



Allegheny County Schools Health Insurance Consortium (ACSHIC)

7/1/2025 – 6/30/2026 Health Care Renewal

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ACSHIC Trustees

Superintendents	<ul style="list-style-type: none"> • Dr. William Stropkaj , Keystone Oaks S. D. • Dr. Amy Burch, Brentwood Borough S. D. • Dr. Caroline Johns, Northgate S.D. • Dr. Sue Mariani, Duquesne City S.D.
Business Managers	<ul style="list-style-type: none"> • Keith Bielby, Carlynton S.D. • Amy Todd, Carmichaels Area S.D.
Higher Education	<ul style="list-style-type: none"> • Michael Swartzendruber, CCAC
School Board Members	<ul style="list-style-type: none"> • Gregory Stein, Hampton Township S.D. • Esther Cardillo, South Fayette S.D. • Maureen Ott, Ringgold S.D. • Roger Tachoir, Clairton City S.D.
Allegheny Intermediate Unit	<ul style="list-style-type: none"> • Joseph Lucarelli
PSEA	<ul style="list-style-type: none"> • David Taylor • David Wyatt • Barbara Bell • Robert Tuite, Jr. • Mary Ellen Judd
AFT Pennsylvania	<ul style="list-style-type: none"> • Walt Michalski • Christina Armbruster • Jo Ann Hunter • Caroline Abele
SEIU	<ul style="list-style-type: none"> • Helen Spade • Michael Feld • Faith Cain



Management Contacts

www.ACSHIC.com

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Vendor Contacts		
Highmark Connect	Customer Service	1-844-946-6238
Optum	Member Services	1-855-798-0776
IPA Concierge - Pharmacy Benefits	Customer Service	1-866-726-1180
Livongo - Diabetes	Customer Service	1-800-945-4355
Start Hearing	Hearing Care Advisor	1-888-706-1459
Highmark Concierge	Customer Service	1-877-258-3123 (Provide ID# & Grp #)
AMCA Billing /Enrollment & Eligibility / COBRA	COBRA-Ext 1, Retirees-Ext 2, Employers-Ext. 3	1-724-934-2270
Pinnacle Concierge	Manufacturer's Assistance Information	1-844-660-0277
AHN Patient Scheduling	Customer Service	412-325-9015
AllOne Health f/k/a Lytle EAP	Customer Service	1-800-327-7272
UCCI (United Concordia)	Customer Service	1-866-604-8512
Davis Vision	Customer Service	1-800-999-5431
VBA	Customer Service	1-800-432-4966
EdLogics	Customer Service	acshic_support@edlogics.com

Have a Question	Number You Should Call
HOP Enrollment or HOP in General HOP Website: www.HOPbenefits.com	1-800-PSERS25 (1-800-773-7725) 8:00 a.m. to 5:00 p.m., EST Monday through Friday
Premium Assistance Program	1-866-483-5509 8:00 a.m. to 5:00 p.m., EST Monday through Friday
Retirement PSERS Website: www.psers.state.pa.us	1-800-PSERS4U (1-888-773-7748) 7:30 a.m. to 5:00 p.m. EST Monday through Friday
Prescription Solutions (Prescription Drug Program) HOP Website: www.medicare.gov	1-888-239-1301 TTY/TDD: 1-800-498-5428 HOP Website: www.medicare.gov
Medicare Medicare Website: www.medicare.gov	1-800-MEDICARE (1-800-633-4227) TTY/TDD: 1-877-486-2048
Social Security Social Security Website: www.socialsecurity.gov	1-800-772-1213
MediConnect	888-818-6334

Executive Report

ACSHIC 2025- 2026 Health Care Renewal

The Allegheny County Schools Health Insurance Consortium (ACSHIC) Board of Trustees presents the following rate increases for the July 1, 2025 through June 30, 2026 Plan Year:

- **Performance Blue PPO** **5.7%**
- **Performance Blue EPO** **5.7%**
- **UCCI (Elite Prime Network)** **3%**
- **Davis Vision** **3%**
- **Vision Benefits of America** **3%**

The ACSHIC Trustees set the July 1, 2025 renewal rates at the March 20, 2025 Board Meeting following extensive discussion and evaluation of the Plan's historical claims data and healthcare trends over the past several months. The increase in the rates were primarily driven by the following factors:

1. An increased number of shock claims exceeding \$1 million;
2. Increased oncology, mental health and musculoskeletal claims' costs; and
3. Increased costs for specialty medications and new gene & cell therapies



ACSHIC Rate Renewal

July 1, 2025 through June 30, 2026 Plan Year Health Care Renewal (continued)

Below is information on current healthcare trends affecting ACSHIC and the 2025-26 Plan Year self-funded healthcare renewal. This information should be shared with your School Boards and your local Labor representatives. The ACSHIC Trustees have developed this Rate Renewal with the continued focus on achieving ACSHIC's Mission as stated below:

Mission Statement: The Allegheny County Schools Health Insurance Consortium has long been recognized as a model for and continues to provide the best quality health care plans, emphasizing preventive care, at a responsibly-established cost for the benefit of participating school entities and ACSHIC Plan members.

ACSHIC is a self-funded organization with annual claims of approximately \$450,000,000. This is about \$1,230,000 in paid claims per day. It is important to remember that ACSHIC is not fully insured and does not pay premiums to any health insurance carrier. ACSHIC pays the cost of the actual claims as well as an administrative fee to the carriers. The administrative fees allow ACSHIC to have access to the carriers' networks and discounts which helps to maintain the lowest cost healthcare with the most comprehensive benefits for participants. In order to maintain these benefits, ACSHIC must not only develop appropriate rates each year but also maintain a sufficient fund balance to ensure the stability of the Plan.

On October 18, 2024, the ACSHIC Trustees and Consultants presented the June 30, 2024 Audited Financial Statements prepared by ACSHIC's auditor, Grossman Yanak & Ford LLP. This report reflected an annual increase of \$21,000,000 to ACSHIC's net assets for the year ending June 30, 2024. This increase was in stark contrast from the prior two year's performance whereby the Plan's net assets decreased by \$7,800,000 during the 2022-23 Plan Year and \$12,200,000 during the 2021-2022 Plan Year. ACSHIC's fund balance has improved over the past plan years to recover from the prior losses and ACSHIC's fund balance today sits close to the target balance for an organization of this magnitude with approximately 60 days in reserve.

The past plan years' decline in fund balance was the result of several factors including, but not limited to (i) an increase in shock claims exceeding \$1,000,000; (ii) significant increases in hospital and labor costs; (iii) migration of employees from the PPO to EPO plan; (iv) significant costs from the utilization of costly weight loss drugs prior to the exclusion from the Formulary; and (v) continued increases in the cost of specialty medications.

In order to mitigate these negative factors and regain a healthy fund balance, the Trustees took several steps to improve the Plan's performance including (i) implementing a deductible; (ii) negotiating increased savings from the Optum prescription drug program; (iii) transitioning to the Highmark Performance Blue Network; and (iv) purchasing stop loss insurance which helps the Plan cap catastrophic exposure from high-cost claims.

On January 13, 2025 the ACSHIC Trustees communicated that based on market trend, the recommendation was to conservatively budget for a 9% increase to the medical and prescription rates for the 2025-26 Plan Year. Since then, the Trustees and Consultants have continued monitoring ACSHIC's financial position and claims experience. As a result of this review and impact of changes made to the Plan in prior years, the Trustees voted on March 20, 2025 to approve a rate increase of 5.7% for the medical and prescription benefits, and voted on February 20, 2025 to approve a rate increase of 3% for the dental and vision benefits. Additionally, there will be no changes to copays and deductibles for July 1, 2025.

The Trustees and Consultants continue to review claims data, analyze pharmacy drug formularies, specialty drug coupon programs, cost and quality data for doctors and hospitals, trends within the ACSHIC membership, wellness programs, diabetes programs and other emerging solutions. In doing so, ACSHIC aims to offer members a robust plan of benefits that encourages annual checkups and screenings and rewards healthy habits that keep members healthy and in the workforce longer. This upcoming year, ACSHIC is reaffirming its commitment to preventive services by announcing its HealthyU Wellness Program, as discussed in more detail on page 21. The goal has been and is always to keep costs at the lowest possible level and provide the best quality healthcare plan.

Aon's Health Care Trend Forecast

Medical Actives Under Age 65	Medical	Rx
• Highmark Tiered Network Plans	9%	11%
• Aon National Trends	9%	11%
Dental		
• PPO	1.5%	
Vision		
	3%	

Trend

Trend is the average forecasted change in a health plan's per capita "Claim cost" determined by insurance carriers, managed care organizations and third-party administrators. Many factors are considered when determining trend. Simply, Trends are the cost of services and the quantity of those services.

