More financial flexibility.
More cost control.
More peace of mind.

Introducing Balanced Funding from

HIGHMARK®

An Independent Licensee of the Blue Cross and Blue Shield Association

Can my group benefits plan really do all that?

Yep. If you have Balanced Funding from Highmark.

Here's a solution that makes it all possible.

In insurance-speak, balanced funding combines fixed monthly payments with ASO (Administrative Services Only) benefits from Highmark — and adds Stop-Loss insurance* to protect your cashflow.

In plain-speak, that means:

Level Funded

Your employee benefits plan costs the same, predictable amount every month — which makes it easier to stay on budget.

ASO

You won't get bogged down in all the paperwork associated with claims administration.

Stop-Loss Insurance

You're not on the hook for all of the risk in case of large, expensive, or numerous claims.

Got it? Good. Let's dig a little deeper.

*Stop-Loss coverage is provided solely by a separate company, HM Insurance Group. Speak with your sales rep for more information.

This isn’t insurance-as-usual.

But for the right business at the right time, it can be the right call.

Here's what sets it apart.

Balanced funding borrows elements from other traditional benefits plans — and adds protection from worst-case scenarios with Stop-Loss coverage.

Plus, you could potentially get money back. Which is always nice.

Fully funded plans

You pay a monthly premium. Your health insurer handles everything else.

Balanced-funded plans

You pay an agreed-upon, flat monthly amount that is deducted from a designated bank account to cover projected claims and fees. Stop-Loss coverage protects you from any overages. And if you don't spend all the money you set aside during your plan year, you have a surplus coming back your way.

Self-funded (ASO) plans

You pay claims as they come in, and **you pay your health insurer a monthly fee to handle the administrative stuff.**

Traditionally, balanced funding was a great option for large corporations with a healthy, stable employee base to save on claims expenses. Now, businesses with as few as 51 employees can get in on the benefits. Like yours.

Think you may be the right business at the right time?

Here's a gut check just to be sure.

Three questions you should ask yourself before signing on.

1

How **healthy** are my employees?

A healthy workforce means fewer claims, which means lower costs and less risk to your cashflow.

2

Is the **size** of my workforce stable?

This type of plan works best if you have a steady employee population with stable claims, so if you're planning to expand or downsize, it may not be the right time for this type of group plan.

3

How much **transparency** into my claims do I want?

ASO reporting is a great tool for getting insights into your employees' health — which can help you get more out of your health care spend.

Phew.
That’s a lot to process.

**But now let’s get to the good stuff —
how Balanced Funding could benefit you.**

Five big advantages. Maybe more.

1

You know what your payments will be

month in and month out, with no peaks or valleys.

2

You have the flexibility

to pick the right Highmark plan for your company's and your employees' needs.

3

Your employees enjoy the same, great access

to affordable, quality care close to home, coast to coast, and around the world.

4

You're protected

from the risk of catastrophic or multiple claims by Stop-Loss coverage.* Think of it as insurance for your insurance.

5

You see how your health care dollars are being spent

and how you can optimize them with performance reports. Plus, time-consuming administrative stuff, like claims processing and customer service, is taken care of for you.

OK, there's a sixth.

You could get money back at the end of your contract. Read on to find out how.

*Stop-Loss coverage is provided solely by a separate company, HM Insurance Group.

All good? Great.

Let’s dig in to how it all works.

First, you'll open a specially designated bank account.

Every month, you'll make a deposit into your designated banking account. This amount won't change unless your enrollment changes — but as a reminder, you'll get a Funding Statement each month.

Please note that you're responsible for any account service fees charged by your bank. These fees are not part of your claims billing.

†There's a glossary on page 23 and a list of provided admin services on 13 — take a look.

*State surcharges (if applicable) are separately billed.

Here's how your claims get paid.

With Balanced Funding, it's super-easy.

Next, you'll get a Withdrawal Statement like this one each week.

