balance	5% Award	CTB Scholarship Balance Balance does not accrue interest
Award for registering a child			500
12	\$50,000	2,500	3,000
13	\$55,500	2,775	5,775
14	\$61,385	3,069	8,844
15	\$67,682	3,384	12,228
16	\$74,420	3,721	15,949
17	\$81,629	4,081	20,030

In this example, if the child attends a participating SAGE school, the tuition will be reduced by 20,030, with each point being equal to \$1.

How to Register

To register for the College Tuition Benefit, complete the following steps:

1. Visit www.ColonialCollegeTuitionBenefit.com
2. Click on "Register Now" at right side of screen
3. Use the following information and complete the registration:

Employee Information	Spouse Information
Employer Name: Easton Password: Scholarship	Employer Name: Easton Spouse Password: Scholarship
When a spouse registers, they must use an email address different from the one used by the employee!	

Important Information:

- You will receive an activation email 10 days from the close of the enrollment. If you do not receive one you must contact customerservice@collegetuitionbenefit.com.
- Click on the link in your activation email to establish your username (your personal email address is best) and your password. Completing this process will allow you to see your account, receive your log in bonus points, add more students, and have access to information on participating schools.
- You must log on to your account within 6 months after receiving your welcome email or your benefits may be reduced.
- **Students must be registered by August 24th prior to starting 11th grade of high school.**
- **Points must be transferred to a registered student by August 24th prior to starting 12th grade of high school.**
- You can register as many children, grandchildren, nieces or nephews as you would like. The maximum awards you can use, per registered student, cannot exceed one year's tuition at a participating school.
- The Scholarship credits are held in your account until you pledge them to a registered child - You do not have to select a college ahead of time.
- Within a few days of the student's application to a college, sign into your account, locate the student and follow the link to submit his/her rewards. **DO NOT submit rewards early or late.**
- You do not have to purchase Workplace benefits to participate in The College Tuition Benefit.