



Public Education
HEALTH TRUST 

July 1, 2023 - June 30, 2024

Trust Office

2550 Denali St. Suite 1614
Anchorage, AK 99503
pehtak.com

Phone: 907.274.7526
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Public Education HEALTH TRUST

March 27, 2023

Classified Employee Assoc.
Rick Morgan-President

RE: Public Education Health Trust – FY24 Renewal

Dear Rick,

Public Education Health Trust understands the impact that insurance premiums have upon school districts and employee household budgets. We strive to provide plan options to districts/associations/employees with *choice* in mind. The Trust offers plans with low administrative *costs*, and we prioritize local *control* in decision making. Your group understands and knows best which benefits to offer to attract and retain qualified employees while addressing budget constraints.

PEHT utilizes professional consultants and actuaries to guide decisions for each plan offered by the Trust including premium amounts. The trustees met on March 27, 2023 to set rates for FY24. The topics discussed included rising costs associated with increased labor specific to health care industry, new care delivery models, legislative initiatives, and changing of strategic partners all in attempt to continue providing solutions for public education employees.

FY24 Renewal Update:

Medical inflation nationally is trending upwards of 8%, in Alaska it is even higher. I am pleased to report that once again, we were able to keep the plan increases below industry averages. The medical/prescription/vision rates will be adjusted between 5.6% to 5.9% for FY24 depending on the plan. The Dental rates are not changing with this renewal. We strive for rate stability and have worked very hard to assure our plan members are getting the best value for their dollars.

As a non-profit, we are a small and mighty management team. Our trustees are volunteers providing their services at no cost and we spend more than 95 cents of every dollar we take in on covered medical services. A less than 5% administrative load in the premium is a great achievement, allowing PEHT to maximize benefits at the least cost.

Small also means nimble, and our innovative cost containment measures are saving more than \$13,950 per plan member per year. In fact, in FY22 PEHT saved public education employers and employees over \$71,950,000. We did this through partnering with strategic partners, our ability to make quick adaptations, and by negotiating with high quality providers who are vested in supporting public education employees with discounted rates on their services.

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TRUSTEES

Chairperson
Josh Andrews

Secretary
Kathy Bell

Jessica Cook, Tom Klaameyer, Karen Morrison, Laura Mulgrew, Tim Walters

New Program/Plan Changes:

To further assist in controlling plan administration and costs while ensuring our benefit plan is market competitive, we have worked with our strategic partners to bring enhancements to the plan offerings with no rate impact. We will be making the following plan changes with this renewal:

- **Improving Specialty Medication Employee Cost-sharing** – For Value and Formulary specialty medication, coinsurance is reducing from 50% to 25% and maximum copays are reducing from \$100 and \$400 to \$50 and \$200 respectively.
- **100% Rx Coverage for Selected Chronic Conditions** – Rx coverage is being increased to 100% for diabetic testing supplies, as well as medications related to other chronic conditions.
- **100% Coverage for Vision Exams with our VSP Partner**– The \$25 copay for vision exams has been replaced with 100% coverage.
- **Healthy Schools Go365 Wellness Program Ending** – Unfortunately, Humana made a decision to exit the employer group business—which includes their wellness and rewards programs—as it was no longer positioned to meet the needs of members. It is with great disappointment we share that our GO365 program will discontinue June 30, 2023.

Continuing Programs:

- **Healthy Schools Go365 Wellness Program Incentive** – As mentioned above, premium discount incentives earned during the 2022/2023 benefits plan year will be honored in 2023/2024. Additionally, we are approaching the evaluation of PEHT's next wellness partner thoughtfully and to that end, will not have a new vendor selected by July 1. We intend to announce a new partner later this year and subsequently roll out an updated wellness program. Stay tuned for more details on this program!
- **Teladoc** – This program, allowing 24/7 access to a licensed medical provider, has been a huge success. In 2022, 1,961 medical consultations were held with PEHT members/dependents. These consultations avoided emergency room and urgent care visits, **providing a projected savings of almost \$930,000**. This service also reduces absenteeism from schools and worksites as members do not have to schedule significant time away from work to drive and attend an office/clinic visit with a primary care provider.
- **Transcarent (formerly BridgeHealth)** – Transcarent is a long-term partner of the Trust that provides tremendous value and savings by arranging for patients to travel when having an elective surgery. Trust members are directed to professionals who provide quality outcomes at lower cost. In 2022, Transcarent arranged for 23 successful surgeries where members experienced no cost. The **projected aggregate savings were more than \$600,000**.
- **Virtual Physical Therapy (PT) through SWORD Health** – Utilization of virtual in-home physical therapy (PT) has continued to increase. SWORD's digital PT solution offers both measurable outcomes and affordable, high-quality care without ever needing to leave home. The platform pairs a licensed PT with FDA-listed wearable technology to guide members through personalized treatment plans. 58 members participated in 2022 with an average number of 27 sessions. 18 members are currently utilizing the service.

PEHT also offers a travel benefit administered through EBMS to include other services not restricted to the Translucent surgery list. If demonstrated savings are available by traveling for care, the Trust will pay for their travel expenses. Please refer to the enclosed packet for information outlining the benefits of the MiChoice program.

The Trust continues to offer 8 different medical plans, 3 dental options and the additional choice to add orthodontia coverage. If you are still on the composite rate, you may move to the 4-tier rate structure at renewal or continue with the composite rate. If you have already moved to the 4-tier rate structure, the composite rate is no longer available. At this time the Trust has not determined a date to sunset the composite rate, however, if a date is determined plans will be given advance notice for planning purposes. The selection form enclosed provides the plan design choices and associated rates for each option. Should the administrative department of the school district agree, each group/association may select multiple plan options.

*Notification of renewal or termination is required by April 28, 2023. The effective date of either action would be July 1, 2023. **The renewal selection form must be returned no later than April 28, 2023.*** Members/employees may need to complete new enrollment forms to process plan design selection changes.

Open Enrollment is during the month of May. Please provide the required notification to your employees/members during the month of May to remind them to update the Trust with their specific health plan needs no later than May 31, 2023.

Please remember that PEHT staff are here to serve you. If you have any questions or concerns, please feel free to contact Rhonda Prowell-Kitter, Chief Financial Officer at (907) 274-7526 or 1-888-685-7526.

We look forward to serving your health benefit needs in fiscal year 2024.

Sincerely,



Josh Andrews
Board Chair

Attachment (Renewal Information Binder)



Public Education
HEALTH TRUST 

TRUST VISION STATEMENT

Maximum Member Benefits at the Least Cost.

We value fiscal integrity.
We value the highest standard of service.
We value open and honest communication.
We value mutual respect and building trust.
We value the greatest possible benefit for all.