It tallies your actual claims against your monthly payment.

The amount due will draw directly from your designated bank account on the specified date.

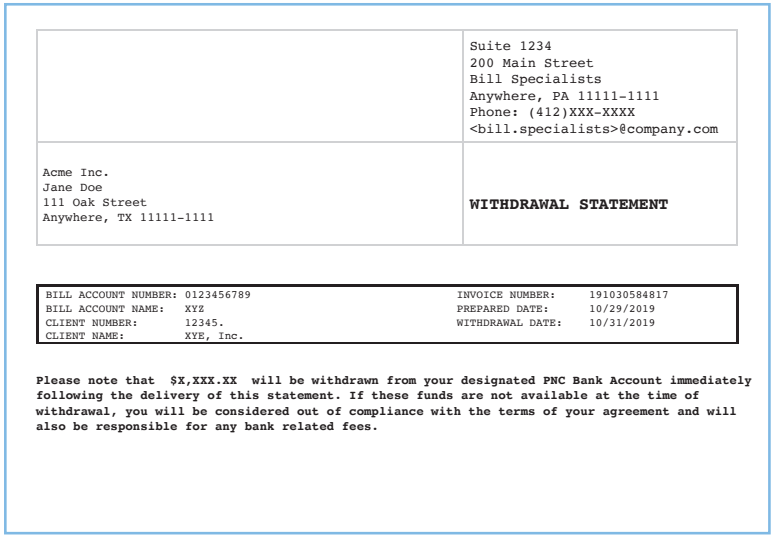
If it's less than the money you've set aside, we'll only deduct what you owe. The rest stays in your account.

If it's more than what you've set aside, we only withdraw what's available. Hopefully that never happens. But if it does, you have Stop-Loss insurance.* You will not receive an extra bill for the overage.

If there's money left over in your account when your plan year wraps up, congrats, you have a surplus. Most of those savings will come back to you. Your Highmark rep will be happy to break it down for you.

*Stop-Loss coverage is provided solely by a separate company, HM Insurance Group.

WITHDRAW STATEMENT:



Suite 1234
200 Main Street
Bill Specialists
Anywhere, PA 11111-1111
Phone: (412)XXX-XXXX
<bill.specialists>@company.com

Acme Inc.
Jane Doe
111 Oak Street
Anywhere, TX 11111-1111

WITHDRAWAL STATEMENT

BILL ACCOUNT NUMBER:	0123456789	INVOICE NUMBER:	191030584817
BILL ACCOUNT NAME:	XYZ	PREPARED DATE:	10/29/2019
CLIENT NUMBER:	12345.	WITHDRAWAL DATE:	10/31/2019
CLIENT NAME:	XYE, Inc.		

Please note that $X,XXX.XX will be withdrawn from your designated PNC Bank Account immediately following the delivery of this statement. If these funds are not available at the time of withdrawal, you will be considered out of compliance with the terms of your agreement and will also be responsible for any bank related fees.

What your administrative fees pay for

Short version: a lot.

Here's a list of all the stuff that You don't have to worry about

A DEDICATED CLIENT MANAGEMENT TEAM

- Client Manager and Client Service Manager

CUSTOMER SERVICE AND CLAIMS PROCESSING

- Toll-free customer service line and group administrator customer service line
- Translator assistance
- Integrated voice response
- Foreign claims translation and processing
- Internal appeals according to Department of Labor claims rule

COMPREHENSIVE REPORTING

- Tools to monitor claims, Stop-Loss, data analytics, IRS reporting (forms 5500 and 1095), and other key metrics.

