The Steelworkers Health & Welfare Fund
ArcelorMittal HRA Presentation

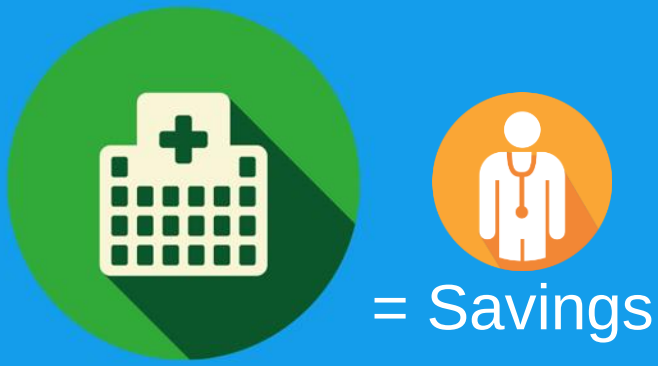
HIGHMARK

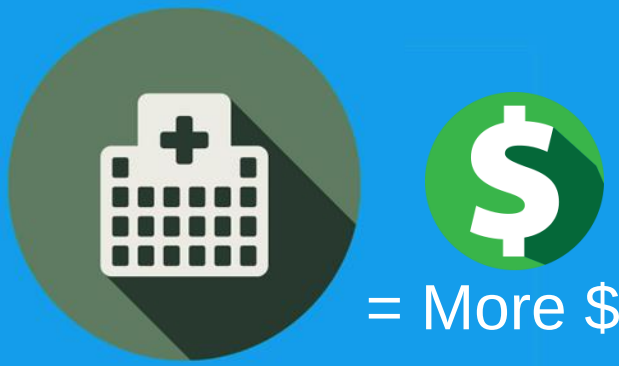
As a Blue member:

Nearly **1 in 3** Americans carry a **Blue ID Card**

96% of all hospitals and **92%** of all physicians are in **Blue networks**

What’s a PPO plan?





NETWORK PROVIDERS

Doctors, hospitals and other health care professionals that agree to accept the amount that the health plan will pay for covered care

OUTSIDE THE NETWORK

You pay more.

PPO Blue Benefits

BENEFIT CATEGORY	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual/Family)	$200 / $400	$500 / $1,000
Coinsurance	90%	70%
Out-of-Pocket Limit (Individual/Family)	$1,500 / $3,000	$2,000 / $4,000
Hospital Services Inpatient and Outpatient	90% after deductible	70% after deductible
Primary Care Office Visit	100% after $20 copay	70% after deductible
Specialist Office Visit	100% after $20 copay	70% after deductible
Preventive Care	100% (deductible does not apply)	70% after deductible
Urgent Care	100% after $30 copay	
Emergency Room Services	100% after $50 copay (waived if admitted)	
Spinal Manipulations	100% after $20 copay	70% after deductible
	Limit: 18 visits/ calendar year	

Pay Medical Expenses with an Employer-Funded

HRA

HIGHMARK.

Incentive HRA Plan

The incentive HRA plan provides funding for those members that successfully completed the Health Awareness Initiative.

The Value of a Health Reimbursement Arrangement

Your employer pays for the cost of qualified medical expenses in your HRA.

You don’t pay income tax on the money your employer contributed

Free money to help limit your out-of-pocket health care costs

How Expenses Are Paid from Your HRA

Every Health Plan Has Out-of-Pocket Responsibilities that Vary by Plan Option

Costs covered by your health plan

- **Preventive & Well-visits**
- **Coinsurance** (plan share)
- **Post-deductible Expenses**

Costs covered by your HRA

- **Medical Deductibles**
- **Coinsurance** (your share)
- **Prescriptions**
- **Dental & Vision**

Retiree Premium Payments can also be reimbursed

What is eligible under the HRA?

Deductible & Coinsurance

- Claims for Deductible and Coinsurance will Auto Pay To Provider.
  No member action needs taken

Dental, Vision, Medical Copays, Prescription Copays & other Non-Covered Services

- Manual Submit
  - via the Highmarkbcbs.com website
  - the Mobile App
  - HRA Paper claim form
  - Email to: SpendingAccountProcessing_Receipts@alegeus.com

Simple Online and Mobile App Access

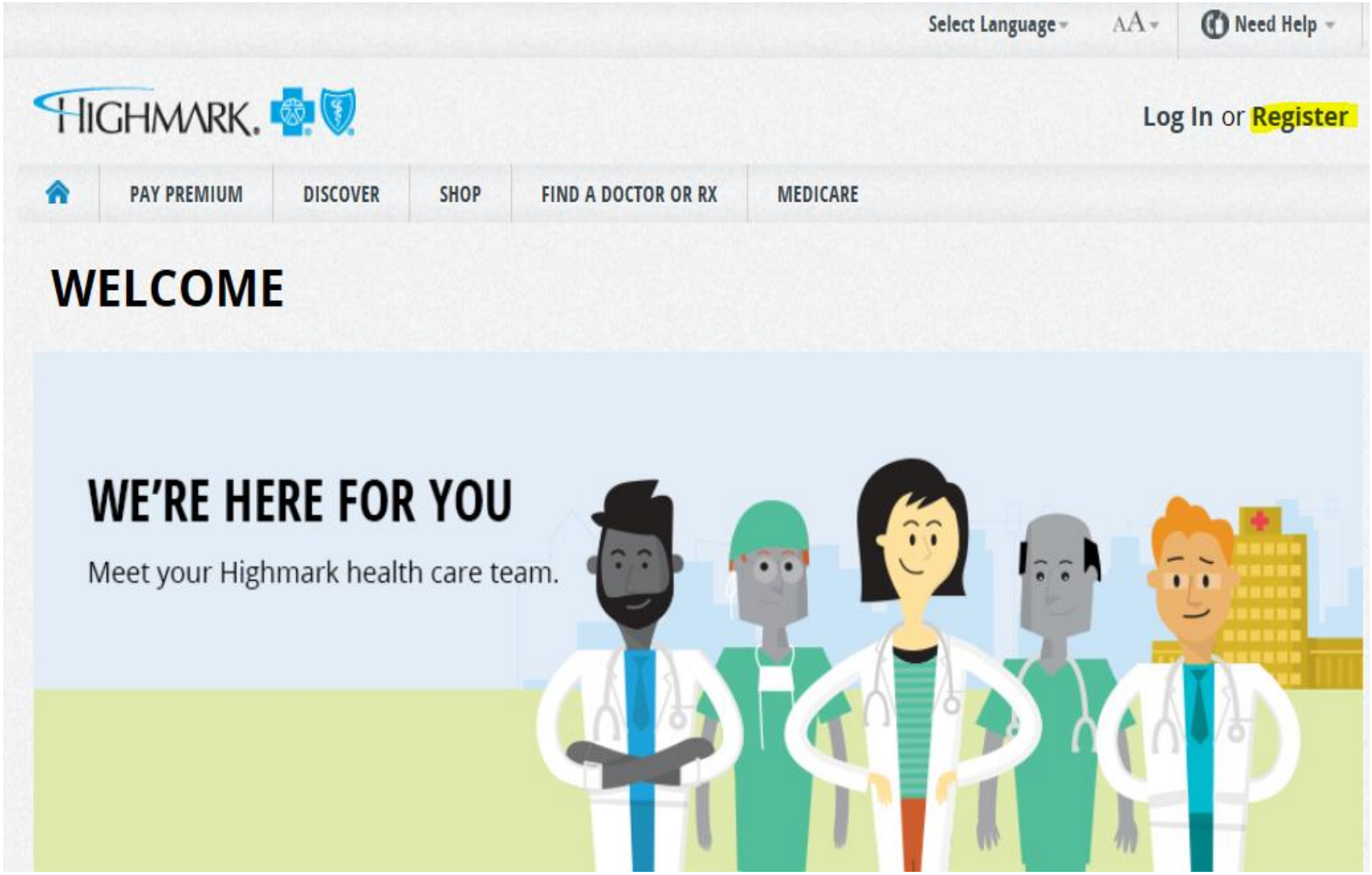
Access Accounts

Track Account Activity

Manage Expenses

Receive Notifications

Visit www.highmarkbcbs.com



REGISTER

1 Member ID

CREATE YOUR ONLINE ACCOUNT

Enter your information exactly as it appears on your member ID card.