Factors that impact trend include:

- **General worldwide inflation**
 - Medical price inflation
 - Continued advancements in services and delivery
- **Prescription Drug**
 - Increased use of high-cost brand medications (diabetes, HIV, migraines, etc.)
 - Newly approved indications/ uses for specialty medications
 - New high-cost specialty medications (diabetes, gene therapy, hemophilia, etc.)
 - GLP-1 approval for cardiovascular risk reduction with increased indications being considered by the FDA
 - Gene and Cell Therapies
- **Utilization of care**
- **Demographics of group**
- **Government-mandated benefits**
- **Technology changes**

Network Changes

- The ACSHIC Formulary is updated four times a year.
- The Plan transitioned to UCCI's Elite Network effective March 1, 2024. Please note that the shift to the Elite network merely increased access to in-network providers.
- The standard tier for Highmark's PPO and EPO programs was eliminated effective July 1, 2024.

Benefit Changes

Medical:	In-Network Deductible:	No Changes
	Retail Clinic:	No Changes
	Urgent Care:	No Changes
	Emergency Room:	No Changes
Pharmacy:	Preferred and non-preferred brand name specialty medications	No Changes
	Please note: The ACSHIC Plan offers a copay manufacturer assistance program that may significantly reduce copays for eligible medications; specifically, specialty medications. Please contact the Pinnacle Team at (844) 660-0277 for information about eligibility and enrollment.	
Dental:	No Changes	
Vision	No Changes	

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Active Benefit Grids



Performance Blue PPO

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.

Benefit	In Network	Out of Network
General Provisions		
Effective Date	July 1, 2025	
Benefit Period (1)	Contract Year	
Deductible (per benefit period)		
Individual	\$200	\$2,500
Family	\$400	\$5,000
Plan Pays – payment based on the plan allowance	100% 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	N/A	\$9,000
Family	N/A	\$18,000
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, 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	\$9,450	Not Applicable
Family	\$18,900	Not Applicable
Office/Clinic/Urgent Care Visits		
Primary Care Provider Office Visits & Virtual Visits (3)	100% after \$0 copay	50% after deductible
Specialist Office Visits & Virtual Visits	100% after \$20 copay	50% after deductible
Retail Clinic Visits & Virtual Visits	100% after \$15 copay	50% after deductible
Virtual Visit Provider Originating Site Fee	100% after \$0 copay	50% after deductible
Urgent Care Center Visits	100% after \$20 copay	50% after deductible
Telemedicine Services (4)	100% after \$0 copay	not covered
Preventive Care (5)		
Routine Adult		
Physical Exams	100% (deductible does not apply)	50% after deductible
Adult Immunizations	100% (deductible does not apply)	50% after deductible
Colorectal cancer screening	100% (deductible does not apply)	50% after deductible
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)	50% after deductible
Mammograms, Annual Routine	100% (deductible does not apply)	50% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	50% after deductible
Routine Pediatric		
Physical Exams	100% (deductible does not apply)	50% after deductible
Pediatric Immunizations	100% (deductible does not apply)	50% after deductible
Diagnostic Services and Procedures	100% (deductible does not apply)	50% after deductible
Emergency Services		
Emergency Room Services (6)	100% after \$125 copay (waived if admitted)	
Ambulance – Emergency (7)	100% after deductible	
Ambulance - Non-Emergency (7)	100% after deductible	
Hospital and Medical / Surgical Expenses (including maternity)		
Hospital Inpatient	100% after deductible	50% after deductible
Hospital Outpatient	100% after deductible	50% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	100% after deductible	50% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100% after deductible	50% after deductible
Therapy and Rehabilitation Services		

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Benefit	In Network	Out of Network
Physical Medicine	100% after deductible	50% after deductible
Respiratory Therapy	100% after deductible	50% after deductible
Speech Therapy	100% after deductible	50% after deductible
Occupational Therapy	100% after deductible	50% after deductible
Spinal Manipulations	100% after \$25 copay	50% after deductible
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible	50% after deductible
Mental Health / Substance Abuse		
Inpatient Mental Health Services	100% after deductible	50% after deductible
Inpatient Detoxification / Rehabilitation	100% after deductible	50% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after deductible	50% after deductible
Outpatient Substance Abuse Services	100% after deductible	50% after deductible
Other Services		
Allergy Extracts and Injections	100% after deductible	50% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (8)	100% after deductible	50% after deductible
	100% after deductible	50% after deductible
Assisted Fertilization Procedures	Benefit maximum of \$5,000/family/lifetime	
Dental Services Related to Accidental Injury	100% after deductible	Not Covered
Diagnostic Services		
Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible	50% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	50% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)	50% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	50% after deductible
Home Health Care	100% after deductible	50% after deductible
Hospice	100% after deductible	50% after deductible
Infertility Counseling, Testing and Treatment (9)	100% after deductible	50% after deductible
Private Duty Nursing	100% after deductible	50% after deductible
Skilled Nursing Facility Care	100% after deductible	50% after deductible
Transplant Services	100% after deductible	50% after deductible
Precertification/Authorization Requirements (10)	Yes	Yes

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.

Questions? Call 1-844-946-6238

Reference Code: P0040222

(Please have your Reference Code ready when you call.)

- (1) Your group's benefit period is based on a Contract Year. The contract year is a consecutive 12-month period, beginning July 1st and ending June 30th.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, and any qualified medical expense.
- (3) Cost sharing does not apply to in network outpatient visits for covered mental health or substance abuse services.
- (4) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- (5) Services are limited to those listed on the Highmark Preventive Schedule. (Women's Health Preventive Schedule may apply).



Performance Blue EPO

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.

Benefit	In Network
General Provisions	
Effective Date	July 1, 2025
Benefit Period (1)	Contract Year
Deductible (per benefit period)	
Individual	\$200
Family	\$400
Plan Pays – payment based on the plan allowance	100% after deductible
Out-of-Pocket Limit (Includes coinsurance. Once met, plan pays 100% coinsurance for the rest of the benefit period)	
Individual	N/A
Family	N/A
Total Maximum Out-of-Pocket (Includes deductible, coinsurance, copays, 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	\$9,450
Family	\$18,900
Office/Clinic/Urgent Care Visits	
Primary Care Provider Office Visits & Virtual Visits (3)	100% after \$0 copay
Specialist Office Visits & Virtual Visits	100% after \$20 copay
Retail Clinic Visits & Virtual Visits	100% after \$15 copay
Virtual Visit Provider Originating Site Fee	100% after \$0 copay
Urgent Care Center Visits	100% after \$20 copay
Telemedicine Services (4)	100% after \$0 copay
Preventive Care (5)	
Routine Adult	
Physical Exams	100% (deductible does not apply)
Adult Immunizations	100% (deductible does not apply)
Colorectal cancer screening	100% (deductible does not apply)
Routine Gynecological Exams, including a Pap Test	100% (deductible does not apply)
Mammograms, Annual Routine	100% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)
Routine Pediatric	
Physical Exams	100% (deductible does not apply)
Pediatric Immunizations	100% (deductible does not apply)
Diagnostic Services and Procedures	100% (deductible does not apply)
Emergency Services	
Emergency Room Services (6)	100% after \$125 copay (waived if admitted)
Ambulance - Emergency (7)	100% after deductible
Ambulance – Non-Emergency (7)	100% after deductible
Hospital and Medical / Surgical Expenses (including maternity)	
Hospital Inpatient	100% after deductible
Hospital Outpatient	100% after deductible
Maternity (non-preventive facility & professional services) including dependent daughter	100% after deductible
Medical Care (including inpatient visits and consultations)/Surgical Expenses	100% after deductible
Therapy and Rehabilitation Services	
Physical Medicine	100% after deductible
Respiratory Therapy	100% after deductible
Speech Therapy	100% after deductible
Occupational Therapy	100% after deductible

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Benefit	In Network
Spinal Manipulations	100% after \$25 copay
Other Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100% after deductible
Mental Health / Substance Abuse	
Inpatient Mental Health Services	100% after deductible
Inpatient Detoxification / Rehabilitation	100% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100% after deductible
Outpatient Substance Abuse Services	100% after deductible
Other Services	
Allergy Extracts and Injections	100% after deductible
Autism Spectrum Disorder Applied Behavior Analysis (8)	100% after deductible
Assisted Fertilization Procedures	100% after deductible
Dental Services Related to Accidental Injury	Benefit maximum of \$5,000/family per lifetime
Diagnostic Services	100% after deductible
Advanced Imaging (MRI, CAT, PET scan, etc.)	100% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible
Mammograms, Medically Necessary	100% (deductible does not apply)
Home Health Care	100% after deductible
Hospice	100% after deductible
Infertility Counseling, Testing and Treatment (9)	100% after deductible
Private Duty Nursing	100% after deductible
Skilled Nursing Facility Care	100% after deductible
Transplant Services	100% after deductible
Precertification/Authorization Requirements (10)	Yes

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Questions? Call [1-844-946-6238](tel:1-844-946-6238)

Reference Code: P0050222

(Please have your Reference Code ready when you call.)