INDIVIDUAL/FAMILY DEDUCTIBLE
COINSURANCE %
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM
OUT-OF-POCKET <i>(Non Preferred)</i>
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
TELEPHONIC OFFICE VISIT <i>(with Teladoc or in-network provider)</i>
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE <i>(As recommended by the U.S. Preventive Task Force)</i>
TRANSCARENT
miChoice <i>(Concierge support for high quality surgical care when not available through Transcarent)</i>

A	B
\$100 / \$300	\$250 / \$750
Preferred 80% to \$5,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$10,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
\$1,000 plus deductible/ \$3,000 plus deductible	\$2,000 plus deductible/ \$6,000 plus deductible
No limit	No limit
\$25 copay	\$25 copay
Subject to deductible and coinsurance	Subject to deductible and coinsurance
100%, no deductible or copay	100%, no deductible or copay
Subject to deductible and coinsurance; up to 20 visits each per calendar year	Subject to deductible and coinsurance; up to 20 visits each per calendar year
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$3,000/\$6,000
25% (\$10 min/\$25 max)	25% (\$10 min/\$25 max)
25% (\$20 min/\$40 max)	25% (\$20 min/\$40 max)
25% (\$45 min/\$85 max)	25% (\$45 min/\$85 max)
25% (\$20 min/\$50 max)	25% (\$20 min/\$50 max)
25% (\$40 min/\$80 max)	25% (\$40 min/\$80 max)
25% (\$90 min/\$170 max)	25% (\$90 min/\$170 max)
25% (\$50 max)	25% (\$50 max)
25% (\$200 max)	25% (\$200 max)
50% (\$600 max)	50% (\$600 max)

INDIVIDUAL/FAMILY DEDUCTIBLE
COINSURANCE %
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM
OUT-OF-POCKET <i>(Non Preferred)</i>
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
TELEPHONIC OFFICE VISIT <i>(with Teladoc or in-network provider)</i>
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE <i>(As recommended by the U.S. Preventive Task Force)</i>
TRANSCARENT
miChoice <i>(Concierge support for high quality surgical care when not available through Transcarent)</i>

C	E
\$500 / \$1,500	\$1,000 / \$3,000
Preferred 80% to \$10,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
\$2,000 plus deductible / \$6,000 plus deductible	\$3,000 plus deductible / \$9,000 plus deductible
No limit	No limit
\$25 copay	\$25 copay
Subject to deductible and coinsurance	Subject to deductible and coinsurance
100%, no deductible or copay	100%, no deductible or copay
Subject to deductible and coinsurance; up to 20 visits each per calendar year	Subject to deductible and coinsurance; up to 20 visits each per calendar year
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$3,000/\$5,400
30% (\$15 min/\$35 max)	30% (\$15 min/\$35 max)
30% (\$25 min/\$50 max)	30% (\$25 min/\$50 max)
30% (\$55 min/\$100 max)	30% (\$55 min/\$100 max)
30% (\$30 min/\$70 max)	30% (\$30 min/\$70 max)
30% (\$50 min/\$100 max)	30% (\$50 min/\$100 max)
30% (\$110 min/\$200 max)	30% (\$110 min/\$200 max)
25% (\$50 max)	25% (\$50 max)
25% (\$200 max)	25% (\$200 max)
50% (\$600 max)	50% (\$600 max)

INDIVIDUAL/FAMILY DEDUCTIBLE
COINSURANCE %
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM
OUT-OF-POCKET <i>(Non Preferred)</i>
PROVIDENCE EXPRESS CARE CLINIC VISITS
PRIMARY CARE OFFICE VISITS
TELEPHONIC OFFICE VISIT <i>(with Teladoc or in-network provider)</i>
CHIROPRACTIC OR MASSAGE THERAPY
SPECIALTY PROVIDER OFFICE VISITS
PREVENTIVE CARE <i>(As recommended by the U.S. Preventive Task Force)</i>
TRANSCARENT
miChoice <i>(Concierge support for high quality surgical care when not available through Transcarent)</i>

F	G
\$1,500 / \$3,000	\$3,000 / \$6,000
Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred 80% to \$15,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate
\$3,000 plus deductible / \$6,000 plus deductible	\$3,000 plus deductible / \$6,000 plus deductible
No limit	No limit
\$25 copay	\$25 copay
\$25 (1st 6 visits per Calendar Year)	\$30 (1st 6 visits per calendar year)
100%, no deductible or copay	100%, no deductible or copay
Subject to PCP OVC or deductible/coinsurance; up to 20 visits each per calendar year.	Subject to PCP OVC or deductible/coinsurance; up to 20 visits each per calendar year.
Subject to deductible and coinsurance	Subject to deductible and coinsurance
Paid at 100%	Paid at 100%
100% no deductible	100% no deductible
100% no deductible	100% no deductible

PRESCRIPTIONS
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET
RETAIL 34-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
MAIL ORDER 90-DAY SUPPLY
GENERIC (Generic medications required when available)
PREFERRED
NON-PREFERRED
SPECIALTY
VALUE
FORMULARY
NON-FORMULARY

\$3,000/\$6,000	\$2,700/\$5,400
30% (\$15 min/\$35 max)	30% (\$15 min/\$35 max)
30% (\$25 min/\$50 max)	30% (\$25 min/\$50 max)
30% (\$55 min/\$100 max)	30% (\$55 min/\$100 max)
30% (\$30 min/\$70 max)	30% (\$30 min/\$70 max)
30% (\$50 min/\$100 max)	30% (\$50 min/\$100 max)
30% (\$110 min/\$200 max)	30% (\$110 min/\$200 max)
25% (\$50 max)	25% (\$50 max)
25% (\$200 max)	25% (\$200 max)
50% (\$600 max)	50% (\$600 max)

	HDHP	HDHPSG
INDIVIDUAL/FAMILY DEDUCTIBLE	\$1,500 / \$3,000	\$7,500/\$15,000
COINSURANCE %	Preferred 80% to \$3,500/\$7,000; Non-Preferred Facility and Providers Payable amount up to 125% of the Medicare equivalent rate	Preferred: Paid at 100% Non Preferred Facility & Providers: up to 125% of Medicare equivalent rate
INDIVIDUAL/FAMILY COINSURANCE MAXIMUM	\$3,500 plus deductible / \$7,000 plus deductible	\$7,500/\$15,000
OUT-OF-POCKET (<i>Non Preferred</i>)	No limit	No Limit
PROVIDENCE EXPRESS CARE CLINIC VISITS	\$25 copay after the deductible is met	\$25 copay after the deductible is met
PRIMARY CARE OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible
TELEPHONIC OFFICE VISIT (with Teladoc or in-network provider)	100% after deductible; consult fee paid until deductible is met	100% after deductible; consult fee paid until deductible is met
CHIROPRACTIC OR MASSAGE THERAPY	Subject to deductible and coinsurance; up to 20 visits each per calendar year	Subject to deductible; up to 20 visits each per calendar year
SPECIALTY PROVIDER OFFICE VISITS	Subject to deductible and coinsurance	Subject to deductible
PRESCRIPTIONS - Retail (<i>Generic medications required when available</i>)	Prescriptions are subject to deductible and coinsurance. Some preventive drugs will be covered with deductible waived.	Prescriptions are subject to deductible. Some preventive drugs will be covered with deductible waived.
PRESCRIPTIONS - Mail Order (<i>Generic medications required when available</i>)	Prescriptions are subject to deductible and coinsurance. Some preventive drugs will be covered with deductible waived.	Prescriptions are subject to deductible. Some preventive drugs will be covered with deductible waived.
PRESCRIPTION SPECIALTY	25% co-payment per prescription with a per prescription maximum of \$50 Value/\$200 Formulary/ \$600 Non-Formulary	Prescriptions are subject to deductible
INDIVIDUAL/FAMILY MAXIMUM PRESCRIPTION OUT-OF-POCKET	\$2,050/\$4,100	N/A
PREVENTIVE CARE (<i>As recommended by the U.S. Preventive Task Force</i>)	Paid at 100%	Paid at 100%
TRANSCARENT	100% after deductible	100% after deductible
miCHOICE (<i>Concierge support for high quality surgical care when not available through Transcarent</i>)	100% after deductible	100% after deductible