Member ID/SSN

First name

Last name

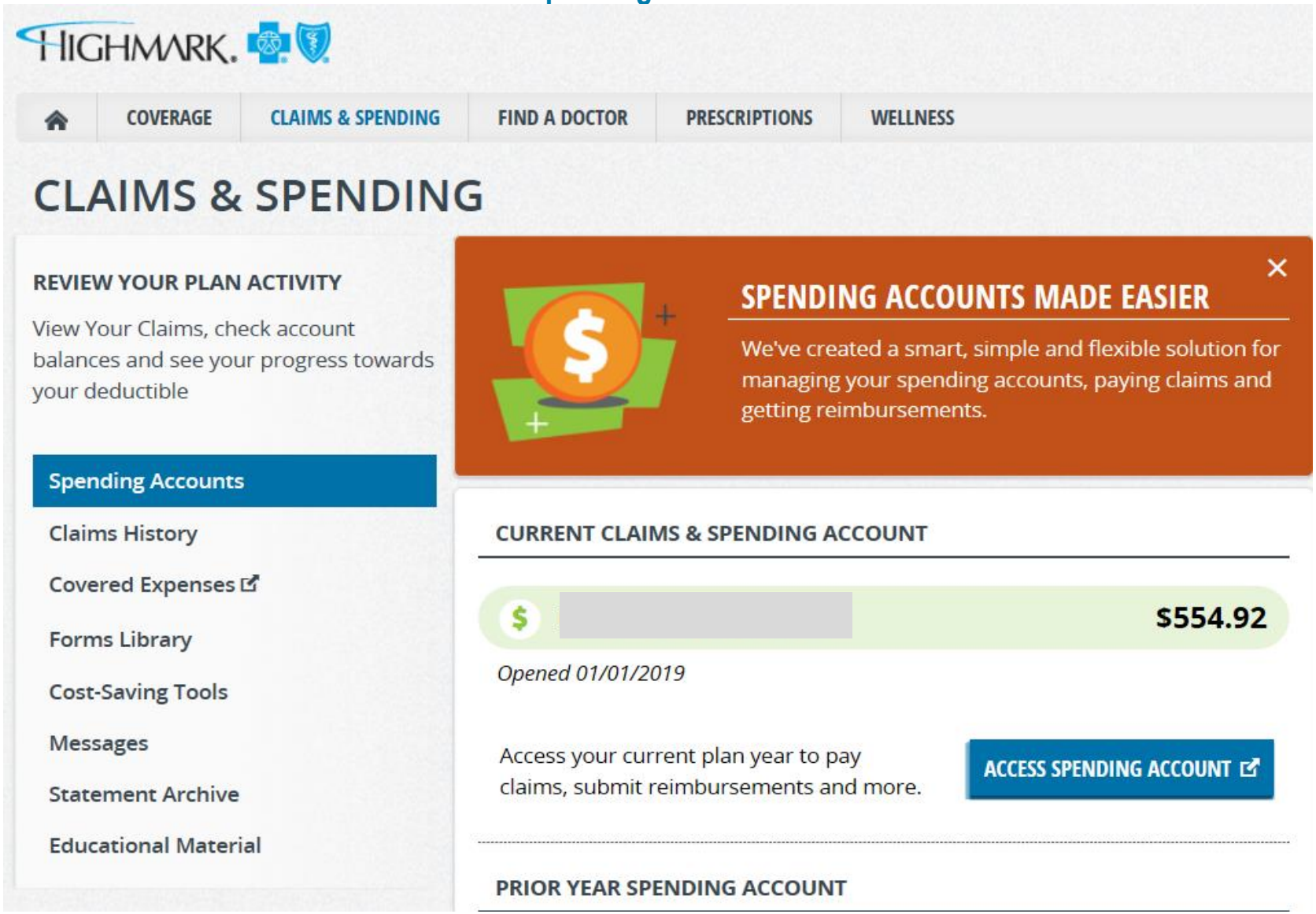
Date of birth

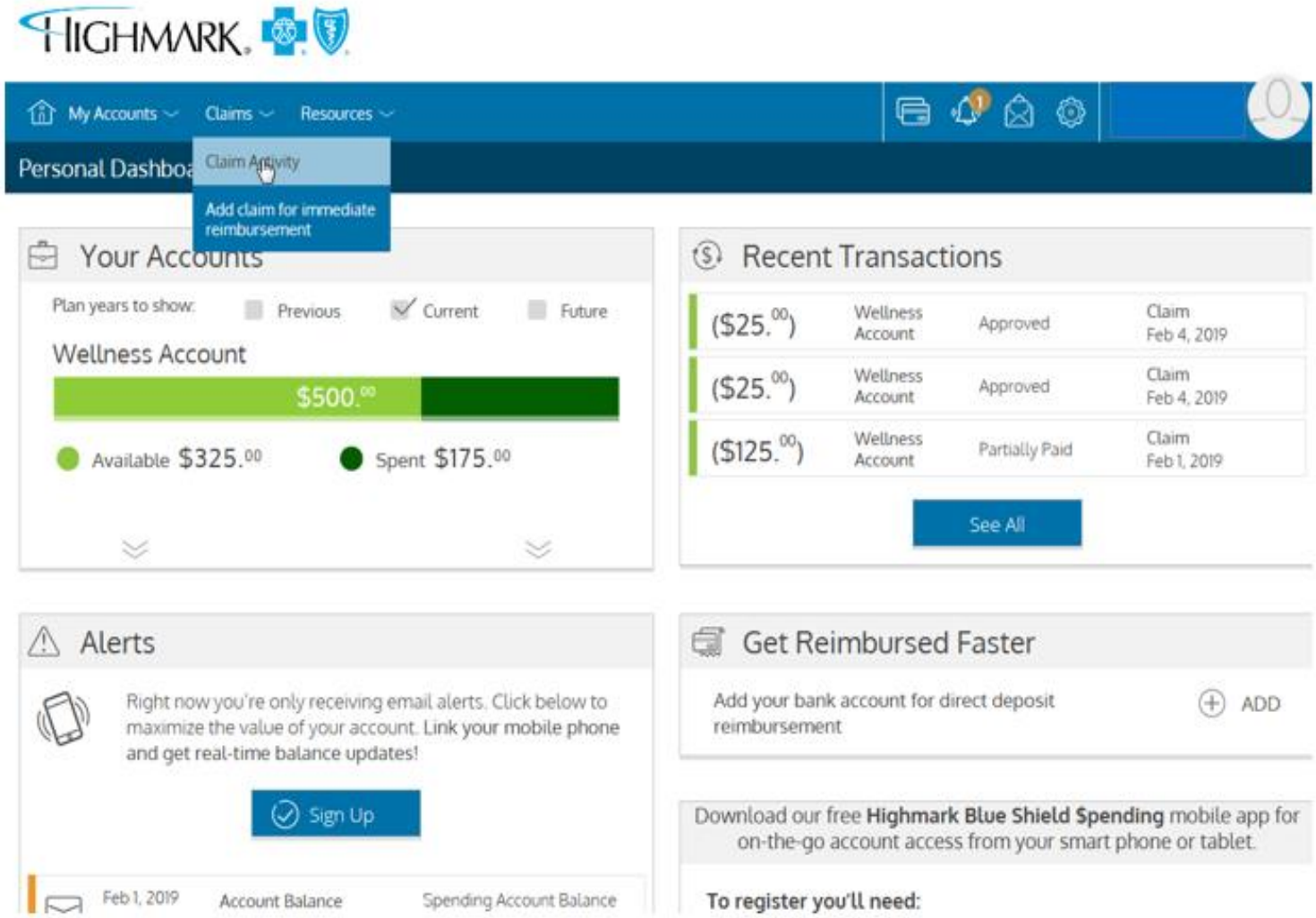
Walt, I don't have my ID card!

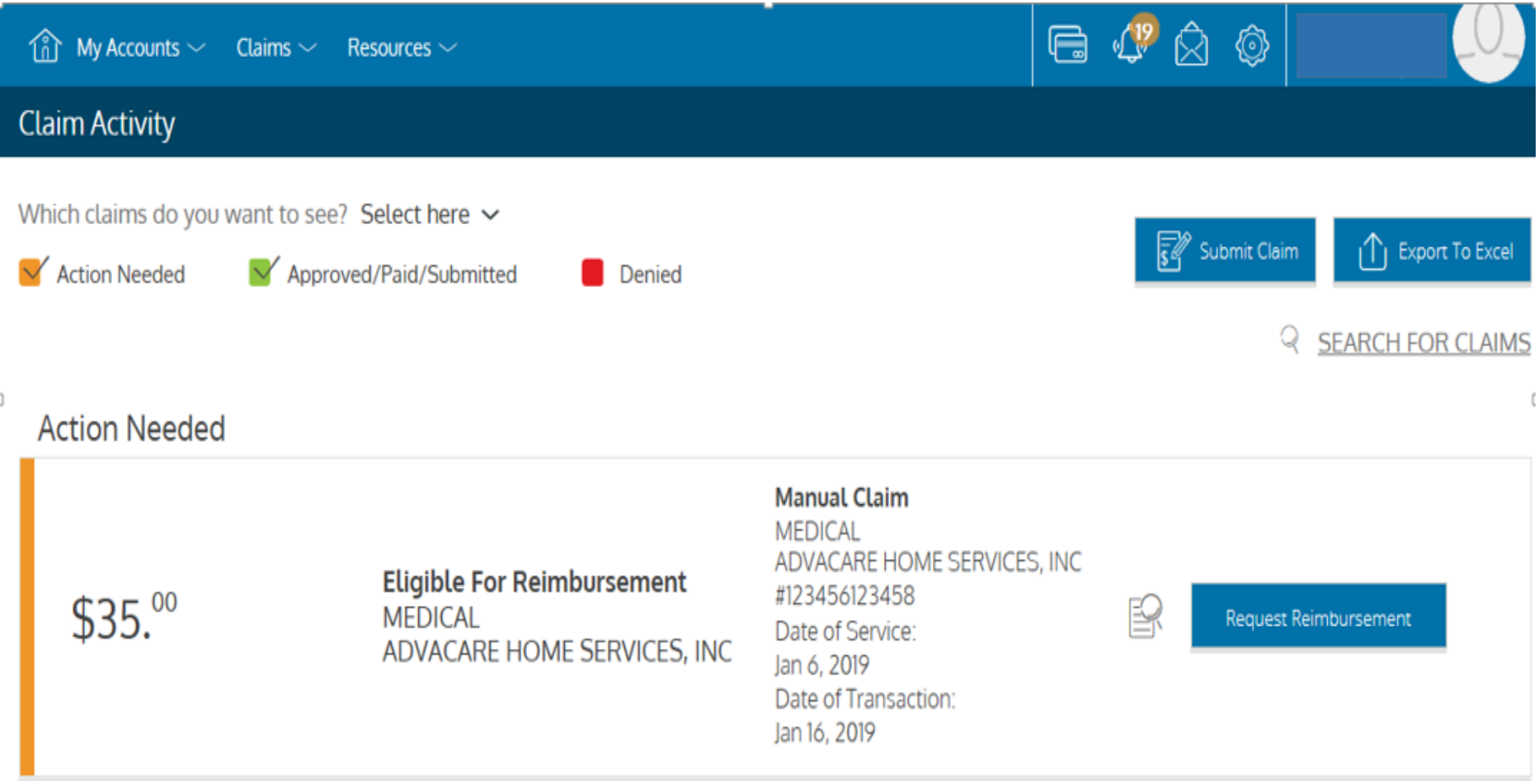
If you're the main policyholder, you can use your SSN to register. If your insurance is through another family member, you'll need their SSN to register.

