

Your **HEALTH**

Your **FAMILY**

Your **LIFE**



L|E|C|O|M
HEALTH

2024

Residents and Fellows

MILLCREEK COMMUNITY HOSPITAL

BENEFITS GUIDE

March 1, 2024 - February 28, 2025 Plan Year

Welcome

“Thank you for your hard work and commitment to LECOM Health. We could not accomplish our mission without you! As part of your employment package, there are numerous benefits available to you and your loved ones. It is our goal to continue to provide you with these benefits at the most affordable cost.”

- John M. Ferretti, D.O., President and CEO

This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you may receive.

Eligibility

As a Resident or Fellow, you are eligible for the benefits contained within this packet.

Please contact a Human Resource Professional with any questions or concerns.

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment.

If you require access to interim coverage before your eligibility date, please reach out to your Human Resources team who will guide you to the organizations benefit broker.

Open Enrollment: Changes made during Open Enrollment are effective for the March 1, 2023 - February 29, 2024 plan year.

Choose Carefully!

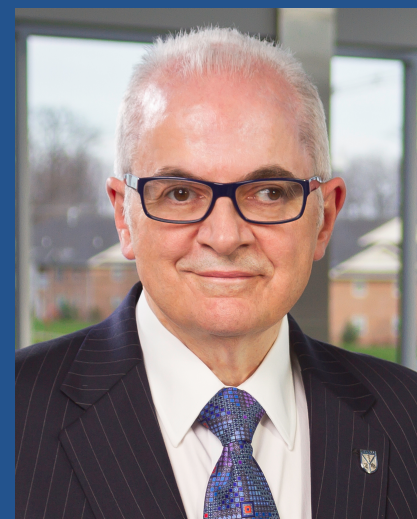
Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- }} Marriage or divorce
- }} Birth or adoption of a child
- }} Child reaching the maximum age limit
- }} Death of a spouse or child
- }} You lose coverage under your spouse's plan
- }} You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the Health System to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



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- Vision Discount
- Voluntary Benefits
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Enrollment

Complete all your enrollment with one easy phone call with a licensed benefit coach.

**Phone: (877) 277-7476
Monday-Friday 9am - 6pm**

Medical Plan

We are proud to offer you a medical plan that provides comprehensive medical and prescription drug coverage. The plan also offers many resources and tools to help you maintain a healthy lifestyle.

The following is a brief description:

Highmark Performance Blue PPO

The plan gives you the freedom to seek care from a provider of your choice; however, you will maximize your benefits and reduce your out-of-pocket costs when Millcreek Community Hospital, Corry Memorial Hospital, or the Medical Associates of Erie (MAE) physicians are utilized. A list of eligible "Home Host" (MAE) physicians is located on pages 14 - 16.

This is a high-level overview of the medical coverage available. Please refer to the full benefit grid for more detail.



Key Medical Benefits	Highmark Performance Blue PPO		
	Home Host ²	In-Network ³	Out-of-Network ¹
Deductible (per plan year)			
Individual / Family	\$0	\$1,250 / \$3,750	\$3,750 / \$7,500
Out-of-Pocket Maximum (per plan year)			
Individual / Family	\$0	\$2,000 / \$4,000	\$8,000 / \$16,000
Covered Services			
Office Visits (PCP/specialist)	No charge	\$25 copay	50%*
Routine Preventive Care	No charge	No charge	50%* ⁵
Outpatient Diagnostic	No charge	20%*	50%*
Complex Imaging	20%*	20%*	50%*
Hospital Therapy & Rehab	20%*	20%*	50%*
Ambulance	\$50 copay		
Emergency Room	No charge	\$200 copay ⁴	
Urgent Care Facility	\$25 copay	\$25 copay	50%*
Inpatient Hospital Stay	No charge	20%*	50%*
Outpatient Surgery	No charge	20%*	50%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. When using the Home Host benefits, all copayments and deductibles are waived with the exception of advanced diagnostics, certain types of therapy, durable medical equipment, infertility treatment, transplants, and certain surgical expenses. For more information, refer to Appendix C.
3. UPMC Hamot is out-of-network. For a full list of out-of-network facilities, refer to Appendix B.
4. Waived if admitted.
5. Adult routine physical will not be covered out-of-network, all other preventive services are covered at 50% after deductible.

Prescription Drug Plan

Prescription Drugs	
Prescription Drug Deductible Individual Family	None None
Prescription Drug Program(6,7) Mandatory Generic <i>Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i> <i>Home Host Pharmacy Network includes both Colonial Family Pharmacy locations.</i> <i>Your plan uses the National Select Formulary with an Incentive Benefit Design.</i>	<p style="color: red;">Any script greater than a 10-day supply must be filled at the Home Host Pharmacy</p> <p>Retail Drugs (up to 10-day Supply) \$15 generic copayment \$40 formulary brand copayment \$90 non-formulary brand copayment</p> <p>Home Host Drugs (up to 31/60/90-day Supply) \$15/\$30/\$45 generic copayment \$40/\$80/\$120 formulary brand copayment \$90/\$180/\$270 non-formulary brand copayment</p> <p>Maintenance Drugs through Mail Order (90-day Supply) \$30 generic copayment \$80 formulary brand copayment \$180 non-formulary brand copayment</p> <p>Specialty Drugs (31-day Supply) \$15 generic copayment \$40 formulary brand copayment \$90 non-formulary brand copayment</p>

- (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. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment or coinsurance amounts listed above. Under the soft mandatory generic provision, you are responsible for the payment differential when a generic drug is authorized by your provider and you purchase 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 or coinsurance amounts, which may apply.
- (7) A LECOM Discount applies to certain prescriptions filled at participating LECOM Pharmacies. The pharmacy does not bill insurance. The following pharmacies participate in the discount program: Corry Memorial Hospital – 965 Shamrock Lane, Corry, PA 16407. Discount costs available upon request.

Retail Pharmacy Home Host Details

Colonial Family Pharmacy

5702 Peach Street
 Erie, PA 16509
 (814) 868-7805

Mon-Fri: 8am-6pm
 Saturday: 9am-2pm
 Sunday/Holidays: Closed

Colonial Family Pharmacy

3822 Colonial Ave
 Erie, PA 16506
 (814) 835-0000

Mon-Fri: 8am-6pm
 Saturday: 8am-1pm
 Sunday/Holidays: Closed

Residents and Fellows with prescription insurance through LECOM Health will be required to fill all prescriptions greater than ten (10) days of duration at one of our home host pharmacies. Prescriptions of ten (10) days duration or less may be filled at any network pharmacy for the current copay. Mail order will still be available for 90-day maintenance medication prescriptions at the current copay.

Please direct questions regarding the pharmacy benefits to:
Dr. Marcus Babiak (814) 868-7733 / MBabiak@mch1.org or a Human Resource Professional.

Dental Plan

BAI Benefit Administrators, Inc. PPO: This plan offers you the freedom and flexibility to use the dentist of your choice: however, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist in the LECOM Health Home Host network (LECOM Erie Dental Clinic, LECOM Bradenton School of Dental Medicine, LECOM DeFuniak Springs Dental Clinic).