PHARMACY MANAGEMENT

- The National Network (previously Premier 2012) includes 52,000 participating pharmacies nationwide
- Aggressive and competitive pricing discounts
- Customer service and written member communications

ADMINISTRATIVE SERVICES

- Annual renewal package

MEMBER COMMUNICATIONS

- ID cards
- Electronic benefit booklets
- Benefit grids/summaries
- Electronic open enrollment/ communication materials
- Summary of benefits and coverage

NATIONWIDE AND GLOBAL ACCESS

- BlueCard® access to 95% of doctors and 96% of hospitals in the U.S.*
- Blue Cross Blue Shield Global® Core — in over 190 countries
- Online directory for the most current network information, including access to Blue Distinction® Centers for bariatric surgery, cardiac care, complex and rare cancers, knee and hip replacements, spine surgery, and transplants

WEB/DIGITAL SERVICES

- Member self-service
- Employer self-service to view/ manage enrollment, access benefits, view claims, and access reports

WELLNESS

- My Care Navigator℠
- Health coaching
- Information and resource support
- Wellness trackers and tools powered by Sharecare

* According to the Blue Cross Blue Shield Association

Who's eligible and who's not

AKA the fine print from Highmark's underwriters.

Plan eligibility criteria:

The following are eligible for coverage under the Plan:

ELIGIBLE EMPLOYEES

Active, full-time employees, officers or partners of the Plan sponsor (Sponsor). "Full-time employees" are those working a minimum of twenty (20) hours per week at least nine (9) months per year. These include those who are on leave for vacation, sick (in accordance with Sponsor's bona fide sick policy) or under the Family Medical Leave Act of 1996. Please note the following:

- Employees who do not enroll during their eligible enrollment period or special enrollment periods (aka "late entrants") are not covered.
- New hires are not considered late entrants. Medical applications not required for legitimate new hires. Required adjustments for new hires made at renewal.

ELIGIBLE SPOUSE AND DEPENDENTS

The employee's legal spouse and any dependent children under the age of 26.

CONTINUATION OF COVERAGE

An individual entitled to continuation of coverage under COBRA, who is notified according to the provisions of COBRA, makes elections within the grace periods specified in COBRA, and continues to make the required contributions in a timely manner as specified in COBRA. COBRA benefits apply to members in groups with an average of twenty (20) or more employees during business days in the prior year.

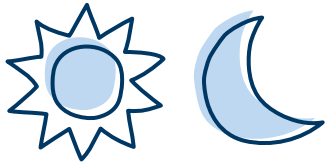
There’s one last benefit you shouldn’t overlook...

Happy, healthy employees

Because here's what they get with Highmark

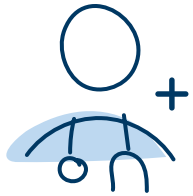
Coverage here, there, and everywhere

Employees get in-network access to 96% of hospitals and 95% of doctors in the country. And they're covered in 190 countries worldwide.*



Total support, day or night.

Whether it's 24/7 answers from registered nurses and health coaches, video chats with health professionals without leaving home, or just some help booking doctor visits, when your employees need us, Highmark is there.



Easy access to top-performing specialists.

Thousands of network doctors and hospitals have Blue Distinction® status for their exceptional safety and superior results. That means great specialty care across the board. Easy-peasy.

*According to the Blue Cross and Blue Shield Association

It’s easy for your employees to find and get quality care...

MYCARE NAVIGATOR

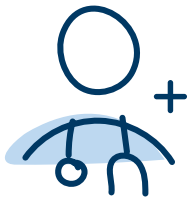
Easy-to-book appointments

We'll help your employees find the in-network doctor they need and reserve some space on their calendar for a checkup. Which means less of their work day listening to on-hold music.

BLUE DISTINCTION

Specialists who get better results.

Only doctors who consistently deliver safe, effective treatments make the Blue Distinction list. So your employees can cherry pick a top-performing specialist for any care they need. Which is pretty sweet.



NO REFERRALS

No referrals, no red tape.

There's no need to go to an appointment just to get another appointment. Your employees can see whichever in-network doctors they want to see. No hoops, no hoopla.

VIRTUAL MEDICINE

Face-to-face with a doctor, 24/7.