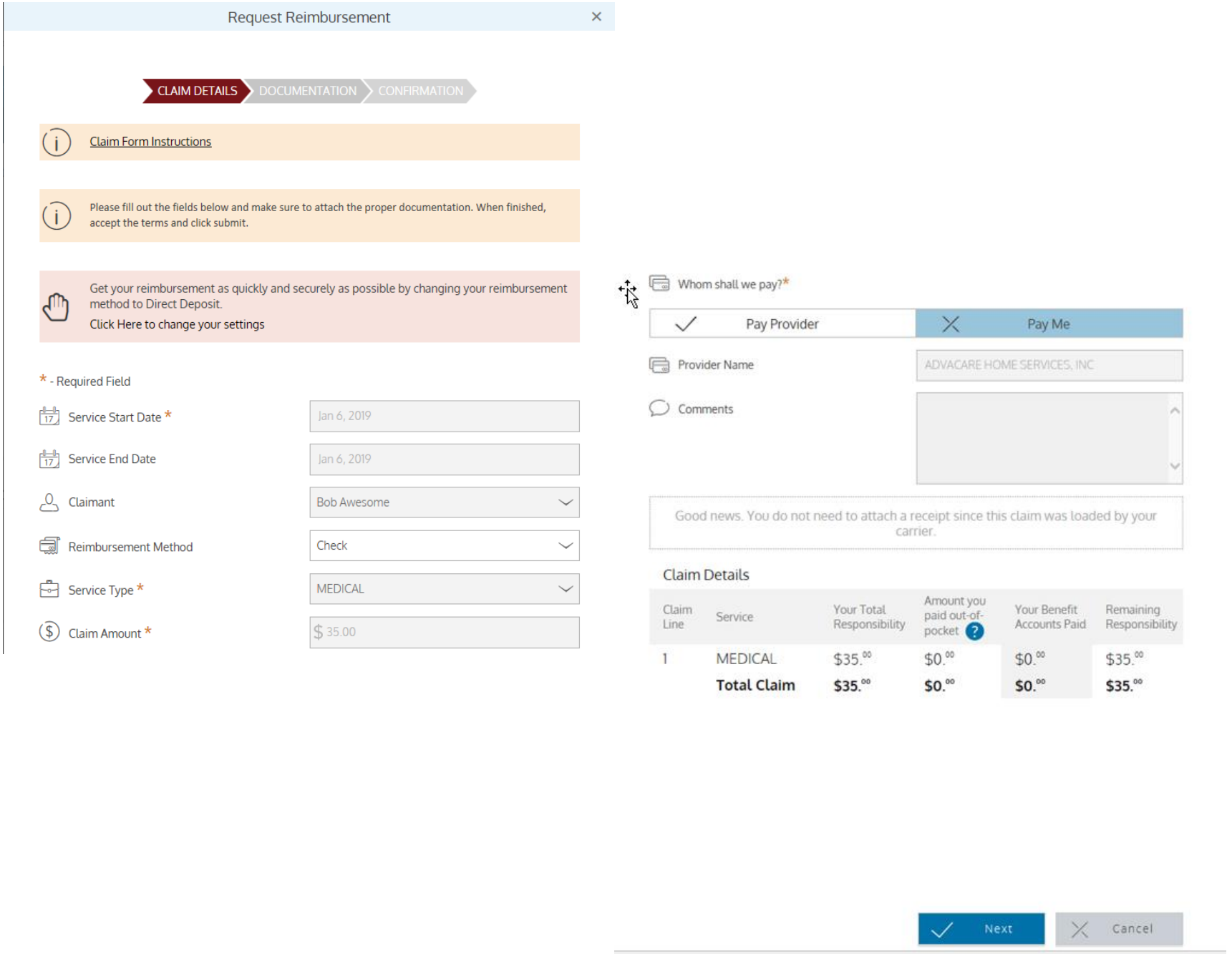
CANCEL NEXT

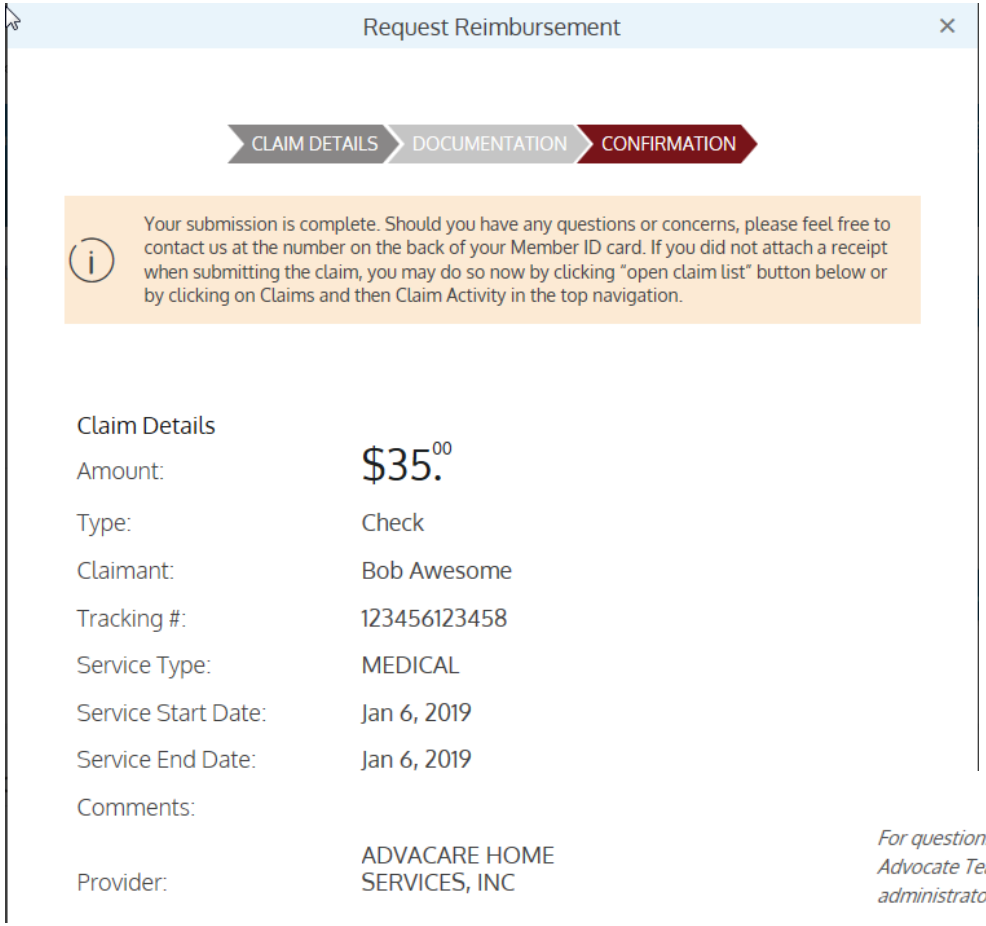
To access your HRA click on the Claims & Spending Tab. Then select Access Spending Account.




HIGHMARK.
My Accounts
Claims
Resources
Personal Dashboa
Claim Activity
Add claim for immediate reimbursement
Your Accounts
Plan years to show:
Previous
Current
Future
Wellness Account
$500.00
Available $325.00
Spent $175.00
Recent Transactions
($25.00) Wellness Account Approved Claim Feb 4, 2019
($25.00) Wellness Account Approved Claim Feb 4, 2019
($125.00) Wellness Account Partially Paid Claim Feb 1, 2019
See All
Alerts
Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!
Sign Up
Feb 1, 2019 Account Balance Spending Account Balance
Get Reimbursed Faster
Add your bank account for direct deposit reimbursement
ADD
Download our free Highmark Blue Shield Spending mobile app for on-the-go account access from your smart phone or tablet.
To register you'll need:


My Accounts
Claims
Resources
19
Claim Activity
Which claims do you want to see? Select here
Action Needed
Approved/Paid/Submitted
Denied
Submit Claim
Export To Excel
SEARCH FOR CLAIMS
Action Needed
$35.00
Eligible For Reimbursement
MEDICAL
ADVACARE HOME SERVICES, INC
Manual Claim
MEDICAL
ADVACARE HOME SERVICES, INC
#123456123458
Date of Service:
Jan 6, 2019
Date of Transaction:
Jan 16, 2019
Request Reimbursement


Request Reimbursement
CLAIM DETAILS
DOCUMENTATION
CONFIRMATION
Claim Form Instructions
Please fill out the fields below and make sure to attach the proper documentation. When finished, accept the terms and click submit.
Get your reimbursement as quickly and securely as possible by changing your reimbursement method to Direct Deposit.
Click Here to change your settings
* - Required Field
Service Start Date *
Jan 6, 2019
Service End Date
Jan 6, 2019
Claimant
Bob Awesome
Reimbursement Method
Check
Service Type *
MEDICAL
Claim Amount *
$ 35.00
Whom shall we pay?*
Pay Provider
Pay Me
Provider Name
ADVACARE HOME SERVICES, INC
Comments
Good news. You do not need to attach a receipt since this claim was loaded by your carrier.
Claim Details
Claim Line
Service
Your Total Responsibility
Amount you paid out-of-pocket
Your Benefit Accounts Paid
Remaining Responsibility
1
MEDICAL
$35.00
$0.00
$0.00
$35.00
Total Claim
$35.00
$0.00
$0.00
$35.00
Next
Cancel