- (1) Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning July 1st and ending June 30th.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, and any qualified medical expense.
- (3) Cost sharing does not apply to in network outpatient visits for covered mental health or substance abuse services.
- (4) Telemedicine Services (acute care for minor illnesses available on-demand 24/7) must be performed by a Highmark Designated Telemedicine Provider. Additional services provided by a Designated Telemedicine Provider are paid according to the benefit category that they fall under (e.g. PCP is eligible under the PCP Office Visit benefit, Behavioral Health is eligible under the Outpatient Mental Health Services benefit).
- (5) Services are limited to those listed on the Highmark Preventive Schedule (Women's Health Preventive Schedule may apply).
- (6) 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.
- (7) Benefits for Ambulance Services provided by air and rendered by an Out-of-Network provider and/or Emergency Ambulance Services rendered by an Out-of-Network Provider, will be paid at the network level and are subject to the deductible amount, if any, that is applicable to network services. 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.
- (8) Diagnostic assessment to diagnose Autism Spectrum Disorders may be performed by a licensed physician, licensed physician assistant, licensed psychologist, or certified registered nurse practitioner. Diagnostic assessments performed by a licensed physician, licensed physician assistant, or certified registered nurse practitioner will be covered as specified in the Office Visit benefit category. Diagnostic assessments performed by a licensed psychologist will be covered as specified in the Mental Health Care Services-Outpatient benefit category. Applied Behavioral Analysis for the treatment of Autism Spectrum Disorders will be covered as specified above. All other Covered Services for the treatment of Autism Spectrum Disorders will be



July 1, 2025 Prescription Drug Coverage PPO and EPO

	34 Days Retail Pharmacy (Mandatory Generic)	90 Days Home Delivery* (Mandatory Generic)	Specialty Medications 30 Days Maximum Supply**
Generic Drugs	You Pay \$8	You Pay \$12	You Pay \$8
Brand-Name Preferred Drugs	You Pay \$35	You Pay \$50	You Pay \$200
Brand-Name Non-Preferred Drugs	You Pay \$60	You Pay \$90	

Your plan uses the Optum Standard Pharmacy Network

The Network **INCLUDES**

Costco	Rite-Aid
Giant Eagle	Sam's Club
K-Mart	Savon
Kroger	Walmart
Medicine Shoppe	Weis Market

The Network **EXCLUDES**

CVS
Target
Walgreens

*Mail Order is Optum.....1-800-356-3477

** Optum Specialty.....1-855-427-4682

Optum Phone Number.....1-855-798-0776

IPA Phone Number.....1-866-726-1180

IPA are a group of independent pharmacists utilized by the ACSHIC Plan who are able to help answer questions about medications, potential formulary changes, and options for formulary appeals.

Please note: The ACSHIC Plan offers a program that may assist with your copay. Please contact the Pinnacle Team at (844) 660-0277 for information about eligibility and enrollment.

Dental Benefits Summary for ACSHIC with All Riders

Effective Date: July 1, 2025

Network: Elite Prime

Effective Date: July 1, 2020		
Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services		
Exams	100%	100% UCR*
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Two per July 1-June 30 contract year)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings, Including Posterior Resins)	100%	100% UCR*
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	80%	80% UCR*
Complex Oral Surgery		
Surgical Periodontics	50%	50% UCR*
Prosthetics (Bridges, Dentures)		
Implants		
	\$1,000 Allowance per implant/3 per lifetime	
Orthodontics for dependent children to age 19		
Diagnostic, Active, Retention Treatment	50%	50% UCR*
Included Plan Features		
Pregnancy Benefit ³	<ul style="list-style-type: none">● Covers 1 additional cleaning during pregnancy● Covers 1 additional periodontal maintenance● Scaling and root planing● 4 periodontal surgery procedures	
Smile for Health®--Wellness ³ <i>Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke</i>	<ul style="list-style-type: none">● Covers 1 additional periodontal maintenance per year and all are covered at 100%● Scaling and root planing are covered at 100%● 4 periodontal surgery procedures are covered at 100%	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person)	Unlimited	
Lifetime Orthodontic Maximum (per person)	\$1,500	
Reimbursement Inside Pennsylvania	Elite Prime	Concordia Advantage
Reimbursement Outside Pennsylvania	Elite Prime	90 th Percentile

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

1. Dependent children covered to age 26.

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

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

Allegheny County Schools Health Insurance Consortium

your vision plan

Client code: 4230

Frequency

Exam: 12 mos.
Lenses & lens upgrades: 12 mos.
Frame: 12 mos.
Contacts, evaluation & fitting: 12 mos.



Sign up during open enrollment

For more details about the plan, visit davisvision.com/member and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



Exams & Services

Eye Exam copay:
\$0

Contacts evaluation, fitting & follow-up:

Conventional lens

\$0 copay
Covered in full

Specialty lens

\$0 copay
Covered in full



Frame

Allowance:

Other locations

\$100

Visionworks¹

\$150

or

The Exclusive Collection copay:

Fashion

Covered in full

Designer

\$20

Premier

\$40



Lenses

Lens copay:
\$0



Contacts³ in lieu of glasses

Allowance:

\$80 for disposable

\$110 for specialty and non-disposable

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our **FREE** one-year breakage warranty. Some limitations apply.

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.



Copays for options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$35
High-Index Lenses 1.67.....	\$60
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate).....	\$0 / \$40 / \$90 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate).....	\$40 / \$55 / \$69 / \$85
Ultraviolet Coating.....	\$15
Tinting of Plastic Lenses (Solid / Gradient).....	\$15
Plastic Photochromic Lenses (Transitions® Signature™).....	\$70
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

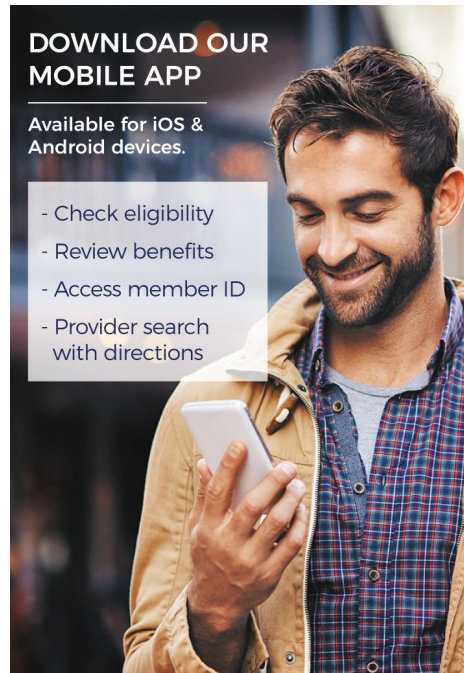
Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount ²

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)

Eye Examination: \$40	Trifocal Lenses: \$60
Frame: \$64	Lenticular Lenses: \$80
Single-Vision Lenses: \$30	Elective Contact Lenses: \$80
Bifocal / Progressive Lenses: \$40 / \$130	Evaluation/Fitting \$35
Dependents up to age 19 may receive:	Visually Required Contacts: \$225
Single Vision Polycarbonate: \$70	
Bifocal Polycarbonate: \$80	
Trifocal Polycarbonate: \$95	

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

\$0 Exam / \$0 Materials Copay
Dependent Age: 26 (EOBM)

Frequency Type: Last Date of Service	Employee	Spouse	Children
Vision Exam	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months

Benefits: Employee Can Select Either	VBA Participating Provider Amount Covered/Benefit (Zero Copay)	Out-of-Network Max Reimbursement (Zero Copay)
Vision Exam (Glasses or Contacts)	Covered in Full	\$35
Retinal Screening with Exam	Copay not to exceed \$39	N/A
Clear Standard Lenses (Pair):		
Single Vision	Covered in Full	\$30
Bifocal	Covered in Full	\$40
Blended Bifocal	Covered in Full	\$40
Trifocal	Covered in Full	\$60
Basic, Standard and Premium 1-4 Progressives	Partially-Covered	\$60
Lenticular	Covered in Full	\$80
Polycarbonate	Covered in Full for Persons Up to Age 19	N/A
Basic Scratch Coating	Covered in Full	N/A
Frame (Wholesale Allowance)	Up to \$50	\$40
-OR-		
Elective Contacts (in lieu of eyeglass benefits)		
Material Allowance	Up to \$125 ^A	\$125
Elective Fitting Fee and Evaluation	15% off UCR	N/A
-OR-		
Medically Necessary Contacts	Covered in Full ^B	\$250
-AND-		
Low Vision Aids (Per 24 Months. No Lifetime Max)	N/A	\$500

Where an "allowance" is shown above, the Member is responsible for paying any charges in excess of the allowance less any applicable copay.

