



Highmark Producer Update

Q2 2021 – Small Group

Western PA



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Highmark Inc. Corporate Policy prohibits using such confidential information inappropriately and prohibits removing such confidential information, in any form, from Highmark Inc. premises or business partner premises absent a sound business justification and manager approval.

Patient Protection and Affordable Care Act

Information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. “PPACA”, “Affordable Care Act”, “ACA”, and/or “Health Care Reform”), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws.

No Legal or Tax Advice

The purpose of this training is to assist Highmark Inc. members and potential members with questions as they relate to Highmark Inc. health plans. This training is NOT intended to provide Highmark Inc. members or potential members with legal or tax advice.

Unlicensed Health Insurance Agents

Unlicensed health insurance agents are NOT permitted to assist Highmark Inc. members or potential members in choosing a plan.

This information is subject to change without notice.

Agenda

- Team Introductions
- New Business
- BlueEdge Dental and BlueEdge Vision
- Important Updates
- Questions



New Business

Opportunities in Western PA

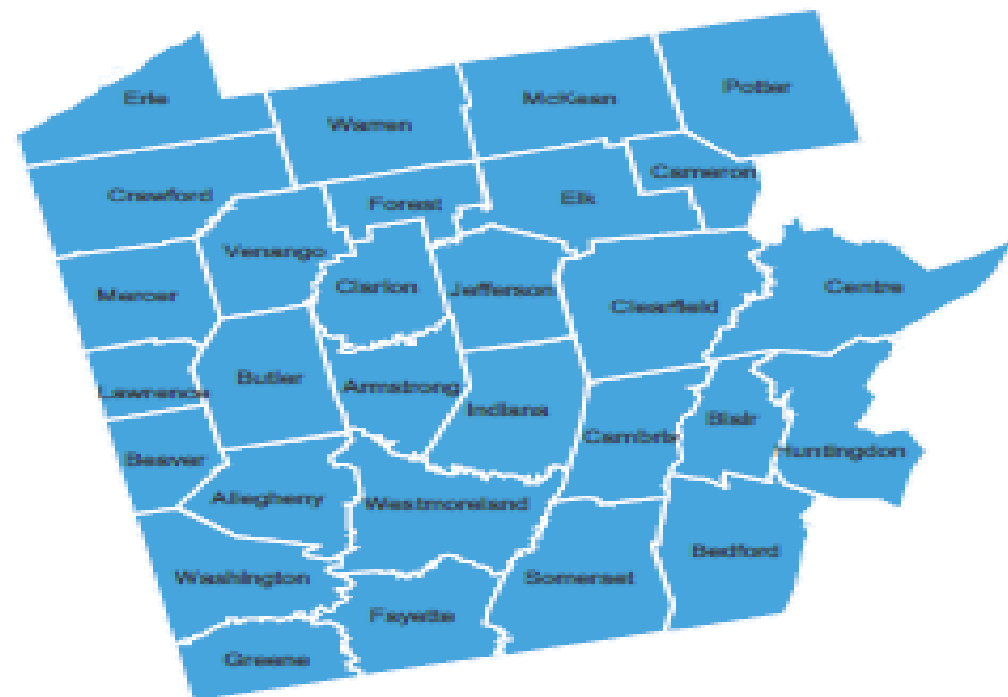
We've **decreased** some of our rates for **3rd and 4th quarter 2021!**

Vs. UPMC

- Highmark plan option availability in **Platinum and Gold** metal levels (deductibles \$500 or less) in **all 29 counties**.
- **Together Blue** plan designs show **9%-11%*** savings in **Allegheny, Erie and Washington counties**.

Vs. United

- Highmark has plan option availability in **all metal levels** and **all 29 counties**.
- Highmark's PPO is approximately **10% more affordable*** than United's broad network options.



**Estimates are based on Q4 2021 rates for a 40 year old male. Actual savings may vary by group.*

We are excited to announce the **2021 New to Highmark** business incentive!

Sell New to Highmark business and earn extra incentives per contract!

NEW TO HIGHMARK INCENTIVE PROGRAM

ASO Rx Carved-In	\$50.00 per contract
Fully Insured	\$100.00 per contract
Medical Application (Paper form)	\$1.00 per contract (waivers excluded)
Medical Application (FormFire)	\$3.00 per contract (waivers excluded)
Sold Medically Underwritten Case	\$1.00 per enrolled contract

ADDITIONAL INCENTIVES

High Performance Networks*	\$3.00 per contract
Spending Accounts	\$2.00 per contract
Stop Loss with HMIG	\$2.00 per contract
Dental	\$1.50 per contract
Well360 Clarity	\$0.50 per contract

*Blue HPM, Choice Blue, Lehigh Valley Flex Blue, Performance (Flex) Blue and Together Blue

HERE ARE THE DETAILS:

- This Incentive applies to Small Group (2-50) and Large Group (51+).
- Applies to effective dates February 1, 2021 – January 1, 2022.
- All PA agencies qualify for the New to Highmark Incentive Program.
- New to Highmark incentive is paid on contracts 60 days after the effective date.
- Medical Application incentive is only paid when Highmark Medical Applications are completed.
- If more than one producer submits Medical Applications for the same client – incentive is paid to the first producer to provide a complete submission.
- Items under Additional Incentives will be paid annually.
- Incentive is capped at \$500,000, not to exceed \$100,000 per client.
- Incentive is contingent upon received and applied payment from the client.
- Highmark reserves the right to recoup the incentive if the group cancels before their next renewal date, or if the business does not remain in place for one full year.
- Incentive is subject to Central PA GA split (if applicable).

If you have questions, please contact your Highmark Sales Executive or assigned Producer Strategy Consultant.

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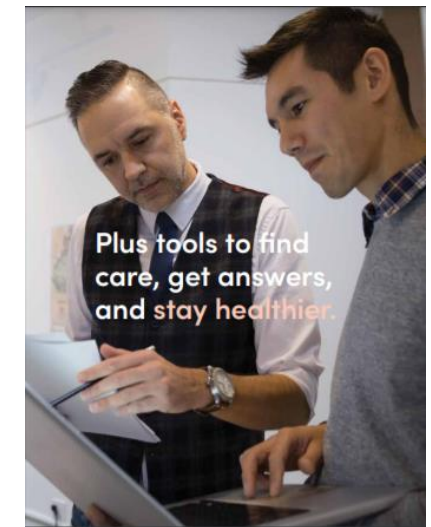
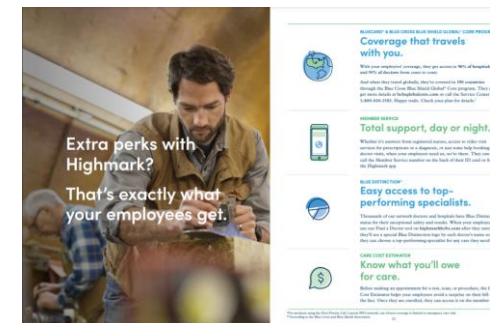
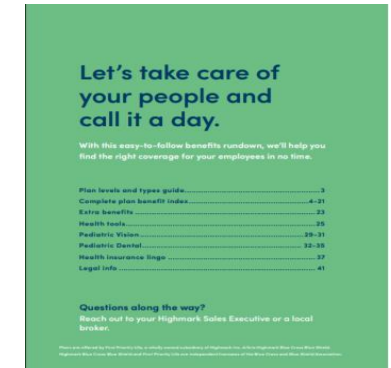
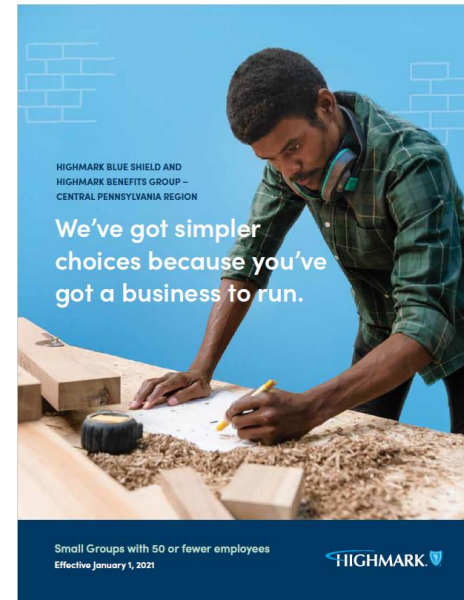
Top Plan Options

Western PA Narrow Options:

- Together Blue EPO \$1500
- Together Blue EPO \$0 Platinum
- Balance PPO \$2600 a Community Blue Plan
- Premier Balance EPO \$2500 a Community Blue Plan

Western PA Broad Options:

- Premier Balance PPO \$1000 A
- Premier Balance PPO \$2000 A
- Premier Balance PPO \$500 A
- Premier Balance PPO \$0 Platinum A



New AHN Hospital Coming to Wexford

Health care is better when leading doctors and the latest medical technology are close to where patients live — **near the growing suburbs of northern Allegheny, Beaver, and Butler counties**. Families in this region deserve comprehensive specialty and inpatient care — without having to travel to the city.

Wexford Hospital will have a **full range of medical services, specialty care, and advanced technologies**. We are creating a warm, inviting environment that features rooftop gardens for relaxation, free parking and free valet parking.



*Opening is targeted for **September 2021!***

BlueEdge Dental and BlueEdge Vision

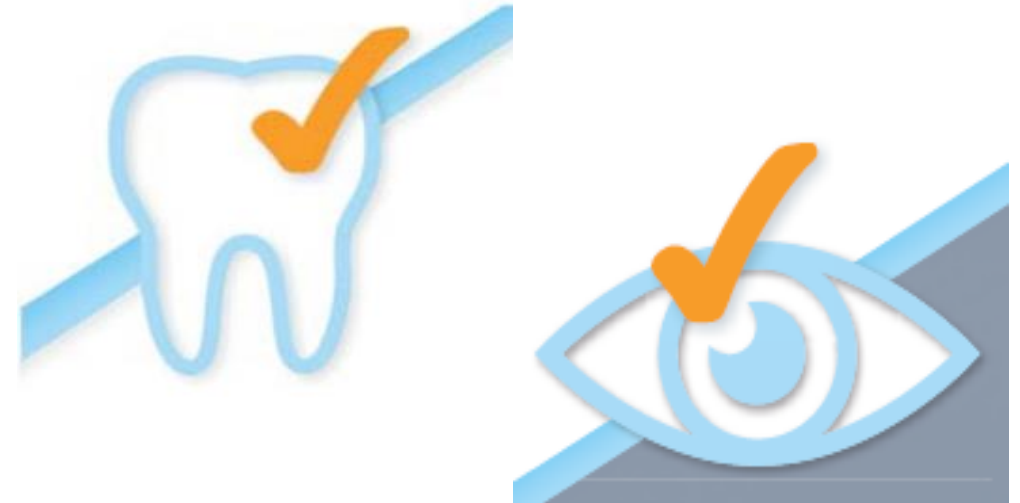
BlueEdge Dental and BlueEdge Vision

BlueEdge Dental and BlueEdge Vision Highlights:

- **5% discount** applied to dental coverage when offered with medical for groups with 10 or more enrolled subscribers (*dental only) and **24-month rate guarantees**
- One website, one bill
 - Find a dentist, manage dental claims, benefit information and view, print or order ID cards.
- National provider networks
- Basic to comprehensive plan designs available
- Voluntary or Non-Voluntary Rates
- No employer contribution required
- Ability to add for any effective/renewal date, even off-cycle

Qualifications:

- Minimum of 2 enrolled (exception: if medical is offered, 1 enrolled)
- Valid waivers excluded from participation



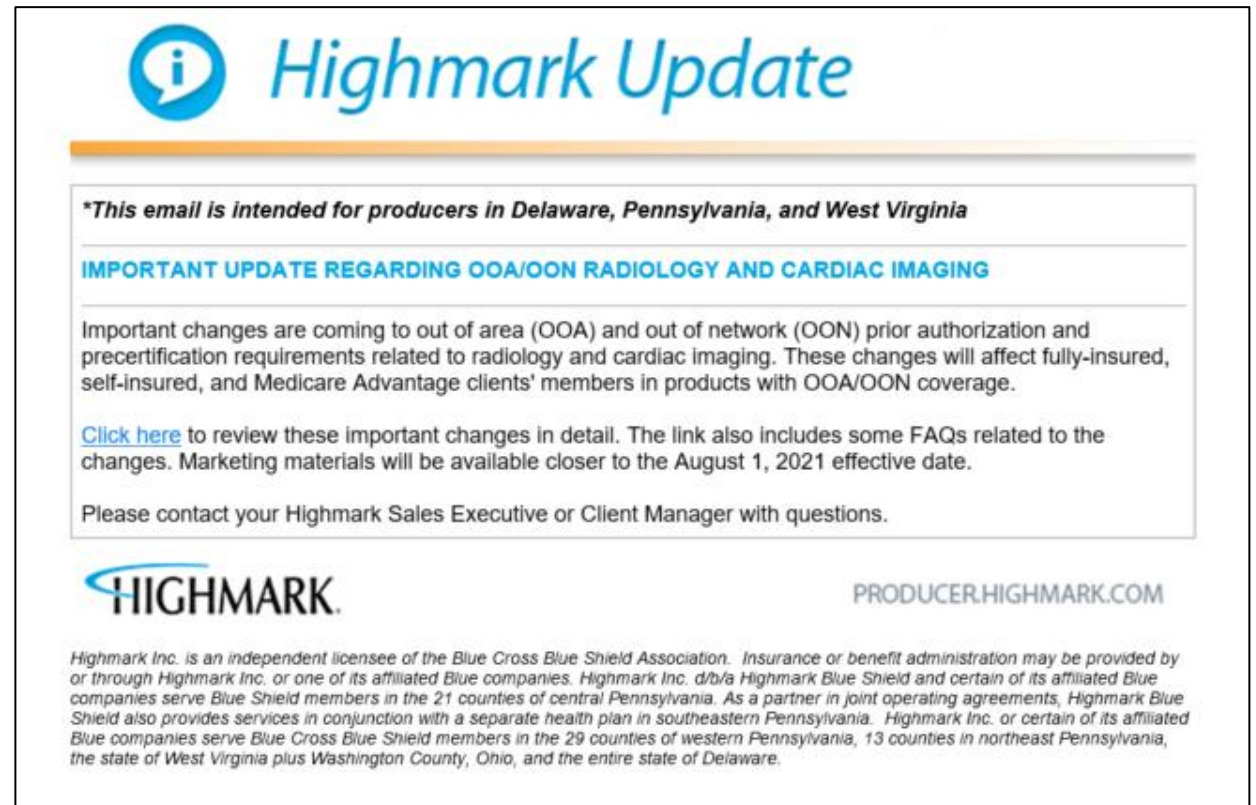
Important Updates

GRANDMOTHERING REMINDER CHECKLIST

- Highmark Blue Cross Blue Shield in Western PA primarily has Grandmothered groups renew between July and December
- Groups that do not currently have a dual option in place cannot add one and maintain their Grandmothered status
- Clients who cancel current coverage and move to an ACA plan CANNOT go back and repurchase a Grandmothered policy
- A group can move between PPO and Community Blue Plan options
- A group CANNOT move from a PPO/Community Blue Plan to a Qualified High Deductible health plan or vice versa
- New Hire Waiting Period –Please review with client. Changes can only be made at renewal.

Prior Authorization Update for Out-of-Area/Out-of-Network Radiology and Cardiac Imaging

- Effective August 1, 2021 for all fully insured customers
- Producer alert sent on March 19, 2021
- Prior authorization will be required for outpatient, out-of-area and out-of-network radiology and cardiac imaging services.



The image shows a screenshot of an email titled "Highmark Update". The email is intended for producers in Delaware, Pennsylvania, and West Virginia. It contains an important update regarding Out-of-Area (OOA) and Out-of-Network (OON) radiology and cardiac imaging. The text states that important changes are coming to OOA and OON prior authorization and precertification requirements related to radiology and cardiac imaging. These changes will affect fully-insured, self-insured, and Medicare Advantage clients' members in products with OOA/OON coverage. A link is provided to review these changes in detail, and it is noted that marketing materials will be available closer to the August 1, 2021 effective date. The email also includes the Highmark logo and the website PRODUCER.HIGHMARK.COM. At the bottom, there is a disclaimer stating that Highmark Inc. is an independent licensee of the Blue Cross Blue Shield Association and that insurance or benefit administration may be provided by or through Highmark Inc. or one of its affiliated Blue companies.

Highmark Update

**This email is intended for producers in Delaware, Pennsylvania, and West Virginia*

IMPORTANT UPDATE REGARDING OOA/OON RADIOLOGY AND CARDIAC IMAGING

Important changes are coming to out of area (OOA) and out of network (OON) prior authorization and precertification requirements related to radiology and cardiac imaging. These changes will affect fully-insured, self-insured, and Medicare Advantage clients' members in products with OOA/OON coverage.

[Click here](#) to review these important changes in detail. The link also includes some FAQs related to the changes. Marketing materials will be available closer to the August 1, 2021 effective date.

Please contact your Highmark Sales Executive or Client Manager with questions.

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Highmark Inc. is an independent licensee of the Blue Cross Blue Shield Association. Insurance or benefit administration may be provided by or through Highmark Inc. or one of its affiliated Blue companies. Highmark Inc. d/b/a Highmark Blue Shield and certain of its affiliated Blue companies serve Blue Shield members in the 21 counties of central Pennsylvania. As a partner in joint operating agreements, Highmark Blue Shield also provides services in conjunction with a separate health plan in southeastern Pennsylvania. Highmark Inc. or certain of its affiliated Blue companies serve Blue Cross Blue Shield members in the 29 counties of western Pennsylvania, 13 counties in northeast Pennsylvania, the state of West Virginia plus Washington County, Ohio, and the entire state of Delaware.

COVID-19

- **Extended through December 31, 2021**
 - Highmark members who need in-network, inpatient hospital care for COVID-19 won't have to pay for deductibles, coinsurance, or copays through December 31, 2021.
- **All member telehealth costs will be waived also through June 30, 2021.**
- **Employer reference for the most up-to-date information on COVID-19, visit**
www.highmarkemployer.com
 - Enter the client zip code.
 - In the top paragraph, click on the "learn more" link.
 - Click on "continuity of coverage" for underwriting guidelines.



Spending Accounts

- **Direct Client Support**

- Offering direct support to clients and brokers on all spending account related inquiries and requests (except invoicing).
- SATriage@Highmark.com

- **Account Invoicing**

- Assists clients with spending accounting invoicing, payment, and eBill questions
- SAPInvoicing@Highmark.com / (888) 334-4184



NEW! Small Group Administrator's Guide



Member Enrollment Guidelines

Category	Standard Guideline	Temporary Adjustments due to COVID
Open Enrollment	<p>Application must be received within 30 days of the open enrollment period (renewal).</p> <p><i>What if the application date is missed?</i> <i>The subscriber could enroll during the next open enrollment period or could be added before the next open enrollment period if he/she experiences a qualifying life event.</i></p>	No change to standard guidelines.
Qualifying Life Event	<p>Application must be received within 90 days of the qualifying life event to receive an effective date that matches the qualifying life event.</p> <p><i>What if the application date is missed?</i> <i>Applications received after the 90 days will receive an effective date of the 1st of the month following receipt of the request.</i></p>	Written confirmation of adjustments is forthcoming.
New Hire	<p>Application must be received within 90 days of the eligibility date to receive an effective date that matches the eligibility date.</p> <p><i>What if the application date is missed?</i> <i>Applications received after the 90 days will receive an effective date of the 90th day prior to the notification date.</i></p>	No change to standard guidelines.

Member Enrollment Guidelines

Category	Standard Guideline	Temporary Adjustments due to COVID
COBRA Enrollment	<p>Application must be made within 60 days of the COBRA eligibility date.</p> <p><i>What if the application date is missed?</i> Highmark cannot accept enrollment applications for COBRA coverage outside of the listed timeframes.</p>	Written confirmation of temporary adjustments is forthcoming.
Invalid Enrollment	<p>For future dated enrollment that's requested in error, Enrollment can honor requests to correct the error before coverage becomes effective.</p> <p>For retroactive enrollment that's requested in error, requests for termination must be received within 24 hours of the error.</p> <p><i>What if the notification isn't received within 24 hours of the error?</i> The standard member termination rules apply.</p> <p>The 24-hour rule is currently under review.</p>	No change to standard guidelines.

Member Termination Guidelines

Category	Standard Guideline	Temporary Adjustments due to COVID
Active Enrollment	<p>Future dated requests: Future dated terminations will be applied, as requested.</p> <p>Retroactive dated requests: Retroactive terminations will apply to the 1st of the previous month following receipt of the request. (For ex. For a request received on April 5, the termination date is March 1.)</p> <p><i>What if the appropriate request date for retroactive termination is missed?</i> <i>Retroactive terminations will apply to the 1st of the previous month following receipt of the request. (For ex. For a request received on April 5, the termination date is March 1.)</i></p>	No change to standard guidelines.
COBRA	<p>Future dated requests: Future dated terminations will be applied, as requested.</p> <p>Retroactive dated requests: Retroactive terminations will apply to the 1st of the previous month following receipt of the request. (For ex. For a request received on April 5, the termination date is March 1.)</p> <p><i>What if the appropriate request date for retroactive termination is missed?</i> <i>Retroactive terminations will apply to the 1st of the previous month following receipt of the request. (For ex. For a request received on April 5, the termination date is March 1.)</i></p>	No change to standard guidelines.

Member Termination Notices



Effective
4/1/2021

Mandate:

Under existing § 156.270(b)(1), issuers have been required to **send termination notices, including the termination effective date and reason for termination, to enrollees only for terminations due to (1) loss of eligibility for QHP coverage, (2) non-payment of premiums, and (3) rescission of coverage.** For this purpose, we considered a termination of coverage of a consumer whose enrollment would violate the anti-duplication provision of section 1882 of the Social Security Act (the Act) to be a termination because the enrollee is no longer eligible for QHP coverage under § 155.430(b)(2)(i), and therefore, **issuers are required to send a termination notice under § 156.270(b)(1) when the consumer's coverage is non-renewed.** However, there are a number of scenarios where issuers were not clearly required to send termination notices, including enrollee-initiated terminations, the death of the enrollee, the enrollee changing from one QHP to another during an annual open enrollment period or special enrollment period, and terminations for dual enrollment when an enrollee has asked the Exchange to end QHP coverage when found in other coverage, such as through Medicare PDM.

Translation:

- Highmark is required to send member termination notices for Individual On-Exchange, Individual-Off Exchange, **ACA Small Group** and Free Look terminations.
 - One letter will generate when entire contract (subscriber and all members) are cancelled for the same cancel date.
 - Separate letters will generate if the subscriber and spouse or dependents have different cancel dates.
 - Separate letters will generate for each member when spouse and dependents are cancelled within an agreement and the subscriber remains active.
- Termination notices only apply to ACA medical coverage – stand-alone dental and vision, and grandfathered medical policies are not impacted.
- Per the mandate, a cancellation date (last day of coverage) and cancellation reason must be included on the letter.