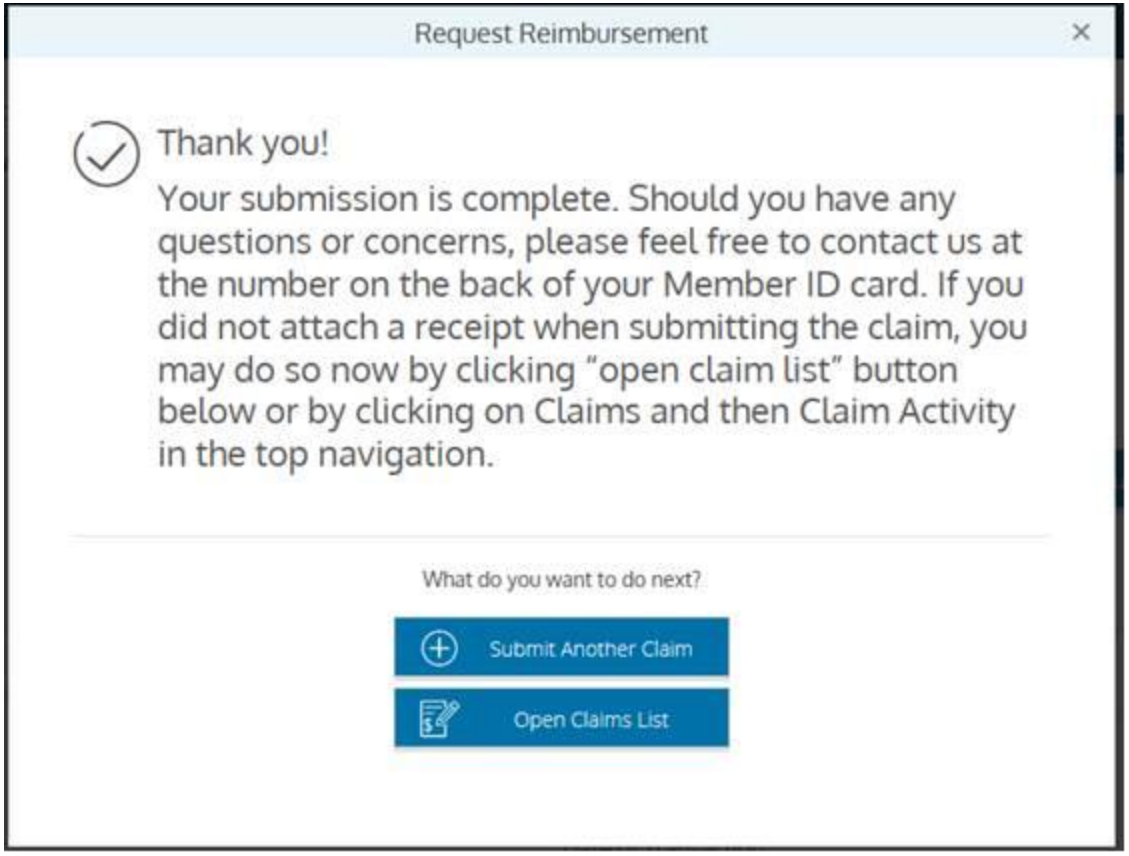


For questions regarding the processing of your payment request, please contact the Member Advocate Team at the number located on the back of your Member ID Card or your plan administrator, if applicable.

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other health plan or spending account including a Heath Savings Account (HSA). I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for an expense improperly claimed under the provisions of this plan.

By choosing Submit, you agree to the conditions for reimbursement

Submit Cancel


Request Reimbursement
Thank you!
Your submission is complete. Should you have any questions or concerns, please feel free to contact us at the number on the back of your Member ID card. If you did not attach a receipt when submitting the claim, you may do so now by clicking "open claim list" button below or by clicking on Claims and then Claim Activity in the top navigation.
What do you want to do next?
Submit Another Claim
Open Claims List

If you chose to use Direct Deposit for reimbursement you will see a credit in your Bank Account from either PNC or MBI.

ACH CREDIT 9113 HSA PNCCUSTODIAN
HSADISTRIB

MBI SETL

Itemized Receipt Requirements for Manually Submitted Claims

The receipts that are uploaded or sent along with the claim form must include specific details:

- **Name of person who received services (or RX number for Prescriptions)**
- **Name of Doctor or Provider**
- **Date and Type of Service**
- **Amount Charged**

Patton Pharmacy V&S Variety

[redacted]

Patton, PA 16668

[redacted]

PATIENT IRS STATEMENT

Period 06/01/18 to 12/15/18

Sat Dec 15, 2018

PID: [redacted]

NPI: [redacted]

EMAIL: [redacted]

[redacted] JAMES

[redacted]

[redacted]

[redacted]

Rx Nbr	Rf	Date	Drug	Pat Paid	Doctor
[redacted]	01	06/14/18	BUPROPION HCL XL 150 MG TAB	$0.00	SABO, [redacted]
[redacted]	00	06/15/18	CARISOPRODOL 350 MG TABLET	$0.00	SABO, [redacted]
[redacted]	00	06/16/18	OXYCODONE-ACETAMINOPHEN 10-	$0.00	SABO, [redacted]
[redacted]	02	09/07/18	BUPROPION HCL XL 150 MG TAB	$30.98	SABO, [redacted]
[redacted]	00	09/20/18	BUPRENORPHINE 8 MG TAB SL	$14.90	SABO, [redacted]
[redacted]	00	09/24/18	BUPRENORPHINE 8 MG TAB SL	$48.00	SABO, [redacted]
[redacted]	01	09/26/18	BUPRENORPHINE 8 MG TAB SL	$70.99	SABO, [redacted]
[redacted]	02	10/04/18	BUPRENORPHINE 8 MG TAB SL	$159.00	SABO, [redacted]
[redacted]	03	10/12/18	BUPROPION HCL XL 150 MG TAB	$30.98	SABO, [redacted]
[redacted]	00	10/22/18	BUPRENORPHINE 8 MG TAB SL	$236.50	SABO, [redacted]
[redacted]	00	11/19/18	BUPRENORPHINE 8 MG TAB SL	$236.50	SABO, [redacted]