Your Dental Benefit Options

Dental Plan A

Deductible	\$50 per person or \$150 per family
Maximum (per calendar year)	\$2,000 per person
Preventive Care	100% up to Usual and Customary (two visits per person per year)
Basic	80% subject to deductible and up to Usual and Customary
Major	50% subject to deductible and up to Usual and Customary

Dental Plan B

Deductible	\$75 per person or \$225 per family
Maximum (per calendar year)	\$3,000 per person
Preventive Care	100% up to Usual and Customary (two visits per person per year)
Basic	80% subject to deductible and up to Usual and Customary
Major	50% subject to deductible and up to Usual and Customary

Dental Plan - Value

Deductible	None
Maximum (per calendar year)	\$500 per person
Preventive Care	100% up to the UCR (two visits per person per year)
Basic	None
Major	None

Orthodontia

Orthodontia (per lifetime)	50% up to \$2,000 per person
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Members are encouraged to use Aetna Dental Administrators [aetna.com/asa](https://www.aetna.com/asa) when available for additional Plan discounts.

Your Health Benefit Plan *ebms*

Public Education Health Trust (PEHT), has contracted with Employee Benefit Management Services, LLC (EBMS), a nationally recognized third party administrator of group health benefit plans, for the administration of your benefits, including claims processing, access to Aetna Signature Administrator's national provider network, call center and online customer support and Carelink's medical management services. EBMS' dedicated team of health, legal and business strategists work collaboratively with PEHT administration and your member organizations to help maximize health and financial outcomes for the Trust and the members they serve.

EBMS has devoted a team of highly trained professionals available to help members navigate the complicated healthcare and insurance system. These member advocates will help explain the member's summary of benefits, review benefit programs offered by the member's health plan, assist with billing questions, and/or help the member resolve outstanding claims issues. This service is designed for members who are experiencing complex health issues or are having difficulty resolving their claims and benefits questions.

EBMS also provides real time access through our web based benefit administration resource, miBenefits. Allowing 24/7 online access to all benefits, claims, healthcare resources and general information, miBenefits allows you to check claims status and Explanation of Benefits (EOB) forms, view plan documents and provider directories. To access this web based portal, visit ebms.com.

Pharmacy Benefit Management

Optum Rx[®]

Optum[®] Specialty Pharmacy provides specialty medication support through your pharmacy benefits with OptumRx. Optum Specialty Pharmacy provides comprehensive support services, including access to pharmacists around the clock, for high-cost oral and injectable medications used to treat rare and complex conditions. In addition, your medications will be shipped to you at no extra cost. Learn more at specialty.optumrx.com.

As your pharmacy benefits manager, Optum wants to help you get the most value from your prescription benefits. We are committed to giving you the information you need to make the best decisions regarding the prescriptions you take!

YOUR HEALTH IS IN YOUR HANDS


Visit optumrx.com or get the Optum Mobile App for iPhone or Android to locate a nearby pharmacy, find your copay, review your benefit documents, order mail order refills, and more. Most national chains and many local pharmacies are included in the Optum network. Save the most money by choosing generic medications when possible.

HOME DELIVERY

Members who take long-term maintenance medications will save money using this service. Medications are delivered right to your door, and you can order refills quickly and easily online or by phone.

CUSTOMER SERVICE

We are here to assist you day and night! Call the phone number on your member ID card or visit optumrx.com.





Public Education Health Trust has contracted with Teladoc to provide 24/7 physician consultants for you and your dependents.

Teladoc offers 24/7 Physician Consultations, which provide access to licensed, U.S.-based physicians by phone, secure e-mail, video and mobile app at any time of the day. Physicians offer diagnoses, medical advice, treatment recommendations and can even prescribe medications over the phone. Benefits pay at 100%, deductible waived on all plans except the HDHP and HDHPSG where the benefits pay at 100% after the deductible has been met (member pays a consult fee, which is reimbursed once they meet their deductible).

Call: 1-800-Teladoc or [teladoc.com](https://www.teladoc.com).

Go365



Unfortunately, Humana made a decision to exit the employer group business—which includes their wellness and rewards programs—as it was no longer positioned to meet the needs of members. It is with great disappointment we share that our Go365 program will discontinue June 30, 2023; but please rest assured that the premium rate incentives earned during the 2022/2023 benefits plan year will be honored in 2023/2024. Additionally, we are approaching the evaluation of PEHT’s next wellness partner thoughtfully, and to that end, will not have a new vendor selected by July 1. **We intend to announce a new partner later this year and subsequently roll out an updated wellness program. Stay tuned for more details on this program!**

Your VSP Vision Benefits



VSP Vision Care, a not-for-profit company, is the nation’s largest vision care company in the U.S., covering 1-in-4 Americans (82+ million members) and 61,000+ clients. Public Education Health Trust members receive quality eye care and great value with VSP. The network has more than 104,000 access points, including private practice doctors and certain retail chains. For more information, visit [vsp.com](https://www.vsp.com) or call 1-800-877-7195.

For a list of VSP Providers go to www.vsp.com

All Medical Plans

Co-pay: Examination \$0; Materials \$25.

Annual Exam: Paid-in-full every calendar year after copay.

Lenses: Paid-in-full every calendar year after copay. Lens enhancement for anti-reflective coating and standard progressive lenses are also covered in full.

Frames: Paid-in-full up to \$195 every calendar year after copay.

Contact Lenses (instead of spectacle lenses and frames): Elective – paid up to \$170. Contact lens fitting and evaluation exam is covered after a \$60 copay.

Additional set of glasses or contacts are allowed, subject to the same copay and frequencies as the first set of services.



Your health is what matters most. That's why the PEHT health plan offers you and your family access to two important benefits to help you live a healthy and pain-free life.

1. Are you considering surgery?

If your doctor has recommended surgery, get top-quality care through Transcarent Surgery Care. When you choose Surgery Care, the PEHT health plan pays for the surgery and travel expenses for you and a companion. You pay little to nothing for the procedure.