The following is a high-level overview of the coverage available.

Key Dental Benefits	BAI Benefit Administrators, Inc.		
	Home Host ²	In-Network	Out-of-Network ¹
Deductible (per plan year)			
Individual / Family	None		\$50 / \$150
Benefit Maximum (per plan year; preventive, basic, and major services combined)			
Per Individual	\$1,000		\$1,000
Covered Services			
Preventive Services	No charge		No charge
Basic Services	No charge		20%
Major Services	No charge		50%
Orthodontia (Dependent to Age 19)	50%		50%
Orthodontia Lifetime Maximum	\$1,000 per Dependent		\$1,000 per Dependent

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. When using the Home Host benefits (LECOM Erie Dental Clinic, LECOM Bradenton School of Dental Medicine, LECOM DeFuniak Springs Dental Clinic), all Copays and Deductibles are waived for eligible employees and anyone in the immediate household (i.e. spouses or children). Services provided by Home Host after the maximum of \$1,000 has been reached will be billed to the member at a discounted rate.

NOTE: Dependent children over the Age of 19 are not eligible for coverage unless certain conditions are met. To learn more about this consult your HR representative or a BAI customer service representative.

Cost of Benefits

As a LECOM Health Resident or Fellow the medical and dental plan is offered to you and your loved ones at no cost.

Value of the LECOM Health Home Host Network

Medical Plan

As a Resident or Fellow of LECOM Health, you will maximize your benefits and reduce your out-of-pocket costs when Millcreek Community Hospital, Corry Memorial Hospital, or the Medical Associates of Erie (MAE) physicians are utilized. A list of eligible "Home Host" (MAE) physicians is located on pages 14 - 16.

When using the Home Host benefits, all **copayments** and **deductibles** are waived with the exception of advanced diagnostics, certain types of therapy, durable medical equipment, infertility treatment, transplants, and certain surgical expenses.

For more information, refer to Appendix C.



Dental Plan

When using the Home Host benefits (LECOM Erie Dental Clinic, LECOM Bradenton School of Dental Medicine, LECOM DeFuniak Springs Dental Clinic), all Copays and Deductibles are waived for eligible individuals and anyone in the immediate household (i.e. spouses or children).

Services provided by Home Host after the **maximum of \$1,000** has been reached will be billed to you at a discounted rate.

Prescription Drug (Rx) Plan

LECOM Health Home Host Rx Plan

Effective September 1, 2019, all LECOM Health employees will be required to fill prescriptions greater than ten (10) days of duration at one of our home host pharmacies:

- Colonial Family Pharmacy - 5702 Peach St, Erie, PA 16509
- Colonial Family Pharmacy - 3822 Colonial Ave, Erie, PA 16506

A LECOM Discount applies to certain prescriptions filled at participating LECOM Pharmacies. The pharmacy does not bill insurance.

The following pharmacies participate in the discount program:

- Corry Memorial Hospital – 965 Shamrock Lane, Corry, PA 16407

Discount costs are available by contacting the above pharmacies.

Long Term Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability

Provided at **NO COST** to you through MetLife

Benefit Percentage	60% Pre-Disability Wages
Monthly Benefit Maximum	Based on terms of employment
When Benefits Begin	After 6 Months
Maximum Benefit Duration	To Age 65

Employee Assistance Program (EAP)

CURALINC WORK-LIFE BALANCE EMPLOYEE ASSISTANCE PROGRAM

CuraLinc Employee Assistance Program (“EAP”) is available at no charge to LECOM employees. The program is called SupportLinc and calls are kept confidential within the constraints of the law.

The SupportLinc EAP offers unlimited telephonic access to counselors to support you with personal or professional problems 24 hours per day and 365 days per year.

Additional information concerning CuraLinc is available on the LECOM Portal by clicking on the Human Resources tab and then selecting CuraLinc Documents.

SupportLinc for LECOM Employees: 888-236-6709 or via its website at www.supportlinc.com; group code: lecomhealth



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise

Consultation and planning with a financial counselor



Legal consultation

By phone or in-person with a local attorney



Short-term counseling

Access up to **three (3) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance use



Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (employer-paid)

This benefit is provided at **NO COST** to you through MetLife

Benefit Amount	1 times your annual salary not to exceed \$100,000
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**When you reach age 65, the benefit decreases*

See pages 17 for more information

Valuable Benefits offered through LECOM Health

} LECOM Masters/Doctor Degree Discount

Current LECOM Health/Millcreek Residents & Fellows receive a 25% discount on tuition for the following graduate degree programs once accepted:

LECOM School of Health Services Administration

Masters in Health Services Administration (MHSA)
Master of Science in Biomedical Ethics (MSBE)
Masters in Public Health (MPH)
Master of Science in Medical Cannabinoid Therapeutics (MS MCT)
Doctor of Healthcare Administration (DHA)

LECOM Graduate School of Biomedical Sciences

Master of Science in Medical Education (*receives a 50% discount on tuition*)

} Travel Assistance

Travel assistance is provided at **nocost** to the member by MetLife and AXA Assistance USA. This program provides assistance to employees traveling 100 miles or more away from home. Some of the benefits of emergency travel assistance include:

- Hospital admission assistance
- Political and Natural Disaster Evacuation
- Emergency medical evacuation
- Physician Dispatch
- Assistance in replacing lost prescriptions and passports

Visit website: <http://www.metlife.com/travelassist> Phone Number: 1-800-454-3679

} Identity Theft Protection from Experian

All LECOM Health members and dependents enrolled in the Highmark Medical plan have the option to enroll in Experian Identity Repair at no cost.

Eligible members must provide their personal information to Experian by enrolling online.
www.experianidworks.com/highmark

CODE: HIGHMARK23

See page 18 for more information.

} LECOM Medical Fitness & Wellness Center

All Residents and Fellows of LECOM Health have access to the LECOM Medical Fitness & Wellness Center located at 5401 Peach St, Erie, PA 16509

There is no cost for this benefit.

Valuable Benefits offered through LECOM Health

} TIAA 403(b) Defined Contribution Plan

A 403(b) Defined Contribution Plan is available to residents and/or fellows immediately upon hire; however, the Plan does not allow for residents and/or fellows to be eligible for an employer match.

In addition, in accordance with IRS Guidelines residents and/or fellows may contribute up to the IRS maximum in a calendar year. For example, for 2023, eligible employees may contribute up to \$22,500 in a calendar year. If you will be at least 50 years old by December 31st of the current calendar year, you may contribute up to a \$7,500 catch-up for a total of \$30,000 in a calendar year.

Funds contributed by LECOM are completely and immediately vested. The TIAA contract is individually owned.

} Parking

Parking at the hospital is free and there are specified parking areas for house staff. Parking on LECOM Health Millcreek Community Hospital property is at your own risk. LECOM Health Millcreek Community Hospital is not responsible for incidents or accidents.