Benefits and participation may vary by location, including, but not limited to, Costco® Optical, Pearle Vision, LensCrafters®, Target Optical®, Eyeglass World®, America's Best® and Boscov's™ Optical.

A The allowance is applied to all services/materials associated with contact lenses, including, but not limited to, contact fitting, dispensing, cost of the lenses, etc. No guarantee the allowance will cover the entire cost of services and materials.

B Requires prior approval. May only be selected in lieu of all other material benefits listed herein.

This plan is designed to cover your visual needs rather than cosmetic options.

Additional Charges

You may incur out-of-pocket charges when selecting any of the following:

- Tinted Lenses
- Photochromic/Polarized Lenses
- Polycarbonate (covered under age 19)
- Hi-index Lenses
- Progressive (available starting at \$29)
- The coating of the lens or lenses (except Basic Scratch Coating)
- A frame that costs more than the plan allowance
- Rimless Frames
- Anti-Reflective

Additionally, costs for contact lenses/services in excess of the plan's scheduled reimbursement allowances are the responsibility of the patient.

Not Covered

The contract gives VBA the right to waive any of the plan limitations if, in the opinion of our optometric consultants, it is necessary for the patient's welfare. VBA provides no benefit for professional services or materials connected with the following:

- Orthoptics or vision training
- Non-prescription lenses
- Two pair of glasses in lieu of bifocals
- Medical or surgical treatment of the eyes
- An eye examination, or corrective eyewear, required by an employer as a condition of employment
- Services of materials provided as result of any Worker's Compensation Law or similar legislation
- Glasses and contacts during the same eligibility period

Lenses and frames furnished under this program which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

Additional Terms and Conditions

Frame allowance is based on wholesale pricing at non-retail locations. Frame allowance, contact lens pricing and policies vary by location. Contact your provider before requesting services.

Benefits may only be used for contact lenses when selected in lieu of eyeglasses (spectacle lenses and frames). If purchased at the same time from a single provider, your plan will cover up to \$125 towards the cost of contact fitting fees and contact lenses. Any provider contact lens charges that exceed this amount shall be the responsibility of the member. Members may be required to pay contact fitting fees out of pocket at some locations.

Benefits and participation may vary by location and where prohibited by state law.

A 15% discount off the provider's usual, customary and reasonable contact lens fitting fee may be available in some locations. Void where prohibited by law.

Benefits may only be used for medically necessary contact lenses when selected in lieu of all other materials.

Additional terms and conditions apply. Contact VBA at 412-881-4900 for more information.

02

Additional Benefits Information



ACSHIC Deductible FAQ

Your Performance Blue EPO or PPO health plan through the Allegheny County Schools Health Insurance Consortium (ACSHIC) includes a deductible. When you receive care it's important to understand how your plan works and what costs you may be responsible for.



What is a Deductible?

Before your plan starts paying, the set amount you are responsible for a covered service. Note the deductible amount will be different if you have individual or family coverage and will run from July 1, 2025 through June 30, 2026.

What costs do NOT count towards the Deductible?*

Costs associated with the following do not count towards your deductible:

- Services with no member cost-share such as preventive services and immunizations
- Employee Payroll Contributions
- Physician/Emergency Room Copays
- Prescription Copays
- Uncovered Services

*This list is not meant to be exhaustive.
Please see the ACSHIC Plan documents available at acshic.com for more information

What is a Copay?

The set amount you pay for a covered service. This amount may vary based on the type of service.

Copays do not count towards your deductible. If a covered service has a copay, you will only pay the copay amount for that service. After paying your copay, if additional services are rendered during that same visit, i.e. blood work or an EKG, there may be additional charges resulting in out-of-pocket costs if you have not yet met your deductible.

What is a Plan Allowance?

The set amount your in-network provider has agreed to accept for a covered service.

IMPORTANT:

- Services listed as "100% after deductible" on the ACSHIC Grids would apply towards your deductible. For these services you would be responsible for the cost of the service until you hit your deductible. For in-network care, you will not be charged more than the set Plan Allowance.
- For services listed with a copay, you would pay that copay amount. Note that copays do not accumulate towards your deductible.



Allegheny County Schools
Health Insurance Consortium

Questions or details on your plan?
Call your Highmark Connect team at
844-946-6238.

Examples of how a deductible is satisfied.

EXAMPLE 1

Peg has individual coverage under the ACSHIC Plan and needs to see a specialist, have some tests run, and her doctor writes her a prescription. How does this work with a deductible?

ACSHIC PPO Individual Plan \$200 Deductible

Service	Plan Allowance	Member Responsibility	Does this count towards the deductible?	Deductible Balance
Peg goes to a specialist visit.	\$120	\$20 Copay	No	\$200 (Remaining Deductible)
Peg needs a generic prescription.	\$45	\$8 Copay	No	\$200 (Remaining Deductible)
Peg gets lab work.	\$150	\$150	Yes	\$200 (Deductible) -\$150 (Member Responsibility for lab work) \$50 (Remaining Deductible)
Peg gets an MRI.	\$500	\$50	Yes	\$50 (Remaining deductible) -\$50 (Member responsibility for MRI) \$0 (Deductible Satisfied)
Total	\$815	\$228		

EXAMPLE 2

Walt has family coverage under the ACSHIC Plan for himself, his spouse, and two children. Walt needs to go to a Specialist, get a mail order prescription, and his children need services. How does this work with a deductible?

ACSHIC EPO Family Plan \$200/400 Deductible


Service	Plan Allowance	Member Responsibility	Does this count towards the deductible?	Deductible Balance
Walt goes to a specialist visit.	\$120	\$20 Copay	No	\$400 (Remaining Family Deductible) \$200 (Walt's Remaining Individual Deductible)
Walt gets a mail order prescription.	\$45	\$8 Copay	No	\$400 (Remaining Family Deductible) \$200 (Walt's Remaining Individual Deductible)
Walt's first child has an inpatient visit.	\$5000	\$200*	Yes	\$400 (Remaining Family Deductible) \$200 (Member Responsibility for Child inpatient visit) -\$200 (Remaining Family Deductible) \$0 (Remaining Individual Deductible for Walt's First Child)
Walt's second child needs an MRI.	\$500	\$200	Yes	\$200 (Remaining Family Deductible after Walt's first child's inpatient visit) -\$200 (Member Responsibility for MRI) \$0 (Family/Individual Deductible Satisfied)
Walt gets lab work.	\$150	\$0 (Plan Pays 100%)	N/A	\$0 (Deductible Satisfied)
	\$5815	\$428		

- * The Family Plan has a \$200 individual and \$400 family deductible.
- Not every family member must meet the individual deductible in order for the family deductible to be met.
 - Once a family member reaches their individual deductible, there will be no more deductible responsibility for that member.
 - Once the family deductible has been met, services are covered in full, even if all of the family members have not met their individual deductible.



Allegheny County Schools
Health Insurance Consortium

Questions or details on your plan?
Call your Highmark Connect team at
844-946-6238.



Earn a credit towards your deductible for living healthier.

Welcome to ACSHIC's HealthyU Wellness Program brought to you by the ACSHIC health plan. Participating is easy. Earn points by completing healthy activities in the upcoming 2025-2026 Plan Year to earn a deductible credit in the following 2026-2027 Plan Year.

How to get started

Download the **My Highmark** app from the app store on your device, or visit **MyHighmark.com**. Here you'll find everything you need to manage your benefits and your health.

After you create an account **and make sure you accept the annual authorizations**, you can begin your program, track your progress, and complete many of your activities right from the app or website.



Because Life.™

7/1/2025- 6/30/2026 ACSHIC Health Care Renewal

Eligibility

Medically covered employees and spouses

Important deadlines

Make sure you complete all of your program requirements between **07/01/2025** and **03/31/2026**.

- Have a completed Preventive Exam between July 1, 2024 and March 31, 2026.
- Complete your Health Assessment from July 1, 2025 through March 31, 2026.

Your reward



Get rewarded for completing the activities within the Rewards Program to earn a credit towards the following year's deductible

Have questions? Please contact your dedicated Highmark CONNECT team at **844-946-6238**

Turn the page for program activities.

ACSHIC's HealthyU Wellness Program

How the program works

You need **1,000 points** to complete the program.

To earn **1,000 points**, complete the following

Required Activities:



Health Assessment

Simply complete or update your survey between July 1, 2025 and March 31, 2026 **even if you had completed it during a prior Wellness Program**, to receive credit for this activity.



Preventive exam

Earn credit for completing your regular preventive exam from July 1, 2024 through March 31, 2026. The directions to complete this activity are within your rewards program details.

