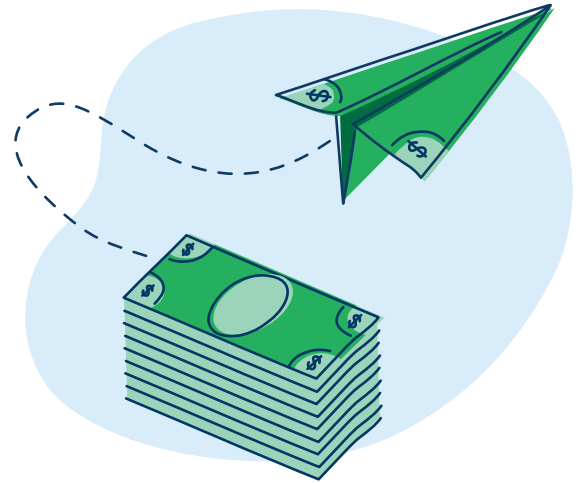


<Client Name>
<Address Line 1>
<Address Line 2>
<City>, <State> <ZIP>



Dear <Client First Name>,

We're sending you this letter to let you know that Highmark Coverage Advantage will be sending you a Medical Loss Ratio (MLR) rebate check. This rebate is required by the Affordable Care Act — the health reform law that ensures you have access to affordable health care.

This check is real — you can deposit it as soon as it arrives in your mailbox.

Let us break down why you're getting money back. In 2021, you and Highmark Coverage Advantage's care management team worked hard to keep our members healthy. The Affordable Care Act requires we spend at least 80% of all premiums on health care services and wellness programs. And since we didn't reach that number, you're receiving a rebate. What's left will help us cover business expenses like administrative and overhead costs. Now that's what we'd call a win-win.

What should you do next?

Your rebate will arrive near the end of September 2022. Once you receive the check, open it, deposit it, and distribute it to your eligible employees or as specifically described in our insurance contract and governing plan documents. See the required Centers for Medicare & Medicaid Services notice enclosed with your check for questions about how your company is obligated and allowed to use this money, or you can contact your insurance broker, client manager, or benefits counsel.

Sincerely,

Highmark Coverage Advantage

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<<Company Name>>
 Client Number: <<XXXXXX>>

Group Number	First Name	Middle Initial	Last Name	2021 Effective Date	2021 End Date	Coverage Type
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[illegible]

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September 2022

<<Member Name>>
<<Member Address Line 1>>
<<Member Address Line 2>>
<<Member City>>, << Member State>> << Member Zip>>

Notice of Health Insurance Premium Rebate

Re: Health Insurance Premium Rebate for Year 2021; Client # <<Client Number>>

Dear <<Member First Name>>:

This letter is to inform you that Highmark Coverage Advantage will be rebating a portion of your health insurance premiums through your employer or group policyholder. This rebate is required by the Affordable Care Act – the health reform law.

The Affordable Care Act requires Highmark Coverage Advantage to rebate part of the premiums it received if it does not spend at least 80 percent of the premiums Highmark Coverage Advantage receives on health care services, such as doctors and hospital bills and activities to improve health care quality, such as efforts to improve patient safety. No more than 20 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This is referred to as the “Medical Loss Ratio” standard or the 80/20 rule. The 80/20 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 80/20 rule and other provisions of the health reform law at: <https://www.healthcare.gov/health-care-law-protections/rate-review/>.

What the Medical Loss Ratio Rule Means to You

The Medical Loss Ratio rule is calculated on a state-by-state basis. In Pennsylvania, Highmark Coverage Advantage did not meet the 80/20 standard. In 2021, Highmark Coverage Advantage spent only 72.4% of a total of \$22,416,225 in premium dollars on health care and activities to improve health care quality. Since it missed the 80 percent target by 7.6% of premiums it receives, Highmark Coverage Advantage must rebate 7.6% of the total health insurance premiums paid by the employer and employees in your group health plan. We are required to send this rebate to your employer or group policyholder by September 30, 2022, or apply this rebate to the health insurance premium that is due on or after September 30, 2022. Employers or group policyholders must follow certain rules for distributing the rebate to you.

Ways in Which an Employer Can Distribute the Rebate

If your group health plan is a non-Federal governmental plan, the employer or group policyholder must distribute the rebate in one of two ways:

- Reducing premium for the upcoming year; or
- Providing a cash rebate to employees or subscribers that were covered by the health insurance on which the rebate is based.

If your group health plan is a church plan, the employer or group policyholder has agreed to distribute the portion of the rebate that is based on the total amount all of the employees contributed to the health insurance premium in one of the ways discussed in the prior paragraph.

If your group health plan is not a government plan or a church plan, it likely is subject to the Federal Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, the employer or the administrator of the group health plan may have fiduciary responsibilities regarding use of the Medical Loss Ratio rebates. Some or all of the rebate may be an asset of the plan, which must be used for the benefit of the employees covered by the policy. Employees or subscribers should contact the employer or group policyholder directly for information on how the rebate will be used. For general information about your rights regarding the rebate, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or review the Department's technical guidance on this issue on its website at: <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>.

Need more information?

If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact Highmark toll-free at 1-800-241-5704 or www.HighmarkBCBS.com.

Contact your employer or Administrator directly for information on how the rebate will be distributed. For general information about your rights regarding the rebate if your group health plan is subject to ERISA, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or review the Department's technical guidance on this issue on its website at: <https://www.dol.gov/agencies/ebsa/employers-and-advisers/guidance/technical-releases/11-04>.

Sincerely,

Deborah L. Rice-Johnson

Deborah L. Rice-Johnson, President
Highmark Coverage Advantage

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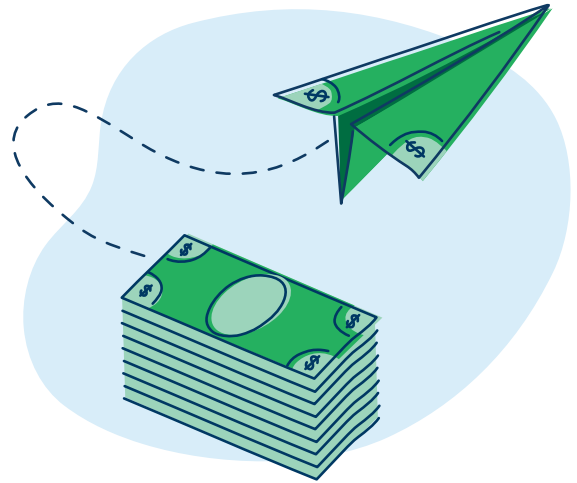
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<Address Line 1>
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<City>, <State> <ZIP>



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What's left will help us cover business expenses like administrative and overhead costs. Now that's what we'd call a win-win. Take a look at the enclosed required Centers for Medicare & Medicaid Services notice for additional details.

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