No. Rx's = 11 Total Patient Paid $827.85

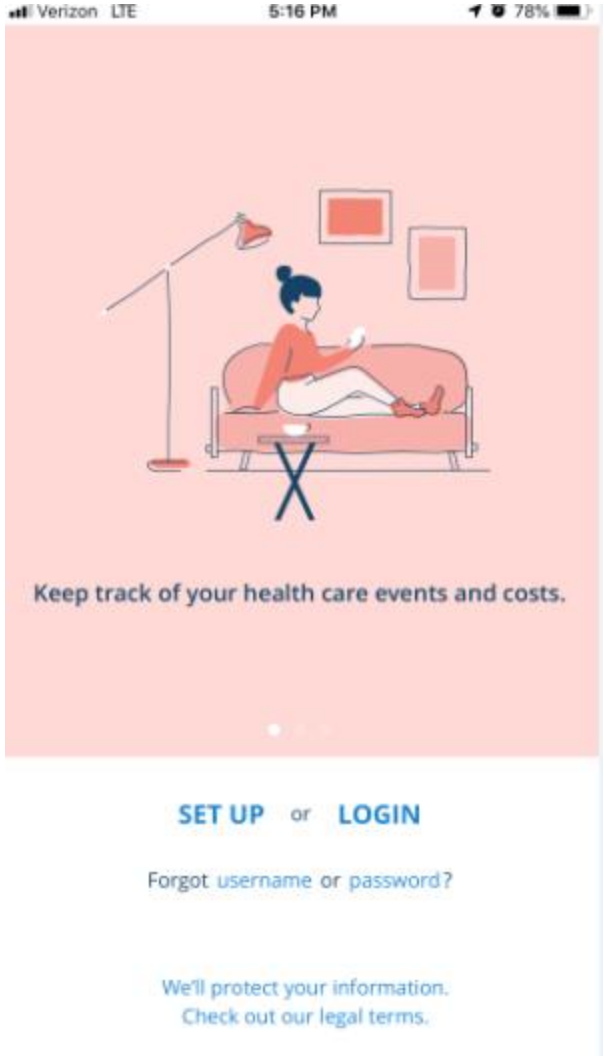
RPh Signature: [redacted] RPh

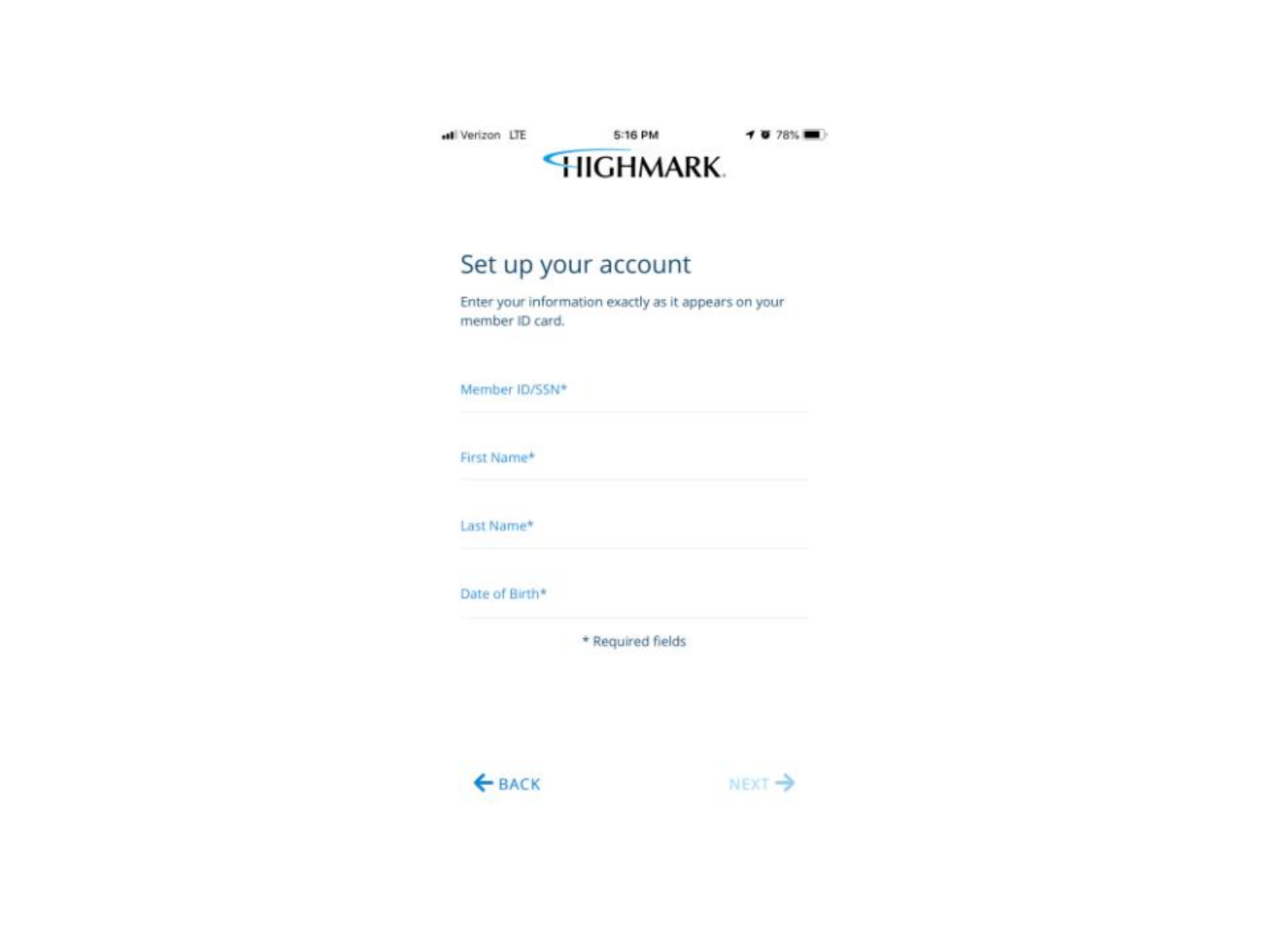
Options	HBS $pending App	Highmark Plan App
View ID Cards		X
View Medical Plan Coverage		X
Access Provider Directory		X
View Spending Account Balances	X	X
View Spending Account Claims and Details	X	X
Submit/Upload Manual Claims	X	
Virtual Spending Account Assistant “Ask Emma”	X	
Upload photos of receipts from SmartPhone	X	

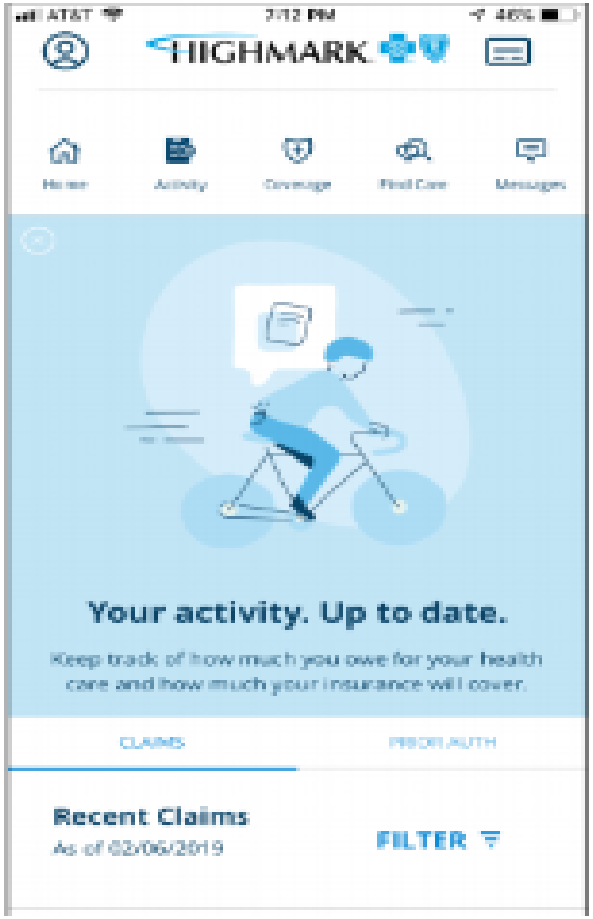
Visit your App Store on your Smart Phone to Download

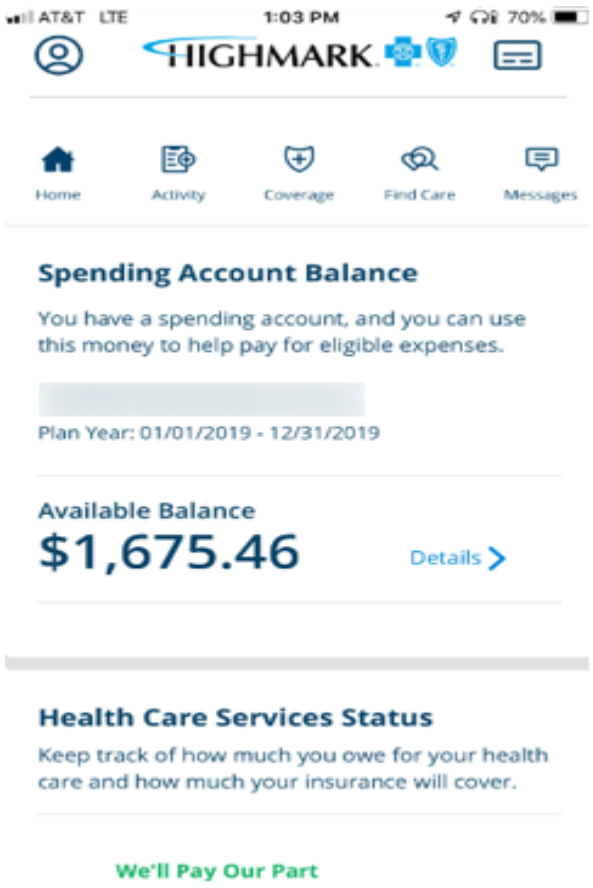
Highmark Plan App

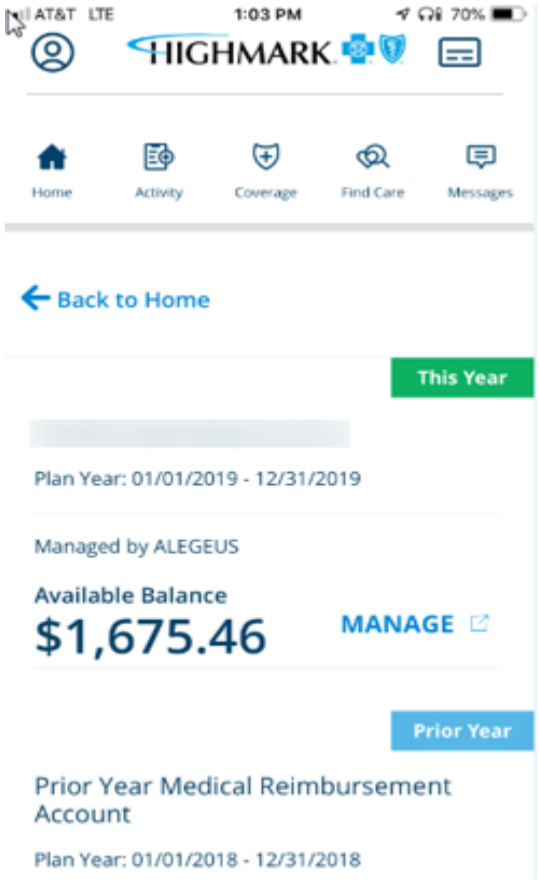
1. **Users can register on the App, or login with their previously registered member website username and password from the desktop website.**
2. **Users can login with their new user name and password if they choose to create something different than what the user for the desktop website.**
3. **Users can set up for biometric finger print Touch ID or Face ID, depending on if their mobile device is enabled for that type of login technology.**

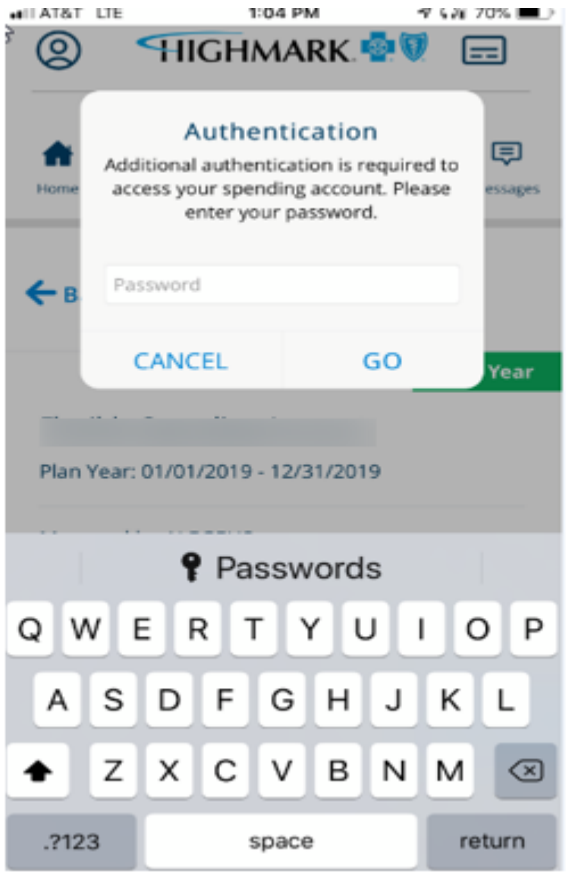

Verizon LTE
5:16 PM
78%
Keep track of your health care events and costs.
SET UP or LOGIN
Forgot username or password?
We'll protect your information.
Check out our legal terms.