Plan	Impact on Deductible
Employee Only	\$200 Deductible
Employee: Exam and Assessment	-\$100
Total Deductible Responsibility	\$100
Employee + Spouse/Family	\$400 Deductible
Employee: Exam and Assessment	-\$100
Spouse: Exam and Assessment	-\$100
Total Deductible Responsibility	\$200
Employee + Child	\$400 Deductible
Employee: Exam and Assessment*	-\$100
Total Deductible Responsibility	\$300

** Child dependents are not eligible for the deductible reduction*

In accordance with ACSHIC's HealthyU Wellness Program, employees and their spouses who have had a Preventive Exam from July 1, 2024 through March 31, 2026 will be deemed to have satisfied this criteria of the program.



Because Life.™

Download the app
from your phone's app
store or visit
MyHighmark.com.



Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Health Insurance Company, Highmark Choice Company, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross 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）。

05/23 MX2336129

All your health care needs —

**all in one
place.**

You have a simpler way to engage with Highmark. Whether on your phone or your laptop, My Highmark has everything you need to manage your benefits and reach your health goals — all in one place.

- Access your virtual member ID card, manage your costs, and search for care.
- Receive personalized recommendations for health programs.
- Find virtual health tools and activities to help you reach your goals.

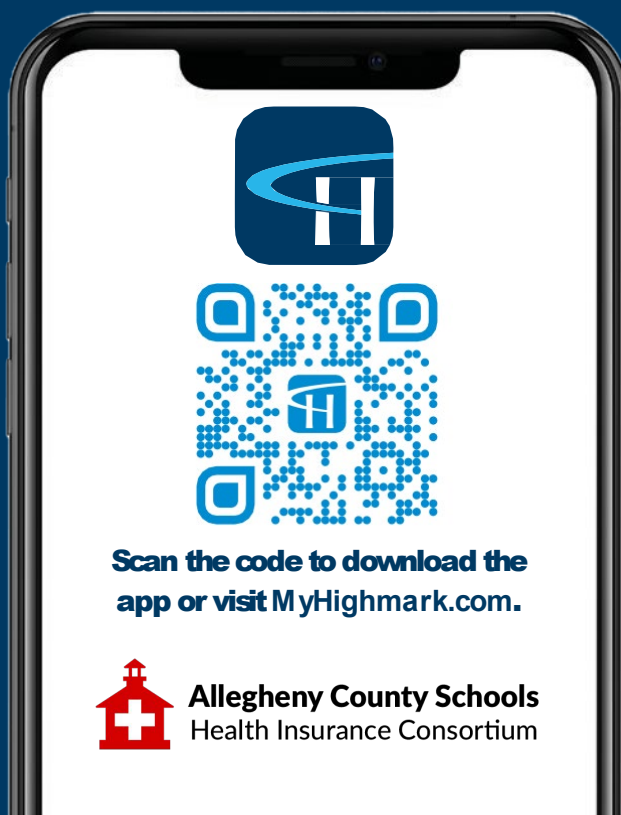
Download the My Highmark app or visit MyHighmark.com today.

Already have an online account?
You can log in using your existing Highmark username and password.



Because Life.™

**Get started with
My Highmark.**



**Scan the code to download the
app or visit MyHighmark.com.**



**Allegheny County Schools
Health Insurance Consortium**



Because Life.™

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life or Highmark Senior Health Company.

Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.

Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield.

West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company or Highmark Senior Solutions Company. **Visit <https://www.highmarkbcbswv.com/networkaccessplan> to view the Access Plan required by the Health Benefit Plan Network Access and Adequacy Act. You may also request a copy by contacting us at the number on the back of your ID card.**

Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield.

All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Highmark Blue Cross Blue Shield is a Medicare Advantage HMO, PPO, and/or Part D plan with a Medicare contract. Enrollment in these plans depends on contract renewal.

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）。

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Paying for college just got easier.

Save more. Worry less.

Are you or your family stressed over college costs? You're not alone. The debt it takes to pay for a degree is the biggest concern of parents and students.* In fact, 80% of families think they'll need financial aid to afford tuition.**

Earn Tuition Rewards® through your dental plan

At United Concordia Dental, we care as much about your mental well-being as your oral well-being. That's why your dental plan includes the College Tuition Benefit® savings program.

Much like a frequent flier program, you earn Tuition Rewards® points that can be redeemed for tuition discounts at more than 400 participating private colleges and universities nationwide.

Share the savings with your family

You can participate even if you don't have kids. Points can be shared among any eligible students in your extended family. You must sign up students and allocate their points before August 31 of the year they begin 12th grade.

- 1 Tuition Rewards point = \$1 in tuition discounts.
- Earn 2,000 points when you sign up. Then earn 2,000 points each year you're covered by United Concordia.
- Transfer points to your children, grandchildren, nieces, nephews, stepchildren, godchildren and adopted children.
- Each child enrolled receives a one-time bonus of 500 Tuition Rewards points.
- In year four, they receive an additional 2,500-point bonus.

Sign up for Tuition Rewards

1. Log into your **MyDentalBenefits** account at **UnitedConcordia.com**.
2. Verify your email address is correct by **clicking your name** in the upper right corner. SAGE Scholars will use this email address to contact you.
3. Click the **More** tab and select **CollegeTuition Benefit**.
4. Click on the **Get Started** button and consent to participate.
5. Look for an email from SAGE Scholars to complete your sign up.

Don't have a MyDentalBenefits account? Create one at UnitedConcordia.com/GetMDB.



Sign up on or
after your plan's
effective date.

Tuition Rewards FAQs

Q: What are Tuition Rewards?

A: Tuition Rewards points are discounts off of tuition and are never awarded in cash. Participating schools reduce their tuition by the amount of Tuition Rewards points you redeem. For example, one Tuition Rewards point = a \$1 tuition discount. So, 2,000 Tuition Rewards points is equal to a \$2,000 discount.

Q: Who can use the Tuition Rewards points I accumulate?

A: Even if you don't have children in your immediate family, you can allocate points to nieces, nephews, grandchildren, stepchildren, godchildren, adopted children and more.

Q: How do I identify the students I'm saving for?

A: Once your account is created with SAGE Scholars, you can begin adding eligible students. Each student you sign up immediately earns a one-time bonus of 500 points!

Q: When should I sign up my students in the Tuition Rewards program?

A: You can add future students as early as the day they're born. But students must be signed up prior to August 31 of the year they begin 12th grade.

Q: When must I transfer Tuition Rewards points to a student?

A: Points accumulate in your account until you transfer them to a student headed for college. Points must be transferred before August 31 of the student's 12th grade year. After August 31, students cannot earn or receive points.

Q: Is there a cap on how many Tuition Rewards I can use per child?

A: Yes, students can use Tuition Rewards to get a maximum 25% discount on their total tuition costs, divided evenly over four years of education. For example, if your student's total tuition is \$40,000 per year, you may redeem Tuition Rewards points for up to a \$10,000 discount per year.

Q: When should I submit my student's Tuition Rewards points to a participating college?

A: You must submit the student's Tuition Rewards points statement within 10 days of application.

Q: Can Tuition Rewards be used for graduate school, summer school, evening classes or a part-time classes?

A: No, Tuition Rewards can only be used for full-time, undergraduate education beginning with the freshman year at a participating private college or university.

Q: Are there other ways to earn Tuition Rewards points?

A: Yes, you can earn points through any participating organization such as a bank, credit union, fraternal organization, financial advisory firm or other college funding plan.

Q: What if a student doesn't use his/her Tuition Rewards points?

A: Tuition Rewards points can be refunded back to your account and transferred to a younger eligible student.

Q: Can my student also receive points from other family members who have Tuition Rewards accounts?

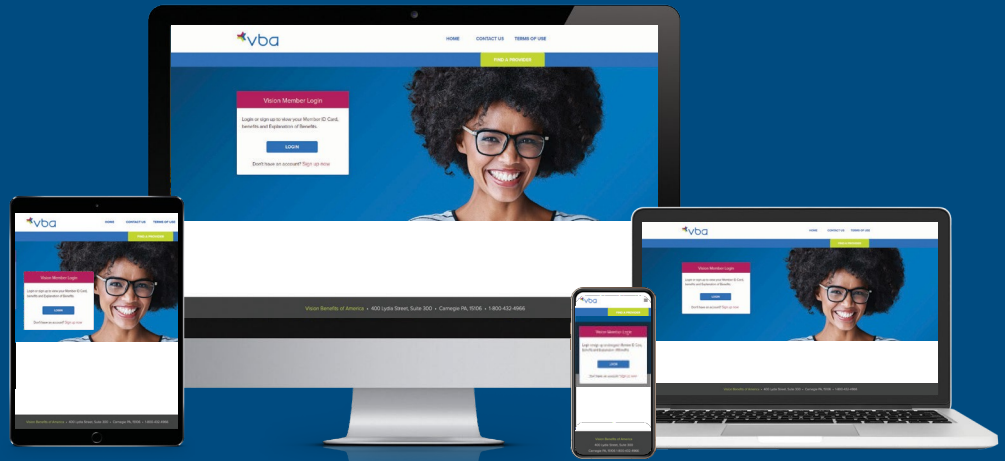
A: Yes. Students may receive Tuition Rewards points from multiple family members.