} Education Allowance

Residents receive \$1,800.00 for continuing medical education which can be used to participate in extramural education seminars or the purchase of books, subscriptions or other scholarly materials.

} Relocation Allowance

Incoming trainees are granted up to a \$1,000 relocation allowance to facilitate the move to Erie, PA. Valid receipts for moving expenses must accompany requests for your moving allowance.

} Paid Time Off

Residents and Fellows receive 15 days of paid vacation time off, 5 days of paid CME time off, and 3 days of paid sick time off each academic year. Residents and fellows are scheduled for holidays as determined by their clinical departments. House staff does not receive holiday pay nor do they accrue holiday hours. Residents are expected to be on duty for Holidays unless they have formally requested time off in writing and this has been approved.

} On-Call Meals

Residents receive all meals while on-duty and while on-call at LECOM Health Millcreek Community Hospital, at no cost.

} Lab Coats

Three lab coats will be issued to house staff at no cost prior to the start of each contract year. It is the trainees' responsibility to ensure the lab coats are clean and pressed.

A Benefit That Will Save You Money!

Sign up for
the LECOM Health BenefitHub Employee Perk Program

You now have exclusive access to
amazing discounts and Cash Back offers on thousands of the brands you love.

Save Big. Every Day.

Take advantage of savings in a variety of categories, including:

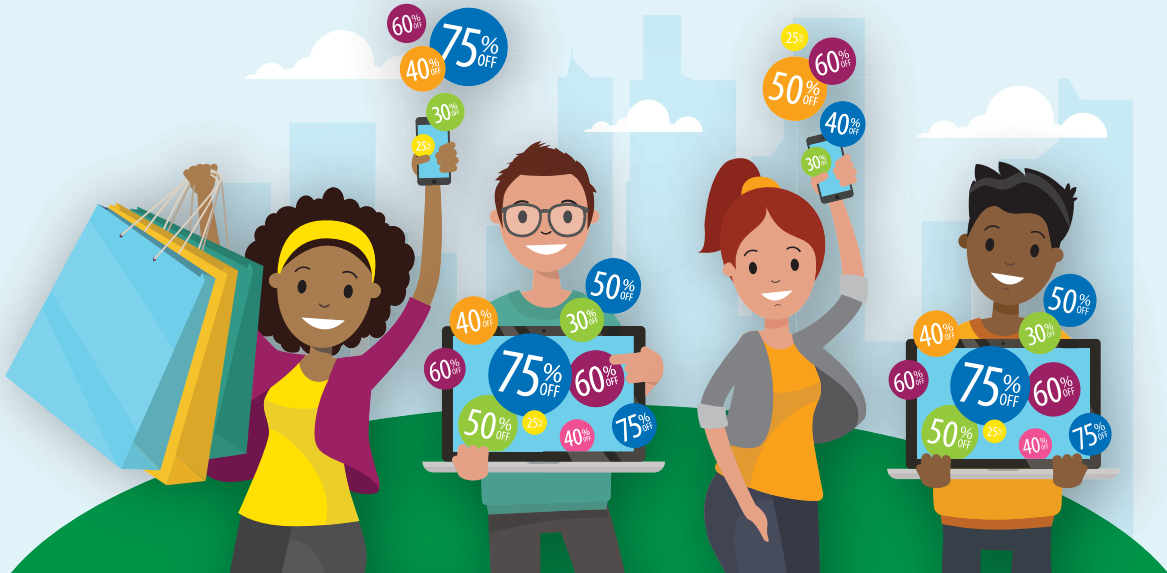


- Travel
- Auto
- Electronics
- Apparel
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Sports & Outdoors

Keep More Of What You Earn.

The average employee can save \$4,900* a year.

Maybe you can beat that.



**It's easy to sign up
and save.**

Log in at: lecomhealth.benefithub.com

Need to Register?

1. Go to: lecomhealth.benefithub.com
2. Use Referral Code: 56SYD2
3. Complete Registration

Questions?

Call us: 1-866-664-4621

Or email us: customercare@benefithub.com

Voluntary Vision Plan

EyeMed Vision Insurance

We are proud to offer you a voluntary vision plan through EyeMed.

The EyeMed vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network.

Key Vision Benefits	EyeMed Voluntary Vision	
	In-Network	Out-of-Network Reimbursement
Exam (Once every plan year)	\$10 copay (\$0 at Plus providers)	\$0
Materials Copay	\$0	Up to \$91
Lenses (Once every other plan year)	\$25 Copay	Single Vision Up to \$30
		Bifocal Up to \$50
		Trifocal Up to \$70
Frames (Once every other plan year)	\$130 (\$180 at Plus providers)	Up to \$91
Contact Lenses (Once every plan year)	\$130 allowance	Up to \$91

Vision Contributions

Coverage Tier	Semi-Monthly Contribution
	EyeMed Voluntary Vision
Individual Only	\$2.72
Individual + Spouse	\$5.16
Individual + Child(ren)	\$5.43
Family	\$7.98

Vision Discount

We are proud to offer you a vision **discount program** that is available only at Sterrettania Ophthalmology and the Optical Boutique at 4000 Sterrettania Road, Erie, PA 16506

To the right is a high-level overview of the discounts available. **If you enroll in the EyeMed vision plan**, some benefits may stack to provide you extra discounts. If you do not enroll in the EyeMed vision plan, you can still benefit from the discounts below.

Key Vision Benefits	In-Network	
Exam	No charge for vision exam; \$22.50 copay for contact fitting exam	
Materials Discount	50% discount	
Lenses Single Vision Bifocal Trifocal	50% discount	
	Frames (in lieu of lenses)	50% discount
	Contact Lenses (in lieu of glasses)	20% discount

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Some coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Voluntary Benefits Post Tax

All Voluntary Benefits will be deducted after tax except for Nationwide Pet Insurance and Trustmark Universal Life Insurance which will be Direct Billed to you.

MetLife Short-Term Disability

Provided at an affordable group rate

Benefit Percentage	60%
Weekly Benefit Maximum	Based on terms of employment
Maximum Benefit Duration	180 days
Waiting Period	30 days

MetLife Term Insurance

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

Benefit Option	Guaranteed Issue*
Term Life \$10,000 Minimum, \$500,000 Maximum or 5x Salary (whichever is less), \$10,000 Increments	\$250,000

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Trustmark Universal Life Insurance with Living Benefits (not payroll deducted)

Trustmark's Universal Life insurance combines the benefits of life insurance with living benefits which can be utilized for long-term care, home healthcare, adult day care or assisted living.

Employees may be hesitant to buy LTC insurance because of the cost or fear of not utilizing the benefits, but this product does not create a "use it or lose it" situation. Regardless of whether the benefit left is from LTC or life, the beneficiary will still receive payout.

Member Guaranteed Issue Limit = \$100,000
Maximum limit = \$300,000

MetLife Accident Insurance

Accident insurance helps offset unexpected covered medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

When you are injured in an accident, MetLife sends you cash benefits directly and you decide the best way to spend them.

