

FAPHM-103B 120 Fifth Ave. Pittsburgh, PA 15222

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

Dear < Client First Name>,

A rebate check from Highmark is headed your way. It's real — we promise. Cash it as soon as you can.

We're sending you this letter to let you know that a Medical Loss Ratio (MLR) rebate for 2021 is on its way. This rebate is required by the Affordable Care Act — the health reform law that ensures you have access to affordable health care.

Let us break down why you're getting money back.

In 2021, claims costs were lower than expected because members like you worked hard to stay healthy. The Affordable Care Act requires we spend at least 80% of all premiums on health care services and wellness programs. 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.

Sincerely,

Highmark Blue Cross Blue Shield

Have questions?

For additional details about the rebate, visit Highmark2021MLR.com or refer to the Centers for Medicare & Medicaid Services notice that will be enclosed with your check.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.

Information regarding the Patient Protection and Affordable Care Act of 2020 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws.

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:
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 - 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.

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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.

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

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

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



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Notice of Health Insurance Premium Rebate

<<Subscriber Name>>
<<Subscriber Address 1>>
<<Subscriber Address 2>>
<<City>>, <<State>> <<Zip>>>

September 2022

Re: Health Insurance Premium Rebate for Year 2021; Policy # <<UMI>>

Dear <<Subscriber Name>>:

This letter is to inform you that you will receive a rebate of a portion of your health insurance premiums. This rebate is required by the Affordable Care Act – the health reform law.

The Affordable Care Act requires First Priority Health to issue a rebate to you if First Priority Health does not spend at least 80 percent of the premiums it 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 requirement 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, First Priority Health did not meet the Medical Loss Ratio standard. In 2021, First Priority Health spent only 65.7%% of a total of \$269,166 in premium dollars on health care and activities to improve health care quality. Since it missed the 80 percent target in Pennsylvania by 14.3% of premiums it received, First Priority Health must rebate 14.3% of your health insurance premiums. We are required to provide this rebate to you by September 30, 2022, or apply this rebate to your premium that is due on or after September 30, 2022.

Need more information?

If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact First Priority Health toll-free at 800-544-6679 or www.highmark.com.

Insurance or health benefit administration may be administered by Highmark Blue Cross Blue Shield or First Priority Health, both of which are independent licensees of the Blue Cross Blue Shield Association.

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Sincerely,

Joseph Haddock

Joseph Haddock, President

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