MX2722852 •MEM-0527-0322 •Tuition Rewards® is a Registered Trademark of SAGE Scholars, Inc.
SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCIC does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.
*Gallup Financial Concerns Survey; 2015.
**The Princeton Review; 2019.



USING THE VBA Member Portal



VBA's Easy-to-Use Member Portal

At VBA, we strive to make things as simple as possible for our members. Our focus is always on you, which you'll see in every aspect of our mobile-friendly member portal. You can:

- Find in-network providers
- Chat online with customer service representatives
- Print ID cards
- Download Explanation of Benefits statements
- Submit out-of-network claims

Access the VBA Member Portal

To create a more secure user experience, all VBA members are required to register their account before accessing the VBA Member Portal.

Register Your Account

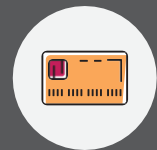
- 1 Go to vbaplans.com and click Login from the menu.
- 2 Select Vision and Member options and click Sign In.
- 3 Select Sign Up Now.
- 4 Enter your email address, the policyholder's birth date, zip code and last four digits of SSN or Member ID and click Send Verification Code.
- 5 You will receive an email with a One-Time Code from noreply@visionbenefits.com.
- 6 Enter your One-Time Code and click Verify Code.
- 7 Select Next, and access your benefits information.

Login to Your Account

- 1 Go to vbaplans.com and click Login from the menu.
- 2 Select Vision and Member options and click Sign In.
- 3 Select Login.
- 4 Enter the email address you used to register your account and click Send Verification Code.
- 5 You will receive an email with a One-Time Code from noreply@visionbenefits.com.
- 6 Enter your One-Time Code and click Verify Code.
- 7 Select Next, and access your benefits information.

Each policyholder may only register their account with one email address. If your covered dependents need to access the VBA Member Portal, they must enter the registered email address and One-Time Code sent to the same email address to login.

Did You Know?



A member card is not necessary to access your benefits. You can print your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.



You can use our online Provider Finder to search for doctors in the VBA Network.



Always confirm eligibility through the Member Portal before receiving services or purchasing materials.

We're here to answer your questions.

Our customer care representatives are available by phone Monday through Friday 8:30 AM - 6:00 PM ET by calling 1-800-432-4966.



THANK YOU FOR BEING A VBA MEMBER!

At VBA, we strive to make things as simple as possible for our members. While a member card is not necessary to access your benefits, you can use your VBA member card so that you have all of your plan information handy whenever you visit your doctor's office.

Using your in-network benefits is simple.

- Log in to the VBA Member Portal to confirm eligibility for services and materials.
- Use our online Provider Finder to search for doctors in the VBA network.
- Schedule an appointment with the provider and let the office know you have vision benefit coverage through VBA prior to receiving services or purchasing materials.
- The provider will submit all claims for covered benefits directly to VBA.
- The provider will discuss and collect any copayments and/or out-of-pocket expenses from you, if applicable.

On rare occasions, a provider may discontinue participation in our network without proper notice. While making your appointment, verify participation to avoid any inconvenience.

Do you know all the advantages of VBA membership?

We partner with several other companies that provide services to better your health and wellness.



Save up to \$1,100 on Custom Bladeless LASIK using Wavelight with featured in-network providers Lasik**Plus**, TLC Laser Eye Centers and The LASIK Vision Institute. Schedule your free consultation today! Call 1-877-437-6105.



Hear USA

Schedule a complimentary hearing evaluation and save over 40% on premium aids with the latest technology. Call 855-203-7979.

Member Identification Card



p: 1-800-432-4966

f: 412-881-4898

400 Lydia Street, Suite 300 | Carnegie, PA 15106

www.vbaplans.com



Looking for an in-network VBA provider?

Use our online Provider Finder to search our network. Once you've selected your provider, let them know that you have vision benefit coverage through VBA prior to receiving services or purchasing materials.



Diabetes management, *your way*

Get an advanced blood glucose meter and as many strips and lancets as you need. Best of all, it is paid for by Allegheny County Schools Health Insurance Consortium—all at no cost to you.

Discover tools and techniques that work for you



Personalized tips with
each blood sugar check



One-on-one
health coaching



Real-time support
when you're out of range



Strip re-ordering right
from your meter

Get started

Join by visiting Join.Livongo.com/ACSHIC/Register
or call 800-945-4355

Program includes trends and support on your secure Livongo account and mobile app but does not include a phone, tablet or smartwatch.

The Diabetes Management Program affiliation between Livongo and Highmark is structured to encourage members to have a greater hand in their health while still receiving the medical care and advice that can only be provided by their doctor. To ensure that there is no interruption in this benefit, it is important to continue to maintain regular office visits with your doctor. If you have any questions or concerns regarding this requirement, please contact Highmark customer support.

Livongo is now part of Teladoc Health, and we are in a brand transition phase. You may receive Livongo-branded and Teladoc Health-branded products during this transition. Other than brand name, there is no difference between products.

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Life comes with challenges.

AllOne Health is here to help.

AllOne Health can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

Legal Referrals

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Home Safe

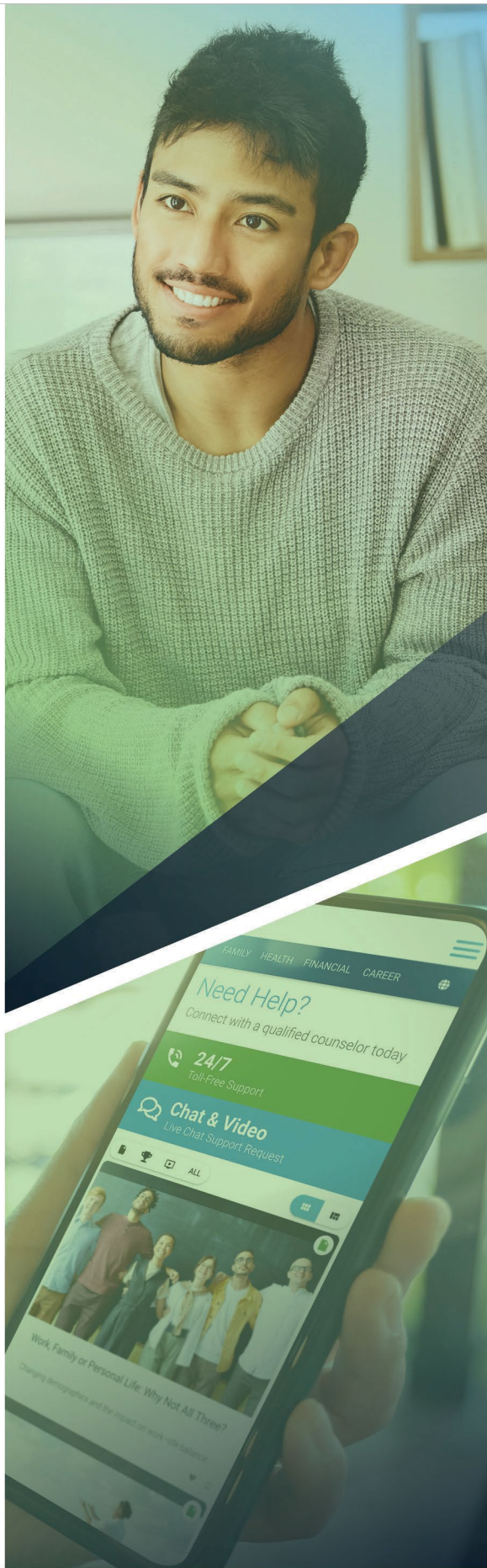
Reimbursement up to \$25 for a safe ride home. Reimbursement provided up to 3 times a year per household, when submitted within 30 days of the safe ride home.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal

Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



Contact AllOne Health
Call: 800-327-7272

Visit: lytleap.com
Code: acshic

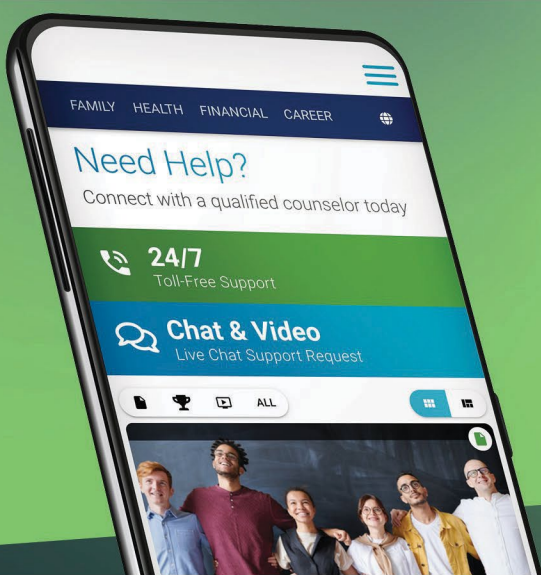


Allegheny County Schools
Health Insurance Consortium



7/1/2025- 6/30/2026 ACSHIC Health Care Renewal

ALLONE
HEALTH



Introducing Your Member Portal

Browse benefits. Request services.
Enjoy 24/7/365 access.

