LOCAL GOV HEALTH + WELLNESS SPRING 2026

THE LOCAL PULSE

ON THE ROAD AGAIN!

DAVID HILYER, CEO

I (and many members of our team) are truly excited to get back out on the road again, and that is exactly what we are doing. At Local Gov Health and Wellness, we deeply value the partnerships we've built with the local government entities we serve across Alabama. Staying connected and engaged with our units and members is a top priority, and one of the best ways we can do that is by spending time with you in person.

We recognize that each organization we serve faces its own unique challenges. To better understand those challenges and continue improving our plan, we visit our units periodically. These visits allow us to listen, learn, and collaborate. This ensures that we remain aligned with what matters most to you and your team.

Be on the lookout! A Local Gov team member may be stopping by to connect with you soon. Whether it's to talk through health insurance options, review our benefits and programs, discuss where we're headed as an organization, or simply to introduce ourselves and say hello, we look forward to those conversations.

We've found these in-person visits are incredibly valuable and productive. They help us strengthen relationships, gather meaningful feedback, and ultimately better serve the more than 700 local government entities that rely on us. We are excited to reconnect, and we look forward to seeing you soon!

Thank you for allowing us to serve your unit and employees!

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SAVE THE DATE! CONFERENCE TIME IS APPROACHING

It's almost conference season! We're excited for this year's conference and getting to share exciting updates about our benefits, upcoming changes in 2027, and more.

Anyone from your organization who either administers the benefits, answers questions regarding the benefits, enrolls people in coverage, or pays the insurance premiums is welcome to attend.

As a reminder, our conferences are free to attend with breakfast and lunch included. We've made this year's conference a convenient one-day event, so **choose which day works best for you** and be on the lookout for more information soon!

2026 CONFERENCE DETAILS:

September 29th or 30th
Vestavia Hills Civic Center
1090 Montgomery Hwy,
Vestavia Hills, AL 35216

MENOPAUSE SUPPORT THROUGH HINGE HEALTH

Menopause support is offered to women enrolled in one of the Hinge Health chronic pain or pelvic health pathways.

WHY IS MENOPAUSE SUPPORT IMPORTANT?

71% of individuals going through menopause experience joint and muscle pain! The program focuses on the decline in estrogen during menopause, which can worsen existing symptoms or trigger new joint, muscle, and pelvic health issues.

PERSONALIZED SUPPORT INCLUDES:

- PT-led care team guidance for lifestyle adjustments and exercise routines
- Personalized exercise therapy to reduce MSK and pelvic health pain
- Customized education on managing symptoms like hot flashes, joint pain, sleep quality, and stress

The best thing is..... IT IS COMPLETELY FREE!

Hinge Health™

FOR MORE INFORMATION ON MENOPAUSE SUPPORT, CHECK OUT THE ATTACHED LINK.

TRAVELING SOON? HERE'S HOW TO STAY COVERED WITH GLOBAL HEALTHCARE SUPPORT

BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Traveling internationally can be exciting, but it also brings uncertainties, especially regarding healthcare. Fortunately, programs like the Blue Cross Blue Shield Global Core program provide travelers with peace of mind by offering access to medical care worldwide.

A key feature of the program is its 24/7 Global Core Service Center. This resource connects members with assistance at any time, helping locate healthcare providers, understand their coverage, and coordinate care. Having round-the-clock support is especially valuable when navigating unfamiliar healthcare systems in other countries.

IN THE EVENT OF AN EMERGENCY OUTSIDE THE UNITED STATES, THE PROCESS IS SIMPLE BUT IMPORTANT:

1. Verify your BCBS Plan before leaving the United States, since benefits may be different outside the country.
2. Always carry your BCBS member identification card.
3. In an emergency, go directly to the nearest hospital. If hospitalized, call the BCBS Global Core Service Center at one of the toll-free numbers below.
4. For non-emergency inpatient medical care, please call the BCBS Global Core Service Center to arrange cashless access to a BCBS Global Core Hospital. The BCBS Global Core Service Center can also provide information on doctors. Call the BCBS Global Core Service Center at one of the toll-free numbers below.
5. As a BCBS member, you are responsible for any required precertification/preauthorization. Contact your BCBS Plan by dialing the phone number on the back of your BCBS member ID card.