- **Is there really a reduced cost?** YES! Surgery costs are covered at 100% for members and family members enrolled in PPO plans. On HDHPs, there is no cost after you meet your deductible. In addition, you'll receive a care allowance of \$750 when you choose Transcarent Surgery Care.
- **Rest assured you're getting high-quality care.** Transcarent's stringent standards for providers and doctors ensure you get the best care specific to your procedure. You will be matched with high-quality providers specific to your procedure – members have 80% fewer complications as compared to the national average.
- **Help every step of the way.** Your dedicated Care Coordinator provides concierge support that makes it easier to collect required paperwork, finalize approvals, schedule appointments and coordinate any necessary travel.

Surgical procedures covered:

- Cardiac
- General
- Orthopedic
- Spine
- Women's health
- Vascular
- Neurological

Call your Transcarent Care Coordinator at 855-265-2874 to get started.

Exclusions: Emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care.

2. Not ready for surgery? Get Virtual Physical Therapy for back, joint and muscle pain

Start your journey to living pain free with virtual physical therapy for back, joint and muscle pain that you can complete from the comfort of your home, or anywhere. You are paired with a licensed physical therapist who learns about you over a video call and designs a customized program.

You'll then receive a tablet and motion sensors to track your exercise progress, give feedback and help correct your form in real-time. Your virtual physical therapist supports you every step of the way and even adjusts the program as your needs change, so you get better, faster.

No doctor referral is needed, and the cost of the program is paid by the PEHT health plan. For post-surgical rehab, there may be a cost if you are enrolled in a high deductible health plan and have not met your deductible. See how it works and register at experience.transcarent.com/peht/vpt/.

miChoice



miChoice

miChoice provides concierge support for high quality surgical care when your elective surgery is not available through Transcarent.

A friendly and knowledgeable miChoice concierge will help find a provider who can perform a high-quality, low-cost procedure. The concierge will explore options across your area and the U.S. to ensure you receive the high-quality healthcare you deserve. This means you could receive compensation for you and your companion, if travel is required for your procedure.

In addition, our team will coordinate with your providers' offices, and you'll experience personalized support from one of our clinical nurses.

Your health plan may also have financial incentives within your benefits to reward you for being an informed healthcare consumer.

The miChoice concierge team analyzes reports of facilities, based on both cost and quality. miChoice also allows a member to see how many times facilities have performed their specific surgery and what the success rate was nationally and compared to others in the area. This information helps the concierge team determine the best medical provider.

If you would like more information on miChoice and what it can do, call a miChoice advocate toll-free at 866-677-8745.

What services are available through the ExpressCare Clinics?

ExpressCare providers treat common conditions and offer convenient exams and lab tests. All exams are conducted in private rooms. If it turns out you need more than what is available at an ExpressCare clinic, Providence Alaska has a network of providers, clinics and hospitals to help you feel better.

Providence ExpressCare accepts patients 18 months of age and older.

ExpressCare Common Conditions

- Cold, flu and allergies
- Cough, congestion and asthma
- Ear, nose and throat issues
- Eye irritations
- Urinary tract infections
- Skin conditions
- Sprains and strains
- Cuts and scrapes
- Stitches

ExpressCare Screenings and Tests

- Strep test
- Mono test
- Urinalysis
- Pregnancy test
- Sports and school physicals
- Flu test

ExpressCare Locations

- **Huffman:** 1389 Huffman Park Drive, Suite 110, Anchorage
- **Midtown Mall:** 2900 Seward Hwy., Suite D, Anchorage
- **Tikahtnu:** 1118 N. Muldoon Road, Anchorage
- **Eagle River:** 17101 Snowmobile Lane, Suite 114
- **Wasilla:** 1861 E. Parks Hwy.

ExpressCare Virtual: Patients can receive care without leaving the comfort of their home or office. ExpressCare Virtual provides online appointments with a provider via computer or mobile device with most insurance accepted. Providers can diagnose and treat minor medical concerns, and prescribe medication or lab work, as needed. For mobile use, download the Providence Health Connect app.

If a higher level of care or follow-up is needed, ExpressCare clinicians can help patients navigate to primary care based on patient convenience. If patients are unable to be treated during a visit to an ExpressCare location and must be referred elsewhere, they are not charged for their visit.

For more information and the full list of clinic locations, visit providenceexpresscare.org. For more information about ExpressCare Virtual, including conditions we treat, visit virtual.providence.org/.

Providence Alaska offers Urgent Care, Primary Care in Anchorage

Providence Medical Group has three Primary Care locations to better serve the community's health care needs, including a Midtown clinic co-located with Providence's first Urgent Care clinic in Alaska.

Primary Care clinics offer high-quality care to patients of all ages with appointments available seven days a week, 7 a.m. to 7 p.m. (Hours depend on location.) Urgent Care appointments and walk-ins are available 7 a.m. to 7 p.m., seven days a week.

Visit providence.org/services/primary-care to learn more about hours and locations, services offered and how to schedule an appointment.

Convenient Lab Service Locations

No appointment required!

- **Southside Anchorage:** 345 W. 104th Ave., Suite 300
Monday - Friday, 6 a.m. to 4:30 p.m.
- **Providence Health Park (STU towers):** 3841 Piper St., Suite T211
Monday - Friday, 6 a.m. to 6 p.m.
Saturday, 7 a.m. to 3 p.m.
- **Tudor Square:** 3425 E. Tudor Rd.
Monday - Friday, 6 a.m. to 4:30 p.m.

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



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



In-the-moment support

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



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to eight (8) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



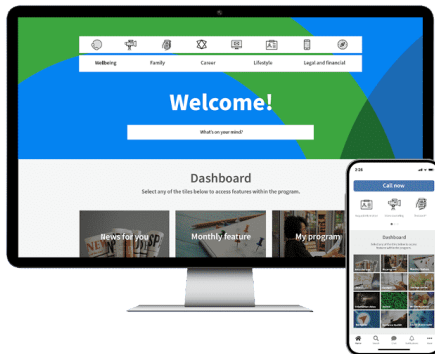
Convenience resources

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



Confidentiality

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



Your web portal and mobile app

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

Convenient, on-the-go support

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



Start with Navigator

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



Download the mobile app today!