AllOne Health offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit lytleeap.com and click on "Sign Up" below the login form
2. To create an account and sign in, enter your email address and company code: acshic
3. For login assistance, select "Email Support"
4. Please note that if you have already signed up for the Member Portal your current login information will still work.

** You can always call to access services, without needing to create an account or log in to the portal.*



Allegheny County Schools
Health Insurance Consortium

Contact AllOne Health
Call: 800-327-7272

Visit: lytleeap.com
Code: acshic



ALLONE
HEALTH



ACSHIC
Wellness

presents

EdLogics

Better health. Fun games. Great rewards.

ACSHIC members, what are you waiting for?

Sign up today!



PLAY



ANSWER YOUR DAILY
HEALTHSCRATCH
QUESTIONS



COMPLETE YOUR
WEEKLY WORKOUT



PLAYGAMES



COMPETE WITH
FRIENDS



WATCH VIDEOS



SPIN THE WHEEL



EARN POINTS



UNLOCK BADGES



TAKE QUIZZES



GET ON THE
LEADERBOARD

COLLECT SCAVENGER
HUNT ITEMS



COMPLETE
CHALLENGES

INCREASE YOUR
HEALTH GPA



LEARN FROM
A VIRTUAL
PHARMACIST



EARN GIFT CARDS

LEARN

Navigating Healthcare

Healthy Habits

Addiction

Nutrition

Healthy Aging

Chronic Conditions

Stress & Anxiety

Mental Health

COVID-19

... and 100s more topics!

EARN

EVERY MONTH

1ST OF EACH MONTH | \$200 REWARDS

You get to choose your gift card:
Amazon, Target, or Dick's Sporting
Goods, or a combination of these.



EVERYONE IS ELIGIBLE TWICE A YEAR!

Everyone is eligible for one drawing between
January 1 and June 30, and one drawing
between July 1 and December 31.

Eligibility timeframes are subject to change at ACSHIC's discretion.

GET STARTED TODAY!

Sign up: myedlogics.com/acshic/account/register

Login: myedlogics.com/acshic

Support: acshic_support@edlogics.com





Allegheny County Schools
Health Insurance Consortium

Your well-being resource.



We want to inspire you to live a better life through **better health.** Visit [ACSHIC.com](https://www.acshic.com) to access the latest information including:

- Plan changes and updates
 - Benefit providers directory
 - Member and retiree plans and grids
 - Prescription benefits information
- and so much more!**

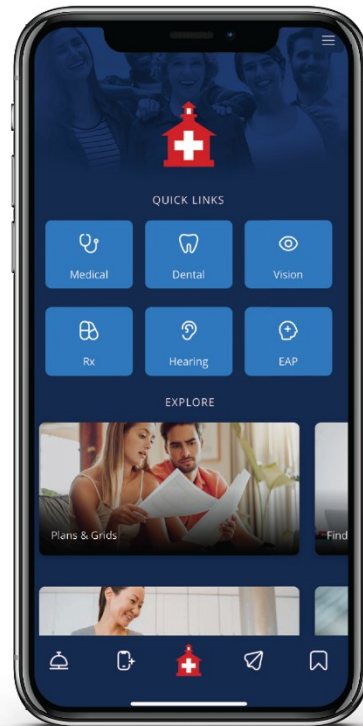


www.acshic.com

Download our Mobile App today!

The ACSHIC mobile app offers members and retirees access to important information at the touch of a button. It's an easy, convenient way to access:

- Member and retiree plans and grids
 - Benefit assistance and wellness videos
 - Easily connect with Highmark Concierge
 - Push notifications
- and so much more!**



03

Rates



Rate History - ACSHIC Standard Programs

	Community Flex Blue PPO				Performance Flex Blue PPO				Performance Blue PPO			
	(2020-2021)		(2021-2022)		(2022-2023)		(2023-2024)		(2024-2025)		(2025-2026)	
		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015
Individual	\$626.74	\$623.68	\$658.07	\$654.87	\$710.72	\$707.26	\$810.22	\$806.28	\$883.14	\$878.85	\$933.48	\$928.94
Parent/Child	\$1,405.17	\$1,398.31	\$1,475.43	\$1,468.24	\$1,593.46	\$1,585.70	\$1,816.54	\$1,807.70	\$1,980.03	\$1,970.39	\$2,092.89	\$2,082.70
Parent/Children	\$1,545.69	\$1,538.15	\$1,622.98	\$1,615.06	\$1,752.82	\$1,744.26	\$1,998.21	\$1,988.46	\$2,178.05	\$2,167.42	\$2,302.20	\$2,290.96
Employee & Spouse	\$1,702.60	\$1,694.28	\$1,787.73	\$1,779.00	\$1,930.75	\$1,921.32	\$2,201.06	\$2,190.30	\$2,399.16	\$2,387.43	\$2,535.91	\$2,523.51
Family	\$1,770.23	\$1,761.59	\$1,858.74	\$1,849.67	\$2,007.44	\$1,997.64	\$2,288.48	\$2,277.31	\$2,494.44	\$2,482.27	\$2,636.62	\$2,623.76
Percentage Change	2.50%		5.00%		8.00%		14.00%		9.00%		5.70%	
	Community Flex Blue EPO				Performance Flex Blue EPO				Performance Blue EPO			
	(2020-2021)		(2021-2022)		(2022-2023)		(2023-2024)		(2024-2025)		(2025-2026)	
		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015		Rates for schools joining ACSHIC prior to 6/30/2015
Individual	\$585.49	\$582.63	\$614.76	\$611.76	\$663.94	\$660.70	\$756.89	\$753.20	\$825.01	\$820.99	\$872.04	\$867.79
Parent/Child	\$1,313.27	\$1,306.85	\$1,378.93	\$1,372.19	\$1,489.24	\$1,481.97	\$1,697.73	\$1,689.45	\$1,850.53	\$1,841.50	\$1,956.01	\$1,946.47
Parent/Children	\$1,444.57	\$1,437.51	\$1,516.80	\$1,509.38	\$1,638.14	\$1,630.13	\$1,867.48	\$1,858.35	\$2,035.55	\$2,025.60	\$2,151.58	\$2,141.06
Employee & Spouse	\$1,590.53	\$1,582.78	\$1,670.06	\$1,661.91	\$1,803.66	\$1,794.86	\$2,056.17	\$2,046.14	\$2,241.23	\$2,230.29	\$2,368.98	\$2,357.42
Family	\$1,653.82	\$1,645.75	\$1,736.51	\$1,728.04	\$1,875.43	\$1,866.28	\$2,137.99	\$2,127.56	\$2,330.41	\$2,319.04	\$2,463.24	\$2,451.23
Percentage Change	2.50%		5.00%		8.00%		14.00%		9.00%		5.70%	

Average increase since 2015 is 5.04% (10 years)

Active Dental & Vision Rates

United Concordia

	2022 - 2023	2023 - 2024	2024 - 2025	2025-2026
Individual	\$29.74	\$30.63	\$32.16	\$33.12
Family	\$97.79	\$100.72	\$105.76	\$108.93
	3%	3%	5%	3%

Davis Vision

	2022 - 2023	2023 - 2024	2024 - 2025	2025-2026
Individual	\$6.16	\$6.34	\$6.53	\$6.73
Family	\$15.03	\$15.48	\$15.94	\$16.42
	3%	3%	3%	3%

Vision Benefits of America (VBA)

	2022 - 2023	2023 - 2024	2024 - 2025	2025-2026
Individual	\$5.78	\$5.95	\$6.13	\$6.31
Family	\$13.65	\$14.06	\$14.48	\$14.91
	3%	3%	3%	3%

04

Retiree Only Voluntary Dental and Vision



Retiree Voluntary Dental and Vision Rates

Retirees Only - July 1, 2025

Concordia Choice C – Plan V6 (United Concordia Dental)		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$44.85	\$134.55
Retiree + Spouse or Child *	\$89.71	\$269.13
Retiree + Family	\$134.57	\$403.71