You'll receive cash benefits for these and other expenses that may not be fully covered by major medical insurance when injured in a covered accident: Emergency Dental Work, Concussions, Intensive Care Unit Confinement, Ambulance Transportation (ground/air), Emergency Room Visits and Lacerations.

MetLife Critical Illness Insurance

Critical illness insurance supplements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, such as heart attack (myocardial infarction), end-stage renal (kidney) failure, stroke or major organ failure. The benefit is triggered by covered critical illness events such as: Cancer, Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant. Payment of the partial benefit will reduce the internal cost of cancer or heart attack.

MetLife Hospital Indemnity

Hospital confinement indemnity insurance provides lump-sum benefits for a covered hospital confinement to help with deductibles and other expenses that are not covered by most major medical plans.

Nationwide Pet Insurance (not payroll deducted)

Choose to insure your pets of all ages with up to a 30% discount over comparative plans. Get up to a 90% reimbursement on vet bills and sign up year-round.

Sign up at <https://benefits.petinsurance.com/lecomhealth> See page 19 for more information

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Highmark BCBS	(412) 544-7000	www.highmarkbcbs.com/home
Dental	Benefit Administrators, Inc. (BAI)	(814) 844-6632	hdh.hb.BAI@hubinternational.com
LTD, Life/AD&D	MetLife	1-800-ASK-4-MET	www.metlife.com
Voluntary Benefits	MetLife	1-800-ASK-4-MET	www.metlife.com
Voluntary Vision Benefit	EyeMed	(866) 939-3633	www.eyemed.com
Employee Assistance Program	SupportLinc	(888) 236-6709	www.supportlinc.com
Pet Insurance	Nationwide	(877) 738-7874	https://benefits.petinsurance.com/lecomhealth
Voluntary Whole Life	Trustmark	(800) 918-8877	customer-care@trustmarkbenefits.com

Please fill out and return enrollment forms to a Human Resource Professional.

Questions?

If you have additional questions, you may also contact:

HUB Claims Advocate / BAI Customer Service

Toll Free: (800) 777-2524

Phone: (814) 454-0167

Email: hdh.hb.BAI@hubinternational.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Health System will distribute all required notices annually.

Physician Directory – Primary Care Physicians

PLEASE CALL TO MAKE AN APPOINTMENT WITH ANY OF THESE HEALTH CARE PROVIDERS.

July 2023

Name	Specialty	Practice Location	Phone
Mark D. Baker, D.O.	Family Medicine	West Grandview Primary Care	(814) 868-1088
Micalyn Baney, D.O.	Family Medicine	Waterford Family Practice	(814) 796-6791
Ranko Barac, D.O.	Internal Medicine	Sterrettania Internal Medicine	(814) 835-6640
Amy Beckman, D.O.	Family Medicine	Plaza 18 Medical Center Union City Rural Health Clinic	(814) 456-1009 (814) 438-2088
David J. Bodosky, D.O.	Family Medicine	Northwestern Area Health Center	(814) 756-3434
Kippy M. Bodosky, CRNP	Family Nurse Practitioner	Northwestern Area Health Center	(814) 756-3434
Bryant E. Bojewski, D.O.	Internal Medicine	Shoreline Primary Care	(814) 833-8800
Sarah E. Breon, D.O.	Family Medicine	Corry Memorial Hospital Rural Health Clinic	(814) 664-3979
Seth H. Carter, D.O.	Geriatrics and Family Medicine	Eastside Medical Center LECOM Institute for Successful Aging	(814) 452-6383 (814) 868-3488
Bryan J. Colligan, D.O.	Internal Medicine	Clymer Rural Health Clinic Corry Memorial Hospital Rural Health Clinic	(716) 355-2248 (814) 664-3979
Erik O. Esper, D.O.	Family Medicine	Union City Rural Health Clinic	(814) 438-2088
Robert J. Esper, D.O.	Family Medicine	Shoreline Primary Care	(814) 833-8800
John M. Ferretti, D.O.	Geriatrics and Internal Medicine	Plaza 38 Medical Center	(814) 868-5481
Douglas A. Fronzaglia, D.O.	Geriatrics and Internal Medicine	Institute for Successful Aging – Schaper Ave.	(814) 866-2311
Douglas B. Grisier, D.O.	Family Medicine	Plaza 18 Medical Center	(814) 456-1009
Danielle M. Hansen, D.O.	Geriatrics and Internal Medicine	LECOM Institute for Successful Aging	(814) 868-3488
John J. Kalata, D.O.	Family Medicine	Eastside Medical Center	(814) 452-6383
Aaron Kleps, P.A.-C.	Geriatrics	Institute for Successful Living	(814) 868-2200
James Y. Lin, D.O.	Geriatrics and Internal Medicine	Institute for Successful Living	(814) 868-2200
Eric J. Milie, D.O.	Internal Medicine	Plaza 38 Medical Center	(814) 868-5481
Cheryl Mongera, CRNP	Family Nurse Practitioner	Corry Memorial Hospital Rural Health Clinic	(814) 664-3979
Gary L. Peterson, D.O.	Family Medicine	Millcreek Medical Arts	(814) 864-0690
Armando Ricci, D.O.	Family Medicine	Southeast Family Practice	(814) 825-7440
Beth A. Ricci, D.O.	Family Medicine	Southeast Family Practice	(814) 825-7440
Erin M. Rodriguez, FNP-BC	Family Nurse Practitioner	Clymer Rural Health Clinic Union City Rural Health Clinic	(716) 355-2248 (814) 438-2088
Charles E. Rohrbach, D.O.	Internal Medicine	Corry Memorial Hospital Rural Health Clinic	(814) 664-3979
R. Anthony Snow, M.D.	Family Medicine	Eastside Medical Center	(814) 452-6383
Frank M. Tursi, D.O.	Family Medicine	Millcreek Medical Arts	(814) 864-0690

Physician Directory – Specialists

PLEASE CALL TO MAKE AN APPOINTMENT WITH ANY OF THESE HEALTH CARE PROVIDERS.

MEDICAL ASSOCIATES OF ERIE

Name	Specialty	Practice Location	Phone
David Beaton, D.O.	Gynecology	Sterrettania Internal Medicine	(814) 835-6640
Chris Buzas, D.O.	Ophthalmology	LECOM Health Eye Care Center	(814) 836-0543
Karl J. Falk, D.O.	Neuromuscular Medicine	Plaza 38 Gastroenterology	(814) 866-3986
Kevin G. Falk, D.O.	Osteopathic Manipulative Medicine	Plaza 38 Gastroenterology	(814) 866-3986
Kristen Heard, D.P.M.	Podiatry	Corry Memorial Hospital Rural Health Clinic Plaza 38 Medical Center Union City Rural Health Clinic Waterford Family Practice	(814) 664-3979 (814) 868-5481 (814) 438-2088 (814) 796-6791
Amanda Madurski, O.D.	Optometry	LECOM Health Eye Care Center	(814) 836-0543
Michael Scutella, M.D.	Obstetrics & Gynecology	Corry Memorial Hospital Rural Health Clinic	(814) 664-3979
Jennifer C. Stull, D.O.	Gynecology	Sterrettania Internal Medicine Union City Rural Health Clinic Waterford Family Practice	(814) 835-6640 (814) 438-2088 (814) 796-6791
Larry Thompson, M.D.	Obstetrics & Gynecology	Corry Memorial Hospital Rural Health Clinic	(814) 664-3979
Brian V. Viviano, D.O.	Gastroenterology	Corry Memorial Hospital Rural Health Clinic Plaza 38 Gastroenterology	(814) 664-3979 (814) 866-6835
William H. Wismer, D.O.	Gastroenterology	Corry Memorial Hospital Rural Health Clinic Plaza 38 Gastroenterology	(814) 664-3979 (814) 866-6835
Paula Young, CRNP	Nurse Practitioner	Plaza 38 Gastroenterology	(814) 866-6835

Physician Directory - Specialists

PLEASE CALL TO MAKE AN APPOINTMENT WITH ANY OF THESE HEALTH CARE PROVIDERS.