Verizon LTE
5:16 PM
78%
HIGHMARK.
Set up your account
Enter your information exactly as it appears on your member ID card.
Member ID/SSN*
First Name*
Last Name*
Date of Birth*
* Required fields
BACK
NEXT


AT&T
7:12 PM
40%
HIGHMARK
Activity
Coverage
Messages
Your activity. Up to date.
Keep track of how much you owe for your health care and how much your insurance will cover.
CLAIMS
Recent Claims
As of 02/06/2019
FILTER

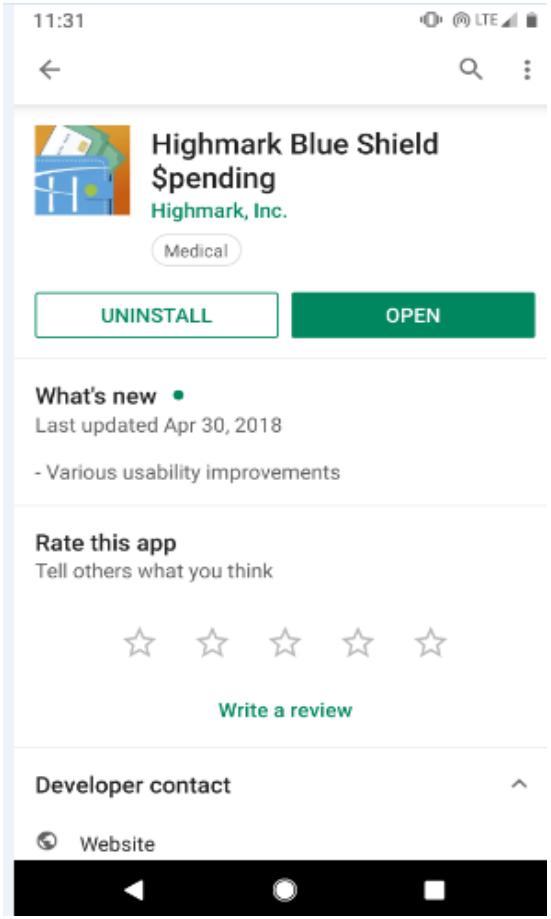

AT&T LTE
1:03 PM
70%
HIGHMARK
Home
Activity
Coverage
Find Care
Messages
Spending Account Balance
You have a spending account, and you can use this money to help pay for eligible expenses.
Plan Year: 01/01/2019 - 12/31/2019
Available Balance
$1,675.46
Details
Health Care Services Status
Keep track of how much you owe for your health care and how much your insurance will cover.
We'll Pay Our Part


AT&T LTE
1:03 PM
70%
HIGHMARK.
Home
Activity
Coverage
Find Care
Messages
Back to Home
This Year
Plan Year: 01/01/2019 - 12/31/2019
Managed by ALEGEUS
Available Balance
$1,675.46
MANAGE
Prior Year
Prior Year Medical Reimbursement Account
Plan Year: 01/01/2018 - 12/31/2018

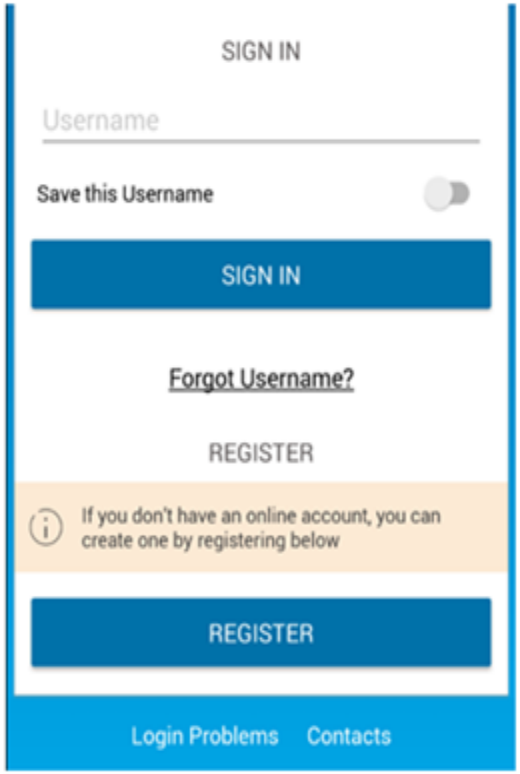

AT&T LTE
1:04 PM
70%
HIGHMARK.
Authentication
Additional authentication is required to access your spending account. Please enter your password.
Password
CANCEL
GO
Year
Plan Year: 01/01/2019 - 12/31/2019
Passwords
Q W E R T Y U I O P
A S D F G H J K L
Z X C V B N M
.?123
space
return


AT&T LTE
1:04 PM
70%
documentation is required.
See All
Recent Transactions
($40.00) Approved Card Feb 23, 2019
($40.00) Approved Card Feb 23, 2019
($72.54) Pending Card Feb 22, 2019
$76.92 Approved Deposit Feb 22, 2019
($72.00) Approved Card Feb 18, 2019
($30.00) Eligible For Reimbursement Claim Feb 17, 2019
($85.37) Eligible For Reimbursement Claim Feb 17, 2019
($40.00) Eligible For Reimbursement Claim Feb 17, 2019
$76.92 Approved Deposit Feb 8, 2019
($40.00) Approved Card Feb 5, 2019
See All
https://main.wealthcareportal.com/Mobile/Das...
Done

How to Download Highmark Blue Shield $pending mobile App



Visit your App Store on your Smart Phone. Once downloaded, you must register!

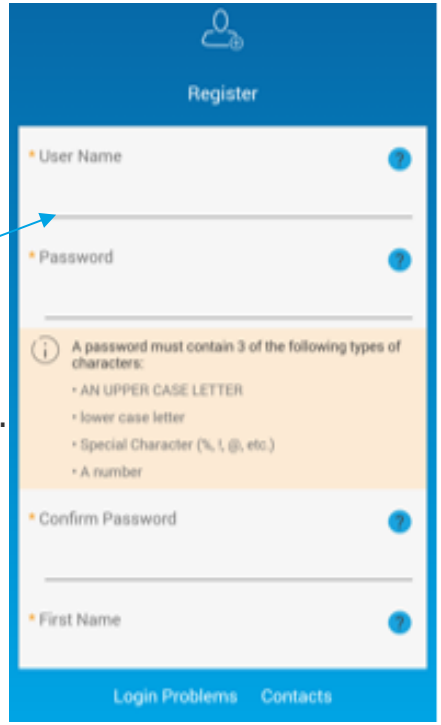


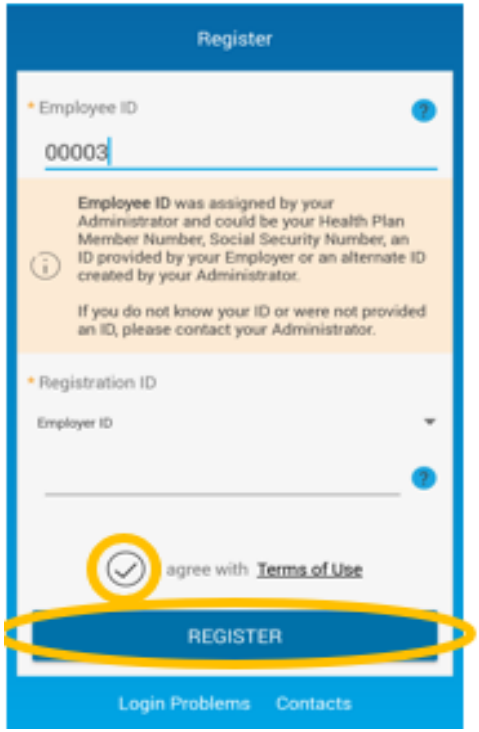
****New Users Must Register****

Tap the register button on the landing screen to Register.

****The Highmark Plan App and Member Website User Name and Password will not work with this App, You must Register with this App.****

Tap corner of screen to type.



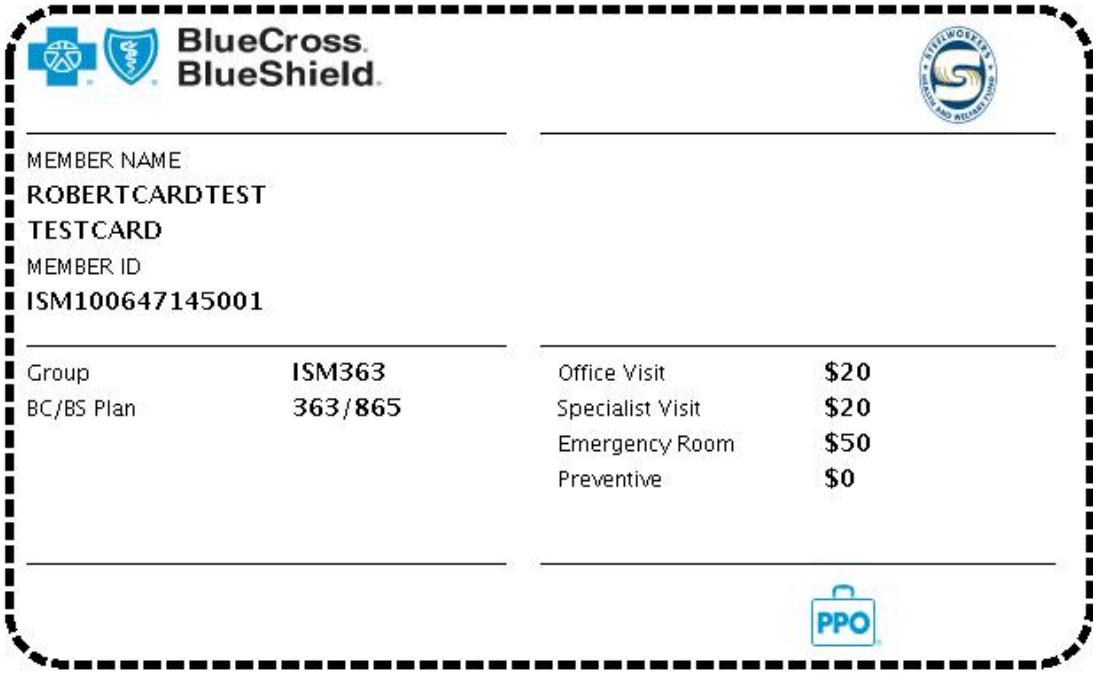


- Enter User Name: at least six characters long alphanumeric value
- Enter Password & Confirm: Must contain 3 of following types of characters
  - Upper Case Letter, Lower Case Letter, Special Character (&, !, #, *), or a Number
- Enter First Name and Last Name (as shown on Member ID)
- Enter E-mail Address