BCBS GLOBAL CORE WEBSITE LINK →

HOW DO I FILE A CLAIM?

1. If the BCBS Global Core Service Center arranged your hospitalization, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket expenses you normally pay.
2. For outpatient and doctor care, or inpatient care not arranged through the BCBS Global Care Core Service Center, you will need to pay the healthcare provider and submit a BCBS Global Core international claim form with original bill(s) and proof of payment to the BCBS Global Core Service Center.
3. International claim forms are available from your BCBS Plan, the BCBC Global Core Service Center, or online at www.bcbsglobalcore.com.
4. Download the BCBS Global Core mobile app to file a claim OR file claims securely from your phone at www.bcbsglobalcore.com/Home/mobileapp.

TO LEARN MORE ABOUT BLUE CROSS BLUE SHIELD GLOBAL CORE:

- Call your BCBS Plan
- Call the BCBS Global Core Service Center at one of the toll-free numbers:
  - 1-800-810-BLUE (2583) / 1-877-547-2903
  - or collect at 1.804.673.1177
- Visit the website or download the Mobile App

THE IMPORTANCE OF WELLNESS SCREENINGS

Local Gov Health and Wellness offers free wellness screenings to help you stay on top of your number one priority: your health. We will come to your workplace, or you can visit one of the many pharmacies in Alabama, your physician, or a public health department to complete your annual wellness screening.

The wellness screening program is available to all participants and non-Medicare retirees who are enrolled in the Plan (Group 30000), along with their covered spouses

WHAT IS INCLUDED IN A WELLNESS SCREENING?

- Height & weight
- Body mass index (BMI)
- Blood pressure
- Glucose check
- Comprehensive lipid profile

WHAT IF I MISS MY WORKPLACE SCREENING?

If you miss your on-site workplace screening, you can get your screening at a local pharmacy or health department for free.

Scan the QR code for a list of participating pharmacies by county.

If you prefer to complete your screening with your primary care provider, please scan the QR code to access the Provider Screening Form and return it to Local Gov.

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WHERE DO I GET A WELLNESS SCREENING?

- On-Site/Workplace
- Pharmacy or Health Department (May require an appointment)
- Primary Care Provider (Copays may apply) (Must complete Provider Screening Form)

WHY IS A WELLNESS SCREENING IMPORTANT?

The wellness screening is an important tool to help you stay on top of your health. If you are deemed at risk for any of the screening areas, you'll receive a referral to see your primary care provider.

By participating in the wellness screening, you also help to ensure your unit **receives the lowest premium available on our Plan.**

In order to receive the preferred premium, 80% of your employees enrolled in the plan must have attended a wellness screening and submitted their paperwork by July 31.

QUESTIONS OR CONCERNS?

WELLNESS@LGHIP.ORG

COUPONS FOR TIER 2,3, AND 4 DRUGS

The Local Government Health Insurance Plan allows coupons to be used for Tier 2, Tier 3, and Tier 4 drugs. For **Tier 2 and Tier 3** preferred and non-preferred brand drugs, **the member pays 100% of the cost of the drug at the point of sale and files for 80% reimbursement**. For **Tier 4 drugs**, the member pays **20% of the cost of the drug at the point of sale. Tier 4 drugs are not eligible for reimbursement.**

Please note: The amount covered by a coupon is not eligible for reimbursement if your drug is tier 2 or tier 3.

1

DETERMINE WHAT TIER YOUR DRUG IS ON

The Prescription Drug Formulary can be found on lghip.org. The formulary lists all drugs and their tier.