MILLCREEK COMMUNITY HOSPITAL

Name	Specialty	Practice Location	Phone
Rodolfo Arreola, M.D.	General Surgery	Corry Memorial Hospital Rural Health Clinic LECOM Health Millcreek Surgical Specialists	(814) 664-3979 (814) 868-2170
Carmine D'Amico, D.O.	Cardiology	LECOM Health Millcreek Surgical Specialists	(814) 868-2170
Stephanie Chlebus-Nick, P.A.	Physician Assistant	Corry Memorial Hospital Rural Health Clinic LECOM Institute for Successful Aging	(814) 664-3979 (814) 868-3488
Ivy E. Deegan, CRNP	Nurse Practitioner	LECOM Institute for Behavioral Health	(814) 454-3174
Lori M. Dulabon, D.O.	Urology	Corry Memorial Hospital Rural Health Clinic LECOM Health Millcreek Surgical Specialists	(814) 664-3979 (814) 868-2170
Anthony Ferretti, D.O.	Orthopedic Surgery; Sports Medicine	Corry Memorial Hospital Rural Health Clinic LECOM Health Orthopedics and Pain Management	(814) 664-3979 (814) 868-7840
David Figueroa, D.O.	Child/Adolescent Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Suzanne M. Fontecchio, CRNP	Nurse Practitioner	LECOM Institute for Behavioral Health	(814) 454-3174
Luxmi Gahlot, M.D.	Pain Management	LECOM Health Orthopedics and Pain Management	(814) 868-7840
Michael W. Hankins, D.P.M.	Podiatry	Eastside Medical Center LECOM Health Millcreek Surgical Specialists LECOM Institute for Successful Aging Northwestern Area Health Center Plaza 18 Medical Center Shoreline Primary Care	(814) 452-6383 (814) 868-2170 (814) 868-3488 (814) 756-3434 (814) 456-1009 (814) 833-8800
Jay Kiessling, M.D.	General & Vascular Surgery	LECOM Health Millcreek Surgical Specialists	(814) 868-2170
Ryan J. Lynch, D.O.	Neurology	Corry Memorial Hospital Rural Health Clinic LECOM Institute for Successful Aging	(814) 664-3979 (814) 868-3488
Meghan McCarthy, D.O.	Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Fernando E. Melaragno, D.O.	Endocrinology	Corry Memorial Hospital Rural Health Clinic LECOM Institute for Successful Aging	(814) 664-3979 (814) 868-3488
Melanie Mosher, CRNP	Nurse Practitioner	LECOM Institute for Behavioral Health	(814) 454-3174
Christopher W. Rial, D.O.	Family & Sports Medicine	Corry Memorial Hospital Rural Health Clinic LECOM Health Specialists	(814) 664-3979 (814) 868-2179
Gary M. Ritten, M.D.	Gynecology	Corry Memorial Hospital Rural Health Clinic Eastside Medical Center	(814) 664-3979 (814) 452-6383
Trevor Samol, CRNP	Nurse Practitioner	LECOM Institute for Behavioral Health	(814) 454-3174
David Snow, D.O.	Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Brenton Song, D.O.	Child/Adolescent Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Belinda Stillman, D.O.	Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Shawn W. Storm, D.O.	Orthopedic Surgery	Corry Memorial Hospital Rural Health Clinic Eastside Medical Center LECOM Health Orthopedics and Pain Management	(814) 664-3979 (814) 452-6383 (814) 868-7840
Mark Strazisar, D.O.	Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
G. Renee Thomas-Clark, D.O.	Child/Adolescent Psychiatry	LECOM Institute for Behavioral Health	(814) 454-3174
Joshua Tuck, D.O.	Orthopedic Surgery & Sports Medicine	LECOM Health Orthopedics and Pain Management	(814) 868-7840
16 Alison K. Wokulich, CRNP	Nurse Practitioner	LECOM Institute for Behavioral Health	(814) 454-3174

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers LECOM employees expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise

Consultation and planning with a financial counselor



Legal consultation

By phone or in-person with a local attorney



Short-term counseling

Access up to **three (3) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance use



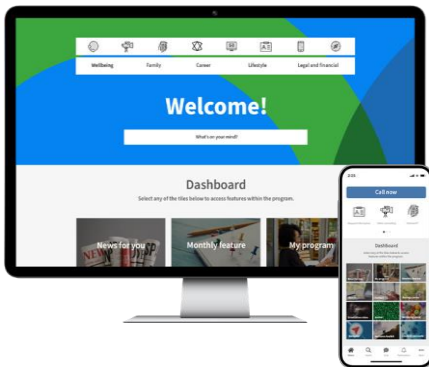
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

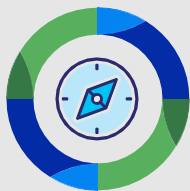


Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!

Experian IdentityWorksSM



Protects you when you are most vulnerable. Our services monitor a variety of channels to provide comprehensive protection.



If you become a victim of identity theft, we work to resolve it. Experian® will do the work to help recover your financial losses and restore your credit file.



Protection at no cost to you. Our identity restoration services are available to you free as an eligible member.

Experian IdentityWorks

Experian IdentityWorks offers more protection and the option to enroll at any time — also at no cost to you. Once you enroll in IdentityWorks, you will have access to:

- **Experian credit report at signup:** See what information is associated with your credit file*.
- **Credit Monitoring:** Actively monitors your Experian credit file for indicators of identity theft.
- **Internet Surveillance:** Technology searches the web, chat rooms & bulletin boards 24/7 to identify trading or selling of your personal information on the Dark Web.
- **Identity Restoration:** Identity Restoration Specialists are immediately available to help you address credit and non-credit related identity theft.
- **Up to \$1 Million Identity Theft Insurance**:** Provides coverage for certain costs and unauthorized electronic fund transfers.
- **Lost Wallet:** Assistance with canceling/replacing lost or stolen credit, debit, and medical cards.
- **Child Monitoring:** For up to 10 children up to 18 years old, Internet Surveillance and monitoring to determine whether enrolled minors in your household have an Experian credit file are available. Also included are Identity Restoration and up to \$1M Identity Theft Insurance**.
- **Experian IdentityWorks ExtendCARE™:** You receive the same high-level of Identity Restoration support even after your Experian IdentityWorks membership has expired.