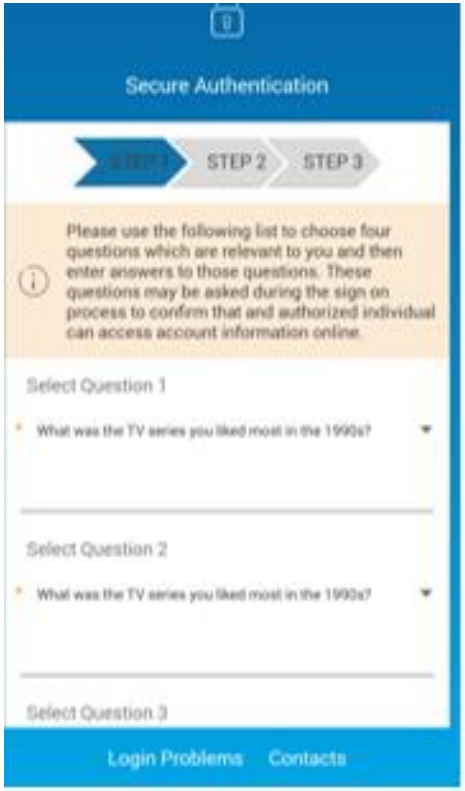
Enter Employee ID : must be your 12 digit UMI plus 0 (i.e. 1112223330010)
Enter Employer ID (i.e. SPA031500).

- Any variation will result in failed registration.
- Check to agree with term of use and click Register

Employee ID is the Member ID listed here, Numbers Only, Adding a ZERO at the end.
Example-1006471450010



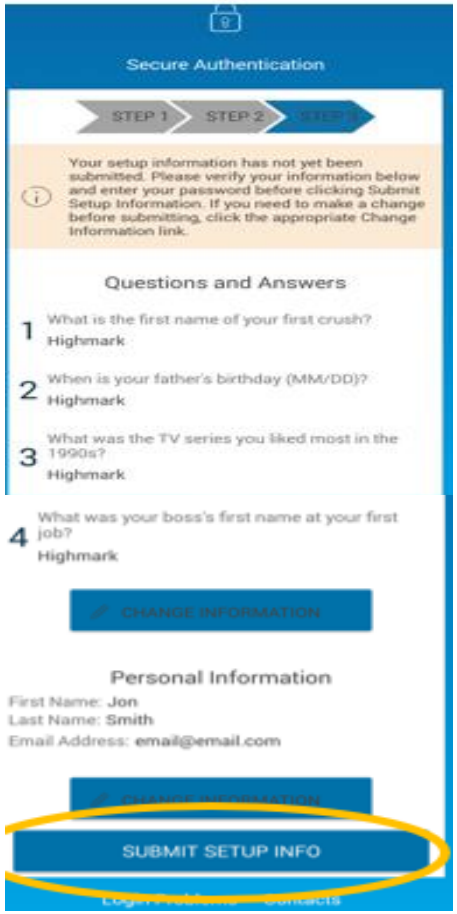
Employer ID-SPA031500, case sensitive.



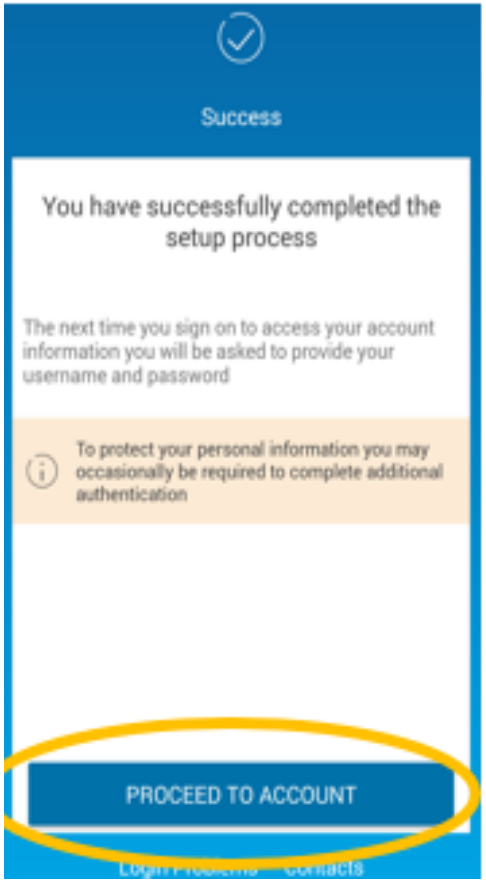
– Select 4 security questions from the drop down.

– Provide the answers to the selected questions and follow the on screen prompts.

Verify the First ,Last name, and email address entered
Select continue.