Davis Vision Plan		
Coverage Level	Rate/Month **	Cost/Quarter
Individual Retiree	\$9.03	\$27.09
Retiree + Spouse or Child *	\$16.25	\$48.75
Retiree + Family	\$25.27	\$75.81

* Child included qualified dependents to age 26 and certified disabled dependents

** Rates do not include monthly/quarterly administrative fees. Member will be billed rate ÷ \$3.00 administrative fee per month (\$9 maximum admin fee per quarter)

Member will be billed for coverage on a quarterly basis. The billing will come from AMCA Systems, LLC and payments will be remitted to AMCA Systems, LLC / Retiree Billing. 101 Bradford Road, Suite 340, Wexford, PA 15090. **Attention: Retiree Dental and Vision**

Payments will be due by the 20th of the month before the quarter begins. A 30-day grace period will be given for receipt of payments. If payment is not received within 30 days of the due date, the coverage will be cancelled. **THIS PLAN HAS A ONE STRIKE POLICY. MEMBERS WILL BE PERMITTED TO REINSTATE ONE TIME FOR THE LIFE OF THE PLAN**

ACSHIC Retiree Voluntary Dental Plan Benefits Summary

Effective: July 1, 2025

Network: Elite Prime

Benefit Category ¹	CONCORDIA FLEX PLAN	
	In-Network ²	Non-Network ²
Class I – Diagnostic/Preventive Services (Excluded from Annual Program Maximum)		
Exams	100%	100%
Bitewing X-rays		
All Other X-rays		
Cleanings & Fluoride Treatments (Fluoride Treatments for children under age 19)		
Sealants		
Palliative Treatment		
Class II – Basic Services		
Basic Restorative (Fillings)	80%	80%
Simple Extractions		
Space Maintainers		
Repairs of Crowns, Inlays, Onlays, Bridges & Dentures		
Endodontics		
Nonsurgical Periodontics		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III – Major Services		
Inlays, Onlays, Crowns	50%	50%
Prosthetics (Bridges, Dentures)		
Implants		
Orthodontics		
Diagnostic, Active, Retention Treatment	Not Covered	Not Covered
Included Plan Features		
The College Tuition Benefit® – College Savings Program ³	<ul style="list-style-type: none">● Earn Tuition Rewards® points redeemable for tuition discounts● Receive 2,000 at signup, then 2,000 points/year● Each child enrolled receives a one-time bonus of 500 Tuition Rewards points● One Tuition Rewards point = \$1 reduction in full tuition● Use Tuition Rewards points at participating private colleges and universities	
Preventive Incentive®	Class I services do not count toward your annual program maximum	
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Annual Program Deductible (per person/per family)	None	
Annual Program Maximum (per person) (January 1 st – December 31 st)	\$1,500 Excludes Class I and Implants	
Lifetime Implant Maximum (per person)	\$1,500	
Reimbursement	Elite Prime	Concordia Advantage MAC

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

1. Dependent children covered to age 26.

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

3. Tuition Rewards® is a Registered Trademark of and administered by SAGE Scholars, Inc. Participation in the program is contingent upon enrollment with SAGE Scholars, Inc. Tuition Rewards are not an underwritten benefit but a value-added program. Tuition Rewards not available in all jurisdictions (SAGE). SAGE is not a subsidiary or affiliate of United Concordia Insurance Company (UCIC). Subject to eligibility requirements and terms and conditions. Tuition Rewards are a value-added program and not an insured benefit. Program participation subject to enrollment with SAGE. "Points" are credits that may be used to discount the cost of Tuition and have no cash value. UCCI does not provide services related to this program. Tuition Rewards not available in all jurisdictions. Program subject to change without notice.

PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.

EEM-0142-0921

UnitedConcordia.com • 1-800-332-0366

Allegheny County Schools Health Insurance Consortium - Retirees

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com or call 1.877.923.2847 and enter client code 6893 to locate providers or for additional information.



Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.800.999.5431.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Allegheny County Schools Health Insurance Consortium - Retirees. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Fashion Plan Benefits



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	July 1	\$0	Covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	July 1	\$0	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full. (See below for additional lens options and coatings.)
Frame	July 1	\$0	Covered in Full Frames: Any Fashion level frame from Davis Vision's Collection ¹ (retail value, up to \$100). OR, Frame Allowance: \$100 toward any frame from provider.No copay required. OR, Visionworks Frame Allowance: \$150 allowance toward any frame from a Visionworks family of store locations. ³ No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	July 1	\$0	Davis Vision Collection Contacts: Covered in full. Standard, Soft Contacts: Covered in full.
Contact Lenses (in lieu of eyeglasses)	July 1	\$0	Contact Lens Allowance: \$80 allowance toward any disposable contacts or \$100 allowance toward any non-disposable contacts from provider's supply. No copay required. OR, Visually Required Contacts: Covered in full with prior approval.

~~PLEASE NOTE: YOU WILL BE PERMITTED ONE REINSTATEMENT FOR THE LIFE OF THE PLAN. PLEASE REFER TO YOUR BENEFITS CONTACT WITH ANY QUESTIONS.~~

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Fashion Designer Premier	\$0 \$20 \$40
Tinting of Plastic Lenses	\$15
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating	\$30
Ultraviolet Coating	\$15
Anti-Reflective Coating: Standard Premium Ultra Ultimate	\$40 \$55 \$69 \$85
Polycarbonate Lenses	\$0 ² -\$35
High-Index Lenses 1.67 1.74	\$60 \$120
Progressive Lenses: Standard Premium Ultra Ultimate	\$0 \$40 \$90 \$125
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$70
Digital Single Vision Lenses	\$30
Scratch Protection Plan: Single Vision Multifocal Lenses	\$20 \$40
Trivex Lenses	\$50
Blue Light Filtering	\$15
Additional Savings!	
Retinal Imaging.....	\$39

¹ The Davis Vision Collection is available at most participating independent provider locations.
² For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
³ Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.
⁴ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.

Frequently Asked Questions

How can I contact Member Services?

Call 1.800.999.5431 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

What frames are in Davis Vision's Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to our member Web site at davisvision.com and take a look!

When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on our member Web site.

Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$40 | single vision lenses - \$30 | bifocal - \$40 | trifocal - \$60 | lenticular - \$80 | single vision polycarbonate - \$70 | bifocal polycarbonate - \$80 | trifocal polycarbonate - \$95 | standard progressive - \$130 | frame - \$64 | daily-wear and extended wear evaluation/fitting - \$35 | non-disposable and disposable contacts - \$80 | visually required contacts - \$225.

Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals.

DAVIS VISION EXTRAS!

One Year Breakage Warranty Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

Greater Benefits Access a higher frame allowance by visiting a Visionworks family of store locations⁶.

Additional Savings Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.

Mail Order Contact Lenses Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

Laser Vision Correction Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit www.davisvision.com.

Low Vision Services Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

Eye Health & Wellness Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

For more details... about your vision benefits, patient rights and responsibilities, or more information about Davis Vision, please log on to our member Web site or contact us at 1.800.999.5431.

Davis Vision has made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract will prevail.

⁶ Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.

Benefits administered by Davis Vision, Inc.
Underwritten by Metropolitan Life Insurance Company, New York, NY

05

Act 110



Act 110

Group Health Insurance

Important Notice for School Retirees Under Age 65

The Pennsylvania General Assembly enacted legislation which requires school districts, Intermediate Units, and area Vocational-Technical schools to permit certain retirees to purchase continuing coverage in the school's group health insurance plan. Pursuant to ACSHIC's Policy concerning application of Act 110, retirees who qualify for this continuing coverage are those who are under age 65 and:

- 1) Retired under normal retirement;
- 2) Retired under disability retirement;
- 3) Retired with 30 or more years of service;
- 4) to a retiree, and the retiree's spouse, up to age 65, who do not meet the Act 110 requirements, but who enter into an agreement with the retiree's Participating School Entity which provides for coverage under the ACSHIC Plan; or
- 5) to the spouse of an employee of a Participating School Entity, when an active employee dies with 30 or more years of active service.

It is the eligible retirees' responsibility to contact their former public school employer with written notification of their decision to enroll in the group health insurance plan.

Persons who are covered or eligible to be covered as an employee or dependent in any other employer provided group health insurance plan are not eligible to purchase coverage from their former school employer. The right to continue in the school group coverage extends until the retiree reaches age 65.

Because this legislation amends the school code and not the retirement code, PSERS is unable to rule on the intent of the legislation. We are asking that you refer all questions concerning this legislation to your former school employer.

If you do not qualify for the law stated above, you may take advantage of COBRA, a federal law. This law requires that all reporting units offer group health insurance for a period of 18 months to any employee who leaves their employment.

The group health insurance is paid by the employee at the school district's rate plus two percent for administrative cost.

Any questions regarding either law should be directed to your business office.