Enrollment is required.

Members must provide their personal information to enroll online or via phone. To start monitoring your personal information, please follow the steps below:

- 1 **Visit** the Experian IdentityWorks website to enroll: www.experianidworks.com/highmark
- 2 Click “Get Started” and enter code: **HIGHMARK23**
- 3 Complete the enrollment process.

How Experian Identity Restoration Works

If you become a victim of identity theft, a dedicated Identity Restoration Specialist from Experian will act as your guide and advocate from start to finish by initiating the dispute process, and help ensure that your identity returns to its pre-identity theft state***.

If you have questions about protecting your identity or if you suspect that your identity has been stolen:

- 1 Call the Experian customer support team at 1-866-584-9479
- 2 Provide the engagement number B019828.

* Offline members will be eligible to call for additional reports quarterly after enrolling.

**The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

***You may be asked to provide a limited power of attorney to facilitate any Identity Restoration related work on your behalf.

Discover the greatest pet insurance plans ever offered.

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.



- Up to 90% back on eligible vet bills¹
- Exclusive to employees, not available to the general public
- Same price for pets of all ages
- Best deal: average savings of 30% over similar plans from other pet insurers²
- Wellness plan option that includes spay/neuter, vaccinations and more

Easy enrollment



Select the species (dog or cat)*



Provide your zip code



Pick your plan

*To enroll your bird, rabbit, reptile or other exotic pet, please call 877-738-7874.



Visit any vet.



Send us your claim.



We'll send you a check.

vethelpline®

Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.



Easy online claims from your desktop or mobile device.

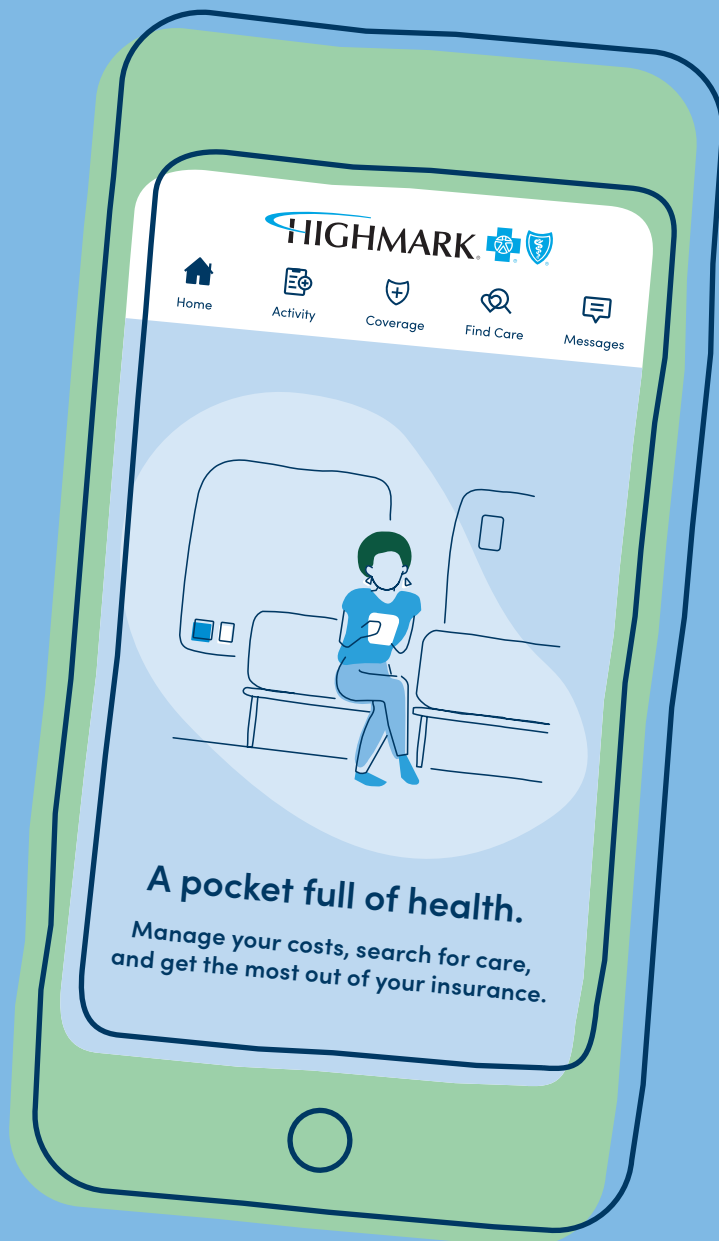
<https://benefits.petinsurance.com/lecomhealth>

¹Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. ²Average based on similar plans from top competitors' websites for a 4-year old Labrador retriever in Calif., 90631. Data provided using information available as of December 2017.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2019); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2019). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2020 Nationwide. 20GRP7655

Get it.

The Highmark Plan App



Once you download it, sign up or use your same login info from the member website and – bingo! – your plan benefits are right there in the palm of your hand.

For starters, you can:

-  Access your virtual member ID card any time.
-  Find in-network doctors and facilities or compare costs of procedures.
-  Find answers to benefits questions.
-  See recent claims activity.
-  View covered family members' plan information.
-  Use fingerprint or face recognition for quick, secure sign-in.

To access all of the features on the Highmark Plan App, you must have active Highmark medical coverage.

Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries and regions. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.

Insurance or benefit administration may be provided by Highmark Blue Cross Blue Shield, Highmark Benefits Group, Highmark Health Insurance Company or Highmark Select Resources, all of which are independent licensees of the Blue Cross and Blue Shield Association. Health care plans are subject to terms of the benefit agreement.

VIRTUAL ID CARDS MAKE ACCESS EASY FROM ANY COMPUTER, TABLET OR SMART PHONE

Works just like your plastic ID card

- Virtual cards are available with your effective date of coverage
- Access the ID card of everyone on your policy
- From highmarkbcbs.com, view or print your virtual ID or order new plastic cards

Log in and follow these steps to access your virtual ID card

The screenshot shows the 'MEMBER HOME' page for Sebastian Demonstration. It includes sections for 'Member Information', '0 NEW CLAIM(S)', 'SPENDING ACCOUNT', and 'WELLNESS PROGRAMS'. Below this is a navigation bar with options like 'COVERAGE', 'CLAIMS', and 'SPENDING'. The 'ID CARD OPTIONS' section is highlighted, showing a 'View, fax, and order ID card(s) wherever you are.' link. The 'ID CARD' section displays a 'Select a member' dropdown menu with 'Sebastian Demonstration' selected. Below this is a 'View Back' link and a preview of the virtual ID card. The ID card contains the following information:

MEMBER NAME	SEBASTIAN A. DEMONSTRATION		
MEMBER ID	XXXXXXXXXXXXXX		
Group	XXXXXXXXXX	Office Visit	\$0
Plan	378	Specialist Visit	\$0
Plan Grp	XXXXX001	Emergency Room	\$0
Plan BH	610014		

Below the ID card preview, there are social media sharing icons and three action buttons: 'Fax this ID card', 'Print this ID card', and 'Report stolen ID card'. At the bottom, there is a blue button labeled 'ORDER ID CARDS'.

1. From your Member Home Page, click on the "ID card" button. To print your card, click on the "Print this ID card" and follow the directions to select which member you would like to have a card printed for, and enter your mailing address.
2. From the ID card page, you can view, print or order a copy of your ID card:
3. To order a new card, click "Order ID cards" and follow the directions as prompted.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

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

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。27072 06/18 CS205789

ACCESS YOUR
BENEFITS
ANYTIME,
ANYWHERE

—WITH

**Benefit
Spot**



POWERED BY HUB INTERNATIONAL



BIG NEWS...

WE'VE GONE MOBILE!

To help you access your benefits and HR information—even when you're away from work and need it most—we've launched Benefit Spot!

DOWNLOADING THE APP IS EASY! SIMPLY:



Search "Benefit Spot" on the Apple App Store or Google Play or scan this QR code.



Download the app to your smartphone or other mobile device.



Whenever you launch the app, **enter company code: LECOM** to access our plan information.
NOTE: The company code is case sensitive.



That's it—you're ready to go!

**WITH BENEFIT SPOT,
YOU'LL BE ABLE TO:**

- Access your Benefits Guide and basic plan information
- Watch educational videos
- Look up carrier and broker contact information
- Access LECOM Health Physician Lists
- Access EAP
- And more!

LECOM HEALTH

UPMC/Highmark Network Access

According to the terms of the UPMC/Highmark contract, the following facilities will be out-of-network for LECOM Health employees.

- The hospitals listed below will remain out-of-network after July 1, 2019:
 - Magee-Women’s Hospital of UPMC
 - UPMC East
 - UPMC Mercy
 - UPMC McKeesport
 - UPMC Passavant
 - UPMC Presbyterian Shadyside
 - UPMC St. Margaret
 - UPMC Hamot
 - **UPMC Hillman Cancer Centers;**
 - Mary Hillman Jennings Radiation Oncology at UPMC Shadyside
 - The Mario Lemieux Center for Blood Cancers
 - UPMC Hillman Cancer Center at Magee-Womens Hospital of UPMC
 - UPMC Hillman Cancer Center at UPMC East
 - UPMC Hillman Cancer Center at UPMC Hamot
 - UPMC Hillman Cancer Center (West 12th Street, Erie)
 - UPMC Hillman Cancer Center at UPMC McKeesport
 - UPMC Hillman Cancer Center at UPMC Mercy
 - UPMC Hillman Cancer Center at UPMC Natrona Heights
 - UPMC Hillman Cancer Center at UPMC Passavant McCandless
 - UPMC Hillman Cancer Center at UPMC Passavant North
 - UPMC Hillman Cancer Center at UPMC St. Margaret
 - UPMC Hillman Cancer Center in Bethel Park
 - UPMC Hillman Cancer Center in Monroeville
 - UPMC Hillman Cancer Center in Shadyside
 - UPMC Hillman Cancer Center in West Mifflin
 - Doctors affiliated with the Hospitals listed above

LECOM Health Medical Home Host:

Participants of LECOM Health's Highmark PPO Plan (i.e. Employee/Student Only, Employee/Student + Spouse, Employee/Student + Child(ren), and Family Coverage) are eligible for a waiver of co-pays and deductibles by choosing medical services provided by LECOM Health - Millcreek Community Hospital, Corry Memorial Hospital, and Physicians at the Medical Associates of Erie / Corry Physician Offices.

Home Host Pharmacy Co-Payments are excluded from this waiver.

Please note, any employees or students that do not participate in the LECOM Health Highmark PPO Plan are no longer eligible for discounted or full waiver of co-pays and deductibles.

Only individuals covered by the LECOM Health Highmark PPO Plan are eligible for a waiver of co-pays and deductibles, and this waiver only extends to medical services provided by LECOM Health and its Physicians and employees.

All co-pays and deductibles related to technical fees (i.e., fees other than professional fees) at LECOM Health Hospitals will be waived. Waiver of specific professional fees only are explained below.

Waiver of professional fees provided at LECOM Health Hospitals are limited to the following physician specialties: (lab, radiology, anesthesia, psychiatry, emergency medicine). For waiver of professional services provided at LECOM Health physician practices, please see Physician List. Please note that this list is subject to change at any time without notice.

The Health System website cannot be relied upon to identify physicians that are eligible for the professional fee waiver as not all physicians on the website are employed by the Health System.

Important Reminder: You will receive a bill for services from Millcreek Community Hospital, Corry Memorial Hospital, or Medical Associates of Erie / Corry Physicians. In order for the co-pays and deductible to be waived you must reach out to the respective department below. You should not delay contacting these departments or you may risk having your account turned over to a collection agency.

Millcreek Community Hospital Bills: Patient Accounting – 814-868-7719

Corry Memorial Hospital Bills: Accounting - 814-664-4641 / Ext.1131

Medical Associates of Erie Bills: Accounting – 814-868-2529

When services are performed through Millcreek Community Hospital, Corry Memorial Hospital, and Physicians at the Medical Associates of Erie / Corry Physicians – LECOM Health saves valuable financial resources. The funds generated by supporting LECOM Health will help to ensure ongoing operations of the various LECOM Health entities and allow continued savings to be passed on to participating employees.

Steven G. Inman, CPA, Chief Financial Officer and Vice President of Fiscal Affairs

Performance Blue Home Host RX

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Group #012655- 30,31,32,33,35,36,37,39,40,42,45,46,47,48,50,51,52,53,55,56,57,59,60,62,65,66,67,68,95,96

Benefit	In-Network Home Host Value	In-Network Value	Out of Network
General Provisions			
Effective Date	March 1, 2023		
Benefit Period (1)	Contract Year		
Deductible (per benefit period) (All in-network services are credited to both enhanced and standard deductibles.)			
Individual	\$0	\$1,250	\$3,750
Family	\$0	\$3,750	\$7,500
Plan Pays – payment based on the plan allowance	100%	80% after deductible	50% after deductible
Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period)			
Individual	None	\$2,000	\$8,000
Family	None	\$4,000	\$16,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only) (2) Once met, the plan pays 100% of covered services for the rest of the benefit period.			
Individual	\$8,700		Not Applicable
Family	\$17,400		Not Applicable
Office/Clinic/Urgent Care Visits			
Retail Clinic Visits & Virtual Visits	100% after \$25 copay	100% after \$25 copay	50% after deductible
Primary Care Provider Office Visits & Virtual Visits	100% after \$25 copay	100% after \$25 copay	50% after deductible
Specialist Office Visits & Virtual Visits	100% after \$25 copay	100% after \$25 copay	50% after deductible
Urgent Care Center Visits	100% after \$25 copay	100% after \$25 copay	50% after deductible
Preventive Care (3)			
Routine Adult			
Physical Exams	100% (deductible does not apply)	100% (deductible does not apply)	Not covered
Adult Immunizations	100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	100% (deductible does not apply)	50% (deductible does not apply)
Mammograms, Annual Routine	100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Diagnostic Services and Procedures (hospital and professional)	100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Routine Pediatric			
Physical Exams	100% (deductible does not apply)	100% (deductible does not apply)	Not covered
Pediatric Immunizations	100% (deductible does not apply)	100% (deductible does not apply)	50% (deductible does not apply)
Diagnostic Services and Procedures (hospital and professional)	100% (deductible does not apply)	100% (deductible does not apply)	50% after deductible
Emergency Services			
Emergency Room Services (4)	100% after \$200 copay (waived if admitted)		
Ambulance – Emergency (5)	100% after \$50 copayment		
Ambulance - Non-Emergency (5)	100% after \$50 copayment		
Hospital and Medical / Surgical Expenses (including maternity)			
Hospital Inpatient	100%	80% after deductible	50% after deductible