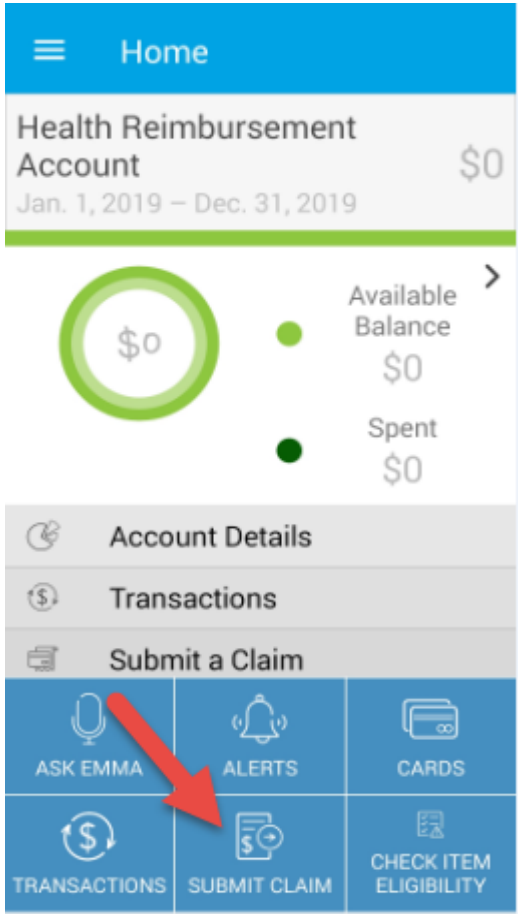


Verify Security Questions and Answers
Click Submit Setup Info

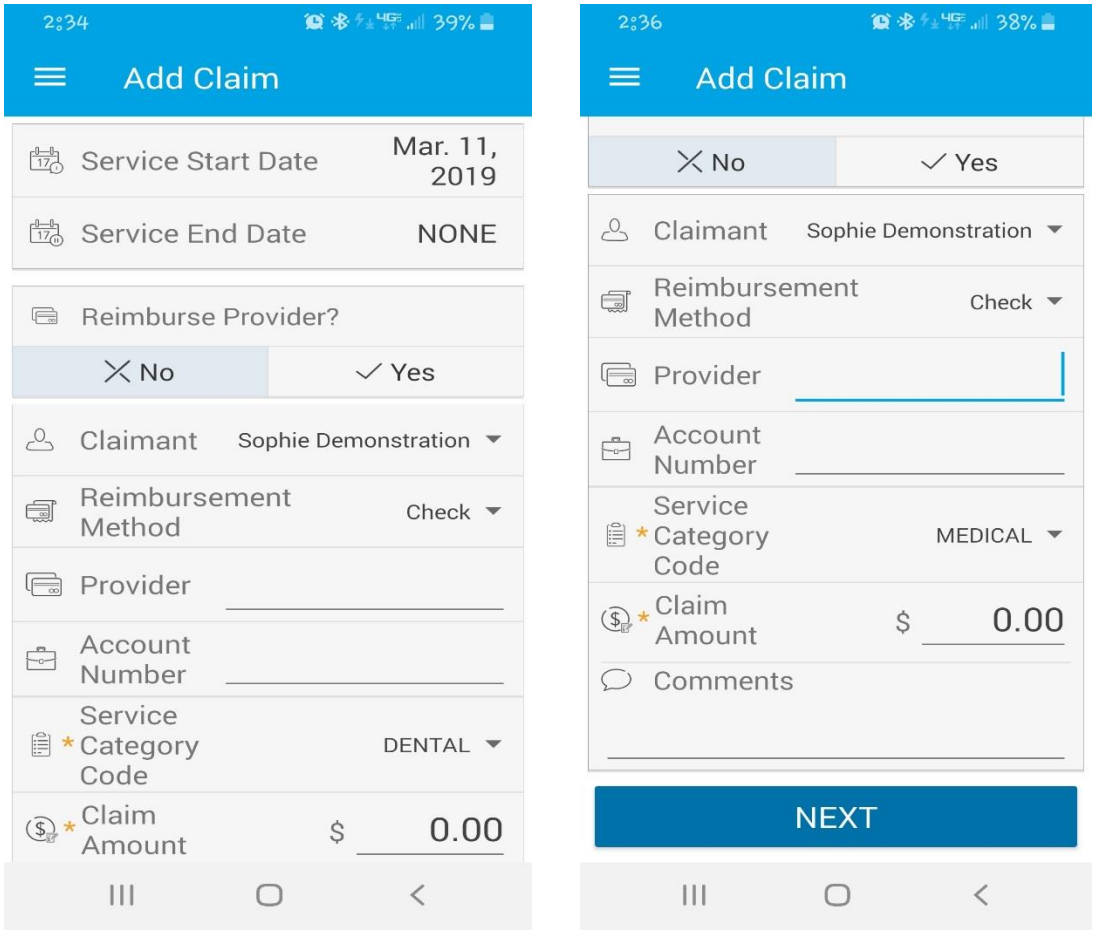


You have successfully completed the setup process
Click proceed to Account

How to Submit an HRA Claim on Mobile App



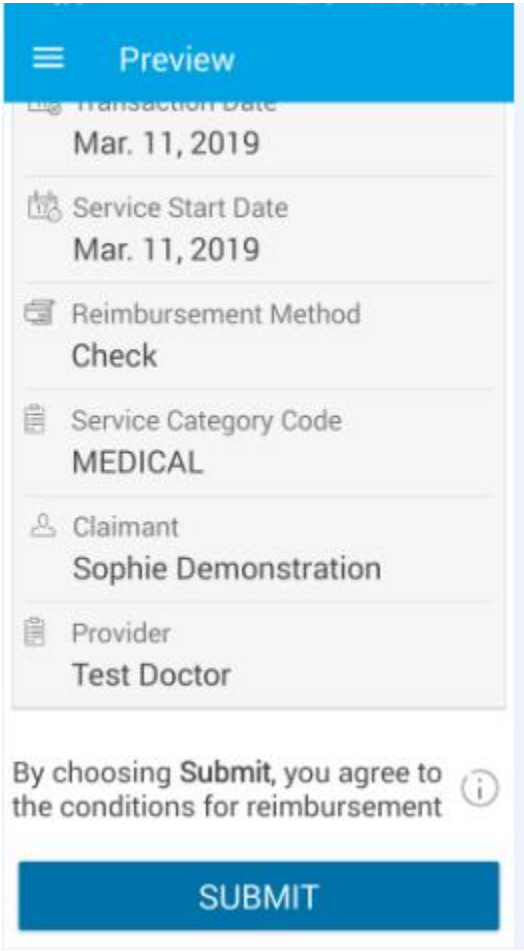
Select Submit a Claim from Home screen



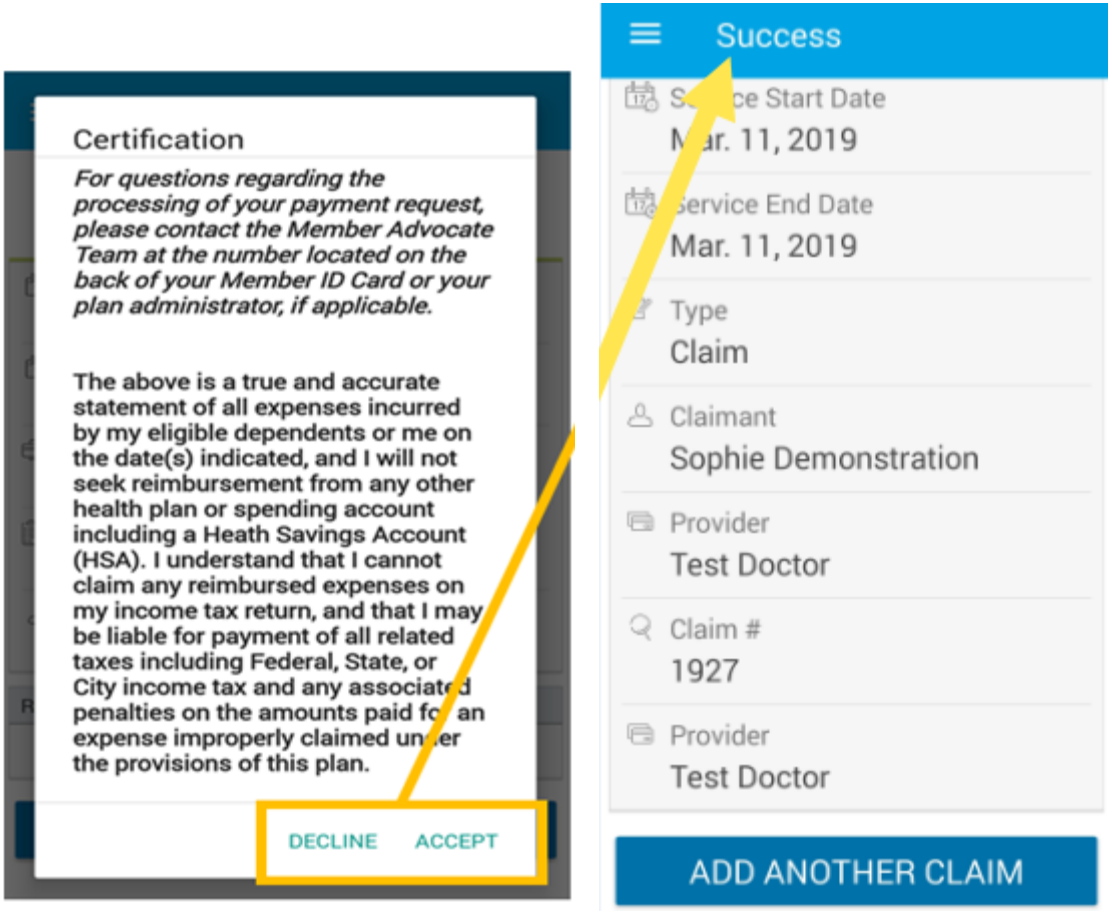
Follow the on screen prompts to enter claim details. Use the dropdowns available for Claimant, Reimbursement Method, and Service Category.

Tap the Next button at the bottom of the screen to review the details entered.

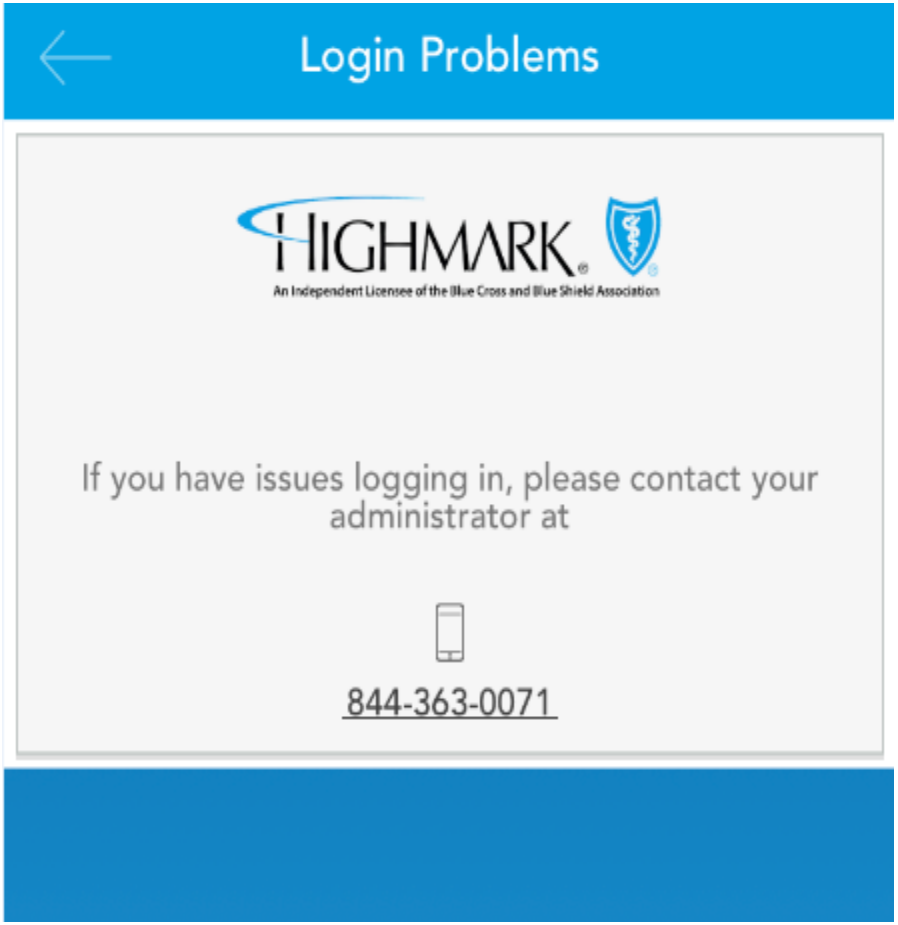
Follow the on screen prompts to Attach a receipt, if applicable.



Tap Submit to agree to the conditions for reimbursement



- **Certify the information by selecting Decline or Accept**
- **Once Accept you will get Success message at top of next screen.**
- **Can add another claim or use main menu on top left to navigate to another screen**


Login Problems
HIGHMARK.
An Independent Licensee of the Blue Cross and Blue Shield Association
If you have issues logging in, please contact your administrator at
844-363-0071

Knowledge Is Power

Learn more about the value of an HRA at highmarkspendingaccounts.com

YOUR MEMBER WEBSITE

Helps you manage **your care, your costs, your coverage** and **your health**

Online … or on the phone!

highmarkbcbs.com or Dedicated Service Unit 1-866-267-3280