For non-emergency care, your employees can see a doctor and get a diagnosis, treatment plan, or prescription anytime, without even leaving the couch — or spreading germs around the office on their smartphone, tablet, or computer.

...and for them to get answers and stay healthy.

BLUES ON CALL

Answers from a health pro, 24/7.

For medical concerns after hours, your employees can get guidance from a registered nurse or a health coach any time and put their worries to bed.

COST ESTIMATOR

Know what's owed for care.

Before making an appointment for a test, scan, or procedure, Cost Estimator at highmarkbcbs.com helps your employees avoid a surprise on their bill after the fact.

ONLINE TOOLS/MEMBER PORTAL

Their entire plan at their fingertips.

No more searching for old files or waiting on snail mail. Digital ID cards, care-finding tools, deductible progress, and claims status are all available online at highmarkbcbs.com or via the Highmark Plan app, available in the App Store or at Google Play.

WELL 360

Personalized support for health goals.

Whether they're trying to lose weight or quit smoking, your employees can get lifestyle tips, trackers to measure progress, and resources to make healthy choices and keep them motivated.

Know the lingo.

Balanced-funding has its own specialized terminology.

Glossary

ASO (ADMINISTRATIVE SERVICES ONLY)

When an organization funds its own employee benefit plan but hires an outside firm to perform specific administrative services, such as customer service or claims processing.

BALANCED FUNDING

A type of self-funding in which you pay a fixed amount each month based on projected claims. At the end of the plan year, your maximum liability amount is compared to claims paid. If you paid in more than you spent, you could receive the surplus.

FIXED COSTS

Your administrative fees + your Stop-Loss premiums. This can vary based on your enrollment.

MAXIMUM CLAIM LIABILITY

A dollar amount, based on total number of employees and projected claims, estimating the most your insurer thinks you will spend on claims over the course of your plan year.

PLAN YEAR

The 12-month period during which benefits are provided and your employees' deductibles and coinsurance accumulate toward out-of-pocket maximums.

SELF FUNDING

An arrangement in which the employer takes over the responsibility of paying claims as they come in rather than paying monthly premiums.

STOP-LOSS

A type of insurance that protects employers from the financial risks of costly, multiple, or unexpected claims. There are two types of Stop-Loss coverage: aggregate (group) and specific (member).

That’s it. It’s what we call the Balanced Funding solution.

And it’s how Highmark is making it easy for businesses like yours to reap big benefits.

Sound like something you’re interested in? Your Highmark representative would love to talk to you.

Space for notes or doodles.

Discrimination is Against the Law

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

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

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-800-876-7639.

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-800-876-7639 로 전화.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tumawag sa 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم
. 1-800-876-7639

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

日本語が母国語の方は言語アシスタンス・ サービスを無料でご利用いただけます。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان
با تماس با شماره 1-800-876-7639 .

* HM Insurance Group is solely responsible for the Stop-Loss coverage that is provided. HM Insurance Group is a separate company that does not provide Highmark Blue Cross and/or Blue Shield products or services.

Blues On Call is a service mark of the Blue Cross and Blue Shield Association.

myCare Navigator℠ and Blues On Call℠ are service marks of Highmark Inc.

Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. Blue Distinction Total Care ("Total Care") providers have met national criteria based on provider commitment to deliver value-based care to a population of Blue members. Total Care+ providers also met a goal of delivering quality care at a lower total cost relative to other providers in their area. Program details are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment.

Sharecare, RealAge Test and AskMD are registered trademarks of Sharecare, LLC., an independent and separate company that provides a consumer care engagement platform for Highmark members. Sharecare is solely responsible for its programs and services, which are not a substitute for professional medical advice, diagnosis or treatment. Sharecare does not endorse any specific product service or treatment. Health care plans and the benefits thereunder are subject to the terms of the applicable benefit agreement.

12/19 HC408917