Benefit	In-Network Home Host Value	In-Network Value	Out of Network
Hospital Outpatient	100%	80% after deductible	50% after deductible
Maternity (professional services) including dependent daughter	100% after in-network deductible		50% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	80% after in-network deductible		50% after deductible
Therapy and Rehabilitation Services			
Physical Medicine, Speech & Occupational Therapy (hospital)	100%	80% after deductible	50% after deductible
Limit: 25 visits per therapy/benefit period			
Physical Medicine, Speech & Occupational Therapy (professional)	80% after in-network deductible		50% after deductible
Limit: 25 visits per therapy/benefit period			
Spinal Manipulations	80% after in-network deductible		50% after deductible
Limit: 25 visits/benefit period			
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis and Respiratory) (Hospital)	100%	80% after deductible	50% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis and Respiratory) (Professional)	80% after in-network deductible		50% after deductible
Mental Health / Substance Abuse			
Inpatient Mental Health Services	100%	80% after deductible	50% after deductible
Inpatient Detoxification / Rehabilitation	100%	80% after deductible	50% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after \$25 copay		50% after deductible
Outpatient Substance Abuse Services	100% after \$25 copay		50% after deductible
Other Services			
Allergy Extracts and Injections	80% after in-network deductible		50% after deductible
Assisted Fertilization Procedures	Not Covered		
Dental Services Related to Accidental Injury	80% after in-network deductible		Not Covered
Diagnostic Services (hospital)			
Advanced Imaging (MRI, CAT, PET scan, etc.)	100%	80% after deductible	50% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%	80% after deductible	50% after deductible
Diagnostic Service (professional)			
Advanced Imaging (MRI, CAT, PET scan, etc.)	80% after in-network deductible		50% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	80% after in-network deductible		50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	80% after in-network deductible		50% after deductible
Home Health Care	100% after \$25 copay		50% after deductible
Limit: 60 visits/benefit period aggregate with visiting nurse			
Hospice	100% after \$15 copayment		50% after deductible
Infertility Counseling, Testing and Treatment (hospital) (6)	100%	80% after deductible	50% after deductible
Infertility Counseling, Testing and Treatment (professional) (6)	80% after in-network deductible		50% after deductible
Private Duty Nursing	not covered		
Skilled Nursing Facility Care	100%	80% after deductible	50% after deductible
Limit: 60 days/benefit period			
Transplant Services	80% after in-network deductible		50% after deductible
Precertification/Authorization Requirements (7)	Yes		

Prescription Drugs	
Prescription Drug Deductible Individual Family	None None
<p>Prescription Drug Program (8) Soft Mandatory Generic Defined by the National Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</p> <p>Home Host pharmacy network includes LECOM Health Outpatient pharmacy and Colonial Family Pharmacy</p> <p>Your plan uses the National Select Formulary with an Incentive Benefit Design</p> <p>Select Specialty Drugs are limited to 31-day Supply</p>	<p style="color: red; text-align: center;">Any script greater than a 10 day supply must be filled at the Home Host Pharmacy</p> <p style="text-align: center;">Retail Drugs (up to 10-day supply) \$15 generic copay \$40 formulary brand copay \$90 non-formulary brand copay</p> <p style="text-align: center;">Home Host Drugs up to (31/60/90-day Supply) \$15 / \$30 / \$45 generic copay \$40 / \$80 / \$120 formulary brand copay \$90 / \$180 / \$270 non-formulary brand copay</p> <p style="text-align: center;">Maintenance Drugs through Mail Order (90-day Supply) \$30 generic copay \$80 formulary brand copay \$180 non-formulary brand copay</p> <p style="text-align: center;">Specialty Drugs (31-day supply) \$15 generic copay \$40 formulary brand copay \$90 non-formulary brand copay</p>

This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

- (1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on your employer's effective date. Contact your employer to determine the effective date applicable to your program.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
- (3) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- (4) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately following receipt of Emergency Care Services will be paid at the Network services level. The member will not be responsible for any amounts billed by the Out-of-Network Provider that are in excess of the plan allowance for such services.
- (5) Air ambulance services rendered by out-of-network providers will be covered at the highest network level of benefits.
- (6) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (7) If you receive services from an out-of-area provider or an out-of-network provider, you must contact Highmark Utilization Management prior to a planned inpatient admission, prior to receiving certain outpatient services or within 48 hours of an emergency or unplanned inpatient admission to obtain any required precertification. If precertification is not obtained and it is later determined that all or part of the services received were not medically necessary or appropriate, you will be responsible for the payment of any costs not covered by your health plan.
- (8) The Highmark formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. The formulary was developed by Highmark Pharmacy Services and approved by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. All plan formularies include products in every major therapeutic category. Plan formularies vary by the number of different drugs they cover and in the cost-sharing requirements. Your program includes coverage for both formulary and non-formulary drugs at the copayment or coinsurance amounts listed above. Under the soft mandatory generic provision, when you purchase a brand drug that has a generic equivalent, you will be responsible for the brand-drug copayment plus the difference in cost between the brand and generic drugs, unless your doctor requests that the brand drug be dispensed. Your plan requires that you use Accredo specialty pharmacy for select specialty medications. The Copay Armor program helps members to afford high cost medications (mostly specialty) by leveraging manufacturer coupon dollars. Members will not need to change where prescriptions are filled and will be contacted by Pillar Rx for cost savings enrollment.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield or Highmark Choice Company, which are independent licensees of the Blue Cross Blue Shield Association.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name LECOM Health		4. Employer Identification Number (EIN) 25-1766164	
5. Employer address 5515 Peach Stret		6. Employer phone number (814) 868-8258	
7. City Erie		8. State PA	9. ZIP code 16506
10. Who can we contact about employee health coverage at this job? Aaron Susmarski			
11. Phone number (if different from above) (814) 860-5101		12. Email address asusmarski@lecom.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full time employees

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouse and Children

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer;]; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

BAI, Attn: COBRA Department, 1250 Tower Lane, Erie, PA 16505, or by calling (814) 453-3633.