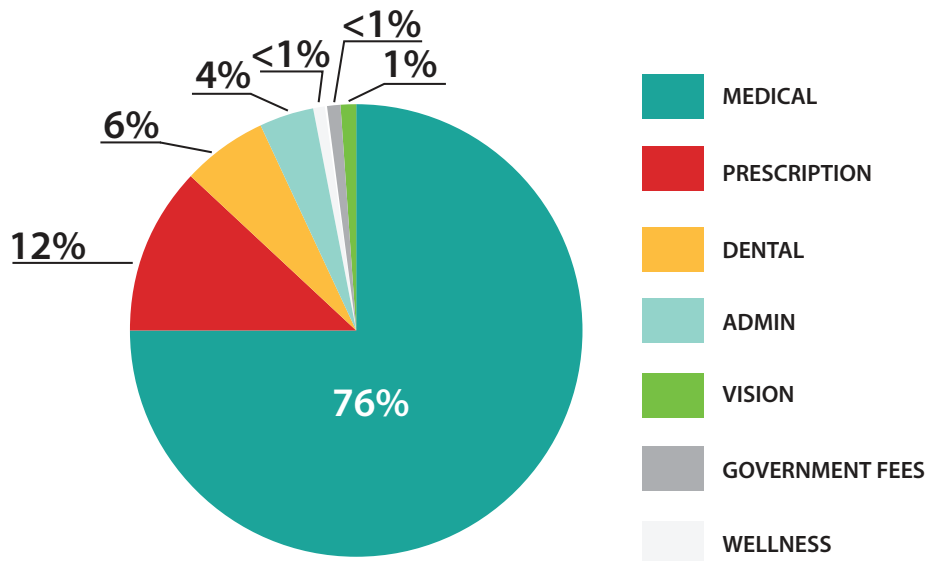


1-888-881-5462



supportlinc.com
group code: peht

Public Education Health Trust FY 2022 Dollar Spend



During FY22, Public Education Health Trust paid out \$132,528,919 in claims and expenses. Over 95% of those expenses were paid directly to physicians, hospitals, pharmacists and other providers supporting the needed care of our members. While other insurance providers have administrative costs nearing 15%, PEHT is very proud of our industry low administrative costs at less than 5%.

The Public Education Health Trust was established on July 1, 1996.

As of January 1, 2023, the following associations/employer groups participate in the Trust:

Anchorage Education Association
Bristol Bay Borough School District
Chatham School District
Classified Employee Association
Copper River School District
Cordova School District
Craig City School District
Delta Greely School District
Denali Borough School District

Haines School District
Hoonah School District
Hydaburg City School District
Juneau Education Association
Kake School District
Kashunamiut School Board
Kashunamiut School District
Klawock School District
Mat-Su Education Association

Nenana School District
NEA Alaska - Staff
NEA Alaska - Management
Petersburg School District
Pribilof School District
Public Education Health Trust Office
Tanana School District
Wrangell School District

Contact the Health Plan by Mail:

Public Education Health Trust
2550 Denali Street, Suite 1614, Anchorage, AK 99503

Contact the Health Plan by Phone:

in Anchorage: 907-274-7526
outside of Anchorage: 1-888-685-7526

Contact the Health Plan by Fax:

907-222-2556





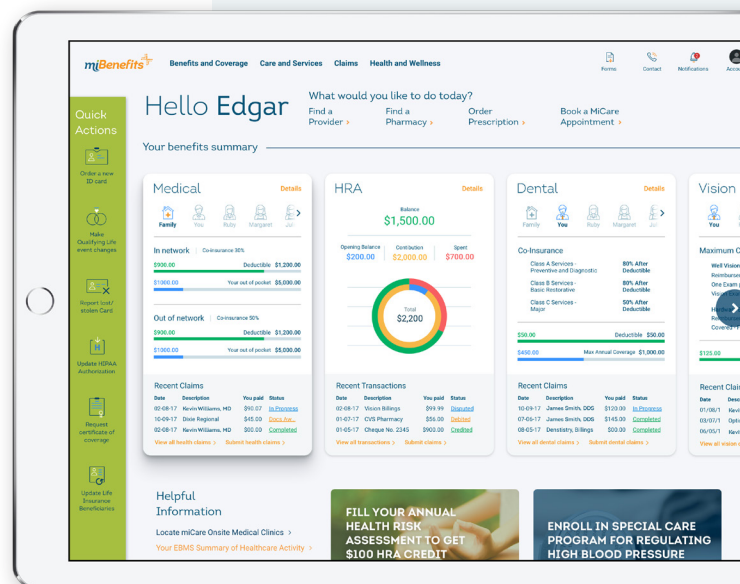
**EBMS technology
that improves
benefits for everyone**

The **miBenefits** portal

Members

**Isn't It About Time
Something in Your
Life Got Easier?**

We have important information about your EBMS benefit plan.



Members

Manage your benefits online, right from your browser, with our miBenefits portal.

Our latest technology allows you easier access to your healthcare information.

To register* for miBenefits, please visit miBenefits.ebms.com

Fast, simple, and frustration-free!

Like a digital helping hand, our next-generation portal makes your life easier. The days of struggling to make sense of a confusing benefit statement are gone. With our miBenefits portal, you'll login to a dynamic dashboard that puts everything you need right at your fingertips. We think you'll find it's even easier than calling our customer service center.

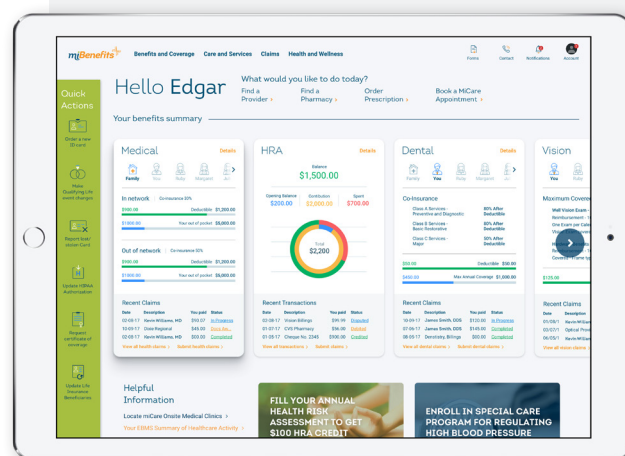
What you'll find in the miBenefits portal:

- ✓ One login for everything – medical, dental, vision, prescription, and HSA/FSA
- ✓ Simplified navigation – get 80% of what you need right from the home page
- ✓ Quick-links to find a physician, order an ID card, and perform other common tasks

Other features to check out:

- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

You can find more information about the miBenefits portal by calling the number on the back of your card



Be an empowered healthcare consumer

Comparison shopping has always been nearly impossible in healthcare. We're changing the game with our consumer-oriented transparency tools, available through the miBenefits portal.

You can compare hospitals and doctors based on quality measures and typical costs. You can easily identify the providers that have the best outcomes and the fewest complications. And you can make better choices with your healthcare dollars.



Browse with Benefits

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, the VSP preferred online retailer.



Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.

vsp
vision care

eyeconic
a vsp vision company

Online shopping with benefits

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.



Already used
your benefits
for the year?

As a VSP member,
you still receive 20%
savings on glasses and
sunglasses at Eyeconic.

It's easy to use your VSP benefit

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription at checkout, and order your glasses following your WellVision Exam®.

Experience eyeconic.com®, a convenient retail option.

*Terms and conditions apply. Visit [eyeconic.com/faqs](https://www.eyeconic.com/faqs) for more details.

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VSP, WellVision Exam, Eyeconic, and eyeconic.com are registered trademarks of Vision Service Plan.
All other brands or marks are the property of their respective owners. 104846 VCCM

No Available In-Network Providers Nearby?