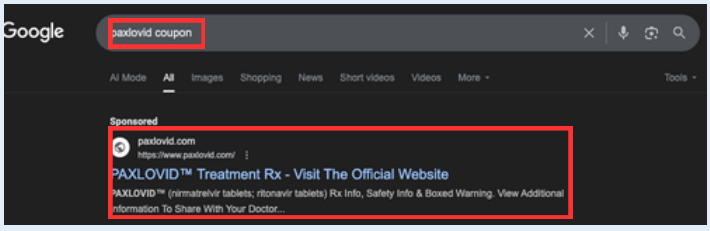
PAXLOVID - nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak	2
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2

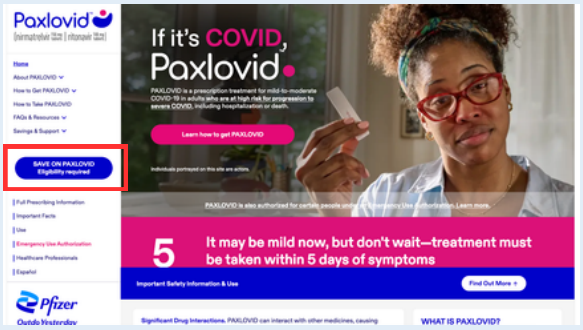
2

SEARCH FOR A COUPON

To find a coupon, open your search browser and type "medication name" + "coupon." Drug manufacturers may use the term"savings program", "copay card", or "patient assistance", etc. For example, to search for a Paxlovid coupon, search "Paxlovid coupon." Be sure to click on the actual drug or drug manufacturer website. On the Paxlovid website, click "Request Copay Card."

Note: Not all drugs have a coupon available.



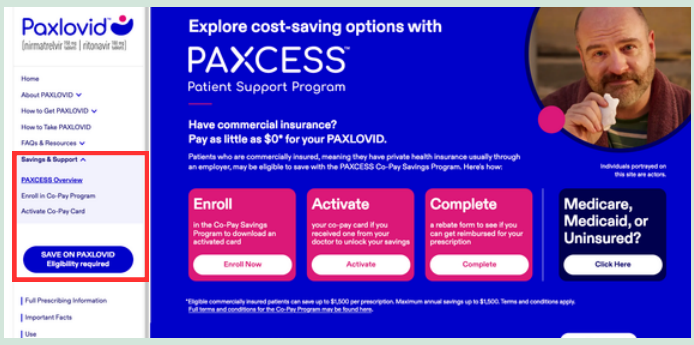


3

FILL OUT THE COUPON FORM

Complete the form on the drugs website using your personal information. When asked about prescription drug insurance, choose the option that states "employer-sponsored" or "private health plan."

Local Gov is not government-funded health insurance like Medicare or Medicaid.



SAVE OR PRINT YOUR COUPON

4

Print your coupon and present to your pharmacy to receive the coupon price.

Coupons do expire. Check the expiration date on your card and reapply for a new coupon card if it has expired.

DIRECT MEMBER REIMBURSEMENT (DMR) PROGRAM

The **Direct Member Reimbursement (DMR) program** is for eligible Tier 2 and Tier 3 prescriptions. You will pay 100% out of pocket at the point-of-sale and then file for 80% reimbursement (subject to your $200 deductible) with Prime Therapeutics.

Payments funded by manufacturer programs are not elgibile for the DMR program.

The deductible is shared between medical and prescription drug benefits. If the deductible is met on the medical side, it is also met on the prescription drug side, and vice versa.

HOW TO SUBMIT A DMR CLAIM:

- Online reimbursement via myprime.com
- Mail reimbursement form to:
  Prime Therapeutics LLC
  P.O. Box 25188
  Lehigh Valley, PA 18002-5188

WHAT YOU NEED TO SUBMIT A CLAIM:

- Pharmacy receipt
- Cash register receipt

FLEXACCESS PROGRAM

The FlexAccess program is designed to help you save money on certain specialty medications by obtaining copay assistance from drug manufacturers when available. Once you start receiving the manufacturer-funded copay assