

Western Pennsylvania Schools Health Care Consortium

Medical Plan Information for July 1, 2017

The **CHOICE** is yours – Highmark or UPMC. Beginning with the July 1, 2017 through June 30, 2018 plan year, you may pick either Highmark or UPMC. Please note - your choice is by coverage level (family, employee/spouse, etc.). You, your spouse and all dependents must all be with either Highmark or UPMC.

Highmark and UPMC have provided some extremely useful information to assist with your decision; including a list of their In Network Hospitals, provider searches, as well as, other important tools and offerings for each Plan. These documents are located on the District website (www.hermitage.k12.pa.us) under the Staff Tab and then under Healthcare Information. **We strongly encourage everyone to research both options prior to making your decision.**

Important Note: Once you choose Highmark or UPMC for the July 1, 2017 plan year, unless you have a qualified event occur during the plan year, you must remain with that choice through June 30, 2018. Your next opportunity to choose between Highmark and UPMC will be during the next Open Enrollment period for the July 1, 2018 plan year.

Your benefits will remain the same. The Consortium is simply giving YOU a CHOICE between Highmark and UPMC.

To Make A Change

Please complete the attached “**Medical Plan Change Form**” if you want to make a switch from Highmark to UPMC.

The Form will need to be **returned to the District's Business Office on or before Monday, May 22, 2017.**

Happy With Your Current Plan and Elections?

Do Nothing - your current elections will rollover to the next plan year beginning July 1, 2017.

Have Questions or Need Assistance?

Simply call the toll-free numbers below.

Highmark – 1-800-215-7865, Reference Code: P0040217

UPMC – 1-800-644-1046, Monday-Friday: 7 am – 7 pm & Saturday: 8 am – 3 pm

- If you switch to UPMC:
 - a. You will receive two ID cards
 - UPMC Medical ID card
 - Highmark Wellness ID Card
 - b. The Wellness card will be used to earn your HRA Wellness dollars.
 - Your Wellness login information will not change
 - All HRA Wellness earned to date will not be affected

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2017 Open Enrollment MEDICAL PLAN CHANGE FORM Effective 7/1/2017

Employee Name: _____ Social Security #: _____ - _____ - _____
(Last, First, Middle Initial)

Home Address: _____ Date of Birth: _____
(Street Address)

(City, State, ZIP Code)

Contact Phone #: _____

I ELECT TO **CHANGE** MY MEDICAL PLAN FROM HIGHMARK TO UPMC, AS INDICATED BELOW, AT THE FOLLOWING COVERAGE LEVEL:

<u>Coverage Level</u>	<u>Medical UPMC Plan</u>
Employee Only	<input type="checkbox"/>
Employee + Child(ren)	<input type="checkbox"/>
Employee + Spouse	<input type="checkbox"/>
Employee + Family	<input type="checkbox"/>

I UNDERSTAND THAT I HAVE ELECTED TO CHANGE MY MEDICAL PLAN FOR JULY 1, 2017. UNLESS I HAVE A QUALIFIED EVENT OCCUR DURING THIS PLAN YEAR, MY NEXT OPPORTUNITY TO MAKE A CHANGE WILL BE DURING THE JULY 1, 2018 OPEN ENROLLMENT PERIOD.

(Signature)

(Date)

Return completed form to the District Administrative Office by Monday, May 22, 2017.