At VSP® Vision Care, we strive to provide you with excellence in eye care. Occasionally, we have geographic areas where members may experience a limited number of in-network providers. Additionally, some areas may have providers, but may not be able to schedule your appointment within 30 days of your calling. **We're here to help you maximize your benefits when these situations occur:**



1. Visit vsp.com/eye-doctor to search for in-network doctors near you. If there are no providers near you, we can help!
2. Call VSP Member Services at **800.877.7195** and tell the representative you are without network access *prior to obtaining services* from an out-of-network provider.
3. After verifying your ZIP code, they'll pre-approve in-network benefits at the provider location.
4. After your eye appointment, pay the provider for services.
5. Submit a claim to VSP for reimbursement as an in-network claim. VSP Member Services can walk you through the process. Contact them at **800.877.7195** to get started.

You Have Options: Shop Online

Prefer to shop online? **Eyeconic®** is the only site that seamlessly connects your eyewear, your VSP insurance coverage, and your doctor's expertise. The best part? You'll save an additional 20% on any eyewear out-of-pocket costs just for being a VSP member. Visit eyeconic.com® to start shopping today.

Questions? Call us at 800.877.7195 or visit vsp.com.



Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum Home Delivery.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:



Online at
optumrx.com



Via the Optum Rx
app



Call the phone
number on your
member ID card

Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.



Learn more at optumrx.com.

Optum Home Delivery is a service of OptumRx.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

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Get smart about prescriptions

Our online tools make it easy



My prescriptions – See your current prescriptions along with information about how to use them and possible side effects.



Price a drug – Search your current or new medications to see costs at pharmacies near you. If you're taking a brand-name drug, you can also see prices for generic options.



View my claims – See which prescriptions you've filled and how much you paid.



Pharmacy locator – Search for network pharmacies near you – or find a pharmacy when you're traveling.

Getting Started

Visit optumrx.com to register your account. You'll need information from your member ID card to sign up. Then access your account details and prescriptions.



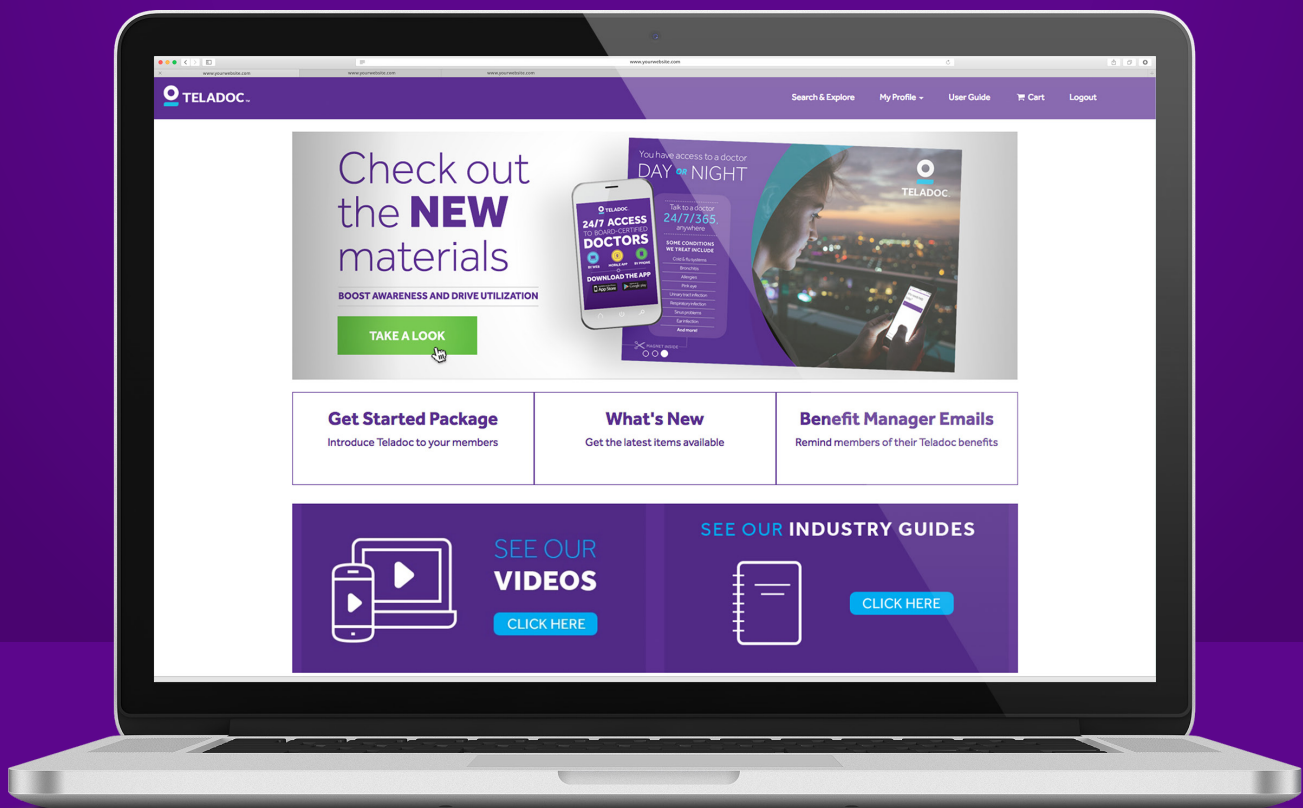
To learn more now about Optum Rx and your drug plan, scan this code

Get the app. Download the Optum Rx app to manage your medications on the go.



Teladoc: Tips & Tools

Your Guide to the Teladoc Benefit



Welcome to Teladoc

Teladoc connects your employees and dependents, also known as members, 24/7/365 to a national network of U.S. board-certified doctors. When a member requests a doctor visit either by phone, web or mobile app, they'll be connected within minutes to an experienced physician who can diagnose and treat the non-emergency health issue.

If medically necessary, a prescription can also be sent to the members' pharmacy of choice.



24/7/365 ACCESS

Provides 24/7/365 access to U.S. board-certified doctors with an average of 20 years' experience.



GET A DIAGNOSIS

Diagnose, treat and prescribe medications (if necessary) for common health issues such as cold & flu, allergies, ear infections, rash and much more!



CONNECT IN MINUTES

Connect with a doctor by phone or video in minutes.



PROVEN ROI

Transition unnecessary ER and urgent care visits to a more cost-effective mode of care.

Why Teladoc?

Timely access to quality healthcare is a growing concern. Frustrated patients may use the emergency room (ER) or urgent care as their primary care physician (PCP), which drives up costs for health plans, employers and employees.

Teladoc's national network of board-certified physicians — while not intended to replace the primary care physician — can help members get the care they need when their own doctor is unavailable. Teladoc also helps cover access shortages in rural areas, and provides an alternative to costly ER or urgent care visits.

A Holistic Approach to Member Engagement

Breaking through the clutter means reaching our target member with multiple touchpoints, through distinct channels, with the contextually appropriate message. Teladoc has built the capabilities in-house to facilitate reaching our members across all of these channels cost efficiently, and on a timely basis. Our robust toolkit of tactics is built to reach members where they are – whether at home, on the go or when the need arises.

A few key elements of our reach are:

- 1** **INTRODUCTION TO TELADOC**
To introduce members to Teladoc, welcome kits are sent directly to member households. The welcome kit includes an introduction to Teladoc with instructions for getting started.
- 2** **SEASONAL CAMPAIGNS**
Our members need us the most during those times of the year when health issues peak. We invest in communications broadly during allergy season in the spring and flu season in the fall through fully integrated, multi-channel campaigns that are tailored to the client, specific plan design and customer segment.
- 3** **TARGETED EMAIL & DIGITAL**
Encouraging and reminding our members to use Teladoc whether need arises or reaching them where they are on their terms, our analytics power highly segmented and targeted email, social and digital communications to deliver the right message to the right person at the right time.

Getting Started

It's quick and easy to set up your Teladoc account. Set up your account today so when you need care, **a doctor is just a call or click away**. Get started by following the steps below.

1

REGISTER

You can register your account by phone, web or mobile app. You will need basic information about yourself such as your name, date of birth and name of employer or insurance provider.

- Visit **Teladoc.com** and click "Set up account"
- Download the app and click "Activate account"
- Call 1-800-Teladoc (835-2362) and a member services agent will register your account over the phone



2

COMPLETE MEDICAL HISTORY

Once you register, you will need to complete your medical history which provides Teladoc doctors with the information they need to make an accurate diagnosis. Much like the paperwork you complete at a doctor's office, the medical history details past conditions, medications, allergies, as well as information about your family's medical history.

3

REGISTER MINOR DEPENDENTS (UNDER 18)

Be sure to register your eligible dependents under the age of 18. Once logged in to your account:

- Go to the "My Family" tab
- Click "Add Dependents"
- Enter required information
- Follow the instructions to register and complete minors' medical history
- Add adult consenters if you wish to designate another adult who can request a consult for your minor dependent

Adult dependents 18 and older must set up their own account (register and complete medical history).



Teladoc[®] Frequently Asked Questions

What is Teladoc?

Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, or Pediatrics. They average 20 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

Does Teladoc replace my doctor?

No. Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

What kind of medical care does Teladoc provide?

Teladoc provides adult and pediatric general medical care.

What consult methods are available?

You can talk with a Teladoc doctor via a phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app.

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit the Teladoc website and click "Set Up Account". Follow the online instructions.

How do I request a consult to talk to a doctor?

Visit the Teladoc website, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone.

How quickly can I talk to the doctor?

Median call back time is just 10 minutes. If you miss the doctor's call, whether you are away from the phone or you have anonymous call blocker on, you will be returned to the bottom of the waiting list. The consult request is cancelled if you miss three calls.

Is there a time limit when talking with a doctor?

There is no time limit for consults.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, non-therapeutic and/or certain other drugs which may be harmful because of their potential abuse.

How do I pay for a prescription called in by Teladoc?

When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. You will be responsible for the co-pay based on the type of medication and your plan benefits.

Is the consult fee the same price, regardless of the time?

Yes! Teladoc charges one flat rate per consult. There is no charge for PPO plans.

How do I pay for the consult?

You can pay with your HSA (health savings account) card, credit card, prepaid debit card or by PayPal.

If the Teladoc doctor recommends that I see my primary care physician or a specialist, do I still have to pay the Teladoc consult fee?

Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

Can I provide consult information to my doctor?

Yes. You have access to your electronic medical record at anytime. Download a copy online from your account or call Teladoc and ask to have your medical record mailed or faxed to you.

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 [1-800-Teladoc](tel:1-800-Teladoc)

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)



Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1



You consider urgent care, but don't want to spend the time and money.

2



Then you call Teladoc®.

3



The Teladoc doctor calls you back about your symptoms.

4



Turns out you have sinus problems.

5



You pick up an antibiotic at your local pharmacy on your way to work.

6



Problem solved.
Boss happy.

What is Teladoc? Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Talk to a doctor anytime for Free or \$50 for HDHP

 Teladoc.com

 Facebook.com/Teladoc

 **1-800-Teladoc**

 Teladoc.com/mobile



You'll receive a care allowance of
\$750
when you choose
Surgery Care



Need Surgery?

You deserve the best.

With Transcarent Surgery Care, **you pay \$0**. If you are enrolled in a high deductible plan, you pay \$0 after your deductible has been met.



Our promise to you:



EXPERIENCE

Leave the details to us. Our Care Coordinators are committed to giving you a better health and care experience. It's the personal support and guidance everyone deserves.



RESULTS

You deserve to be treated like a VIP. We're committed to providing you the best possible outcome, and it starts with access to select providers who have been verified to deliver the best results specific to your needs.



AFFORDABILITY

You don't have to avoid surgery because of cost. Public Education Health Trust and Transcarent are committed to providing you optimal care at a lower out-of-pocket cost to you.

Not ready for surgery?

Virtual Physical Therapy is an alternative to in-person physical therapy for back, joint and muscle pain. It's included in your Public Education Health Trust benefits, and there may be no cost to you. To learn more, visit

experience.transcarent.com/peht/vpt/



Public Education Health Trust Surgery Care Program Summary

Care Coordination	<p>Your Care Coordinator manages the entire surgery process so you don't have to — from answering your questions, handling paperwork, scheduling appointments, and all the logistics of your surgery, we've got you covered.</p>
Coverage	<p>PPO Plan Surgery costs are covered at 100%. There is no deductible or coinsurance when you choose a Transcarent provider.</p> <p>High Deductible Plan Surgery costs are covered at 100% after you meet your deductible. There is no coinsurance when you choose a Transcarent provider. Transcarent coordinates with your health plan to verify your remaining deductible amount prior to surgery. A credit card is required to pay the deductible balance.</p>
Surgery Expenses	<p>Surgery costs paid through Transcarent include:</p> <ul style="list-style-type: none"> • Preoperative surgeon appointment • Surgery (all facility, anesthesia, surgical staff, and surgeon charges) • In-patient services, if a hospital stay is required • Postoperative surgeon appointment <p>Medical expenses that occur before the preoperative surgeon appointment and after your postoperative appointment are covered by your health plan and subject to plan guidelines, deductible, and coinsurance.</p>
Travel Expenses	<p>If a local surgeon isn't an option and travel over 100 miles (one way) from the patient's primary residence is required, Transcarent pays travel expenses for the patient and a companion, including:</p> <ul style="list-style-type: none"> • Airfare (coach unless first class is medically necessary) • Lodging (one double occupancy room) • Meals and incidentals allowance: <ul style="list-style-type: none"> – \$45 per day for the patient when not admitted (days 1-14) – \$45 per day for a companion (days 1-14) – \$125 per week per person after 14 days (days 15+) <p>Airfare and lodging must be arranged by your Transcarent Care Coordinator for coverage. A travel companion is required and must be at least 18 years of age. You'll receive a pre-paid debit card for meals and incidentals a few days before your surgery.</p>
Surgical Procedures	<p>Bariatric, Cardiac, General, Neurological, Orthopedic, Spine, Vascular, and Women's Health. Emergency, pediatric (under age 13), cancer, cosmetic, dental, diagnostic, vision and transplant procedures are not available through Transcarent Surgery Care.</p>
Care Allowance	<p>Receive a care allowance of \$750 when you choose Surgery Care.</p>



Relieve Pain from the Comfort of Home

The Virtual Physical Therapy program that **costs you nothing.***

Our Virtual Physical Therapy program is **proven to work better than in-person physical therapy and can reduce pain by as much as 70%** in just eight weeks.** Skip scheduling appointments, travel and waiting in crowded waiting rooms.

Virtual Physical Therapy is available at no cost to Members and family members 18+ enrolled in a qualified Public Education Health Trust plan.

To register, visit experience.transcarent.com/peht/vpt

Get better on your terms with Virtual Physical Therapy.

How it works:

1. Get matched with a physical therapist who will design a custom program for you.
2. Receive your kit with tablet and motion sensors to track your exercises.
3. Connect with your therapist as your needs change and start feeling better!

* High Deductible Plans: For post-surgical rehab, program costs are covered at 100% after your deductible has been met.

** Source: SWORD Health, Inc.

Wherever it hurts, we can help—



KNEE



ELBOW



ANKLE



WRIST



SPINE



SHOULDER



HIP



NECK

A background image of a smiling woman with blonde hair, wearing a green scarf and a dark top, sitting at a desk with a laptop. The image is overlaid with a green gradient.

The Closest Hospital Is Not Always the Best Choice

That's why miChoice provides you with quality and cost information upfront

Let's face it, comparison shopping between healthcare facilities has typically been very difficult.

Until now.

Your current benefit plan includes miChoice, a program designed to help you navigate the complexities of the healthcare system.

Three Things You Need To Know Before Scheduling a Procedure



Quality

Right in your town, the quality of care can vary wildly. For example, a hospital that ranks highly for cancer care may be a poor choice for a knee replacement.



Cost

The same medical procedure at different facilities can vary in price by thousands of dollars. And, higher costs don't always mean higher quality.



Value

When you receive care from a top-ranked provider without over-paying for it, that is considered high-value healthcare.

Be an Empowered Consumer with miChoice!

Pinpoint and evaluate ALL your options for care

Whenever you're facing a non-emergency surgery or medical procedure, miChoice can help you weigh the two things that matter most: healthcare quality and healthcare costs.

By working with one of our miChoice navigators, you can potentially:



Avoid facilities

that are associated with poor outcomes, medical errors, and complications



Lower your out-of-pocket costs

(and know them upfront, with no surprises!)



Receive a recovery benefit

depending on your chosen plan

How do I get started?

CONTACT

a healthcare navigator at **1-866-326-7340** when you're facing any type of costly medical or surgical procedure.

CONSIDER

all the options your navigator has found for you, along with quality and cost information.

CHOOSE

the provider you are most comfortable with. If your choice involves any type of travel, your navigator will coordinate all the details for you.

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

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



In-the-moment support

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



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to **eight (8) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



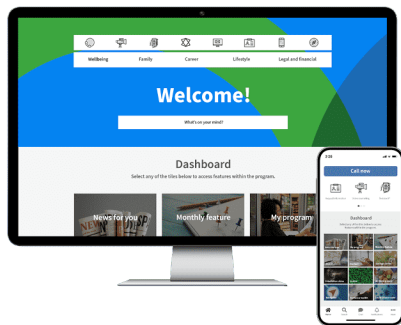
Convenience resources

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



Confidentiality

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



Your web portal and mobile app

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

Convenient, on-the-go support

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



Start with Navigator

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



Download the mobile app today!



1-888-881-5462

supportlinc.com

group code:

peht



Textcoach®

Coaching that puts
happiness at your fingertips

Textcoach®, is like having a mental health ‘Coach’ in your pocket! Designed to help address issues such as anxiety, depression, burnout and more while on the go –Textcoach® allows you to begin texting with a licensed clinician on your mobile or desktop devices. Start exchanging texts, voicenotes, videos and other resources to help boost your emotional wellbeing by downloading the app or visiting the website.

Features

Textcoach® conveniently provides:

- 100% confidentiality
- A stigma-free access point
- Connection via mobile and desktop devices
- Texting whenever and wherever
- Independently-licensed clinicians
- Voicenotes, tip sheets, articles, videos and more
- Referrals to local mental health professionals

Get started!

supportlinc.com

Group code:
pent



Download the
mobile app today!



Work-life Benefits

Expert consultation and referrals



Legal consultation

Free in-person or telephonic consultation with a licensed attorney (excluding employment Law)

Financial consultation

Expert guidance and consultation from financial professionals

Identity theft consultation

Free consultation with identity theft recovery professionals and personalized recovery action plans

Dependent care referrals

Expert referrals to child and elder care providers, facilities and other helpful resources

'Convenience' referrals

Guidance and referrals to a variety of daily living resources such as home improvement and repair, pet care, auto repair, wellness, volunteer opportunities and more



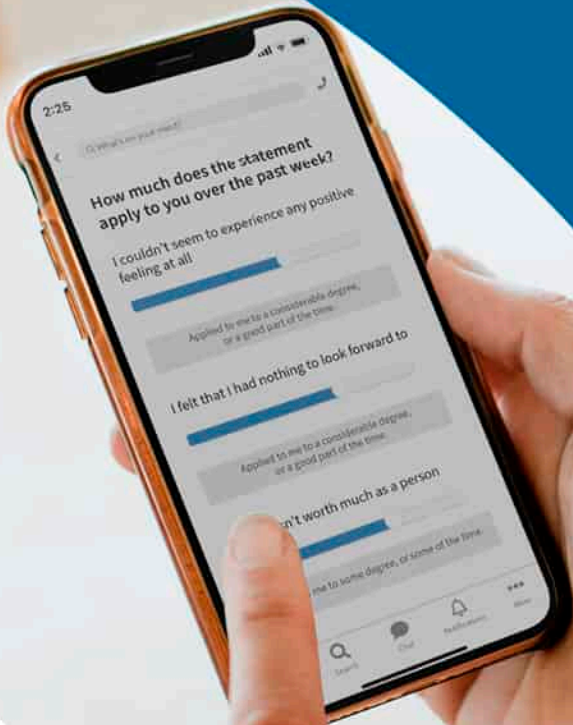
1-888-881-LINC (5462)



supportlinc.com
Group code: peht

Navigator

Take the guesswork out of your mental health



You'll start by completing a short survey and telling us a little about yourself – your emotions, your feelings and how they're impacting everyday life. From there, we'll provide a personalized Emotional Fitness Report outlining a variety of care choices you can access to improve your mental wellbeing.

Easy and fast

Mental Health Navigator is just three simple steps:

1. You'll start by completing a short survey and telling us a little about yourself -- your emotions, your feelings and how they're impacting everyday life.
2. Review your personalized report that measures your overall wellbeing and recommends care options.
3. Click the buttons next to the care recommendations to access support right away to access a licensed clinician, coaching services, self-guided resources and more.

Get started!

supportlinc.com

Group code:
peht



Download the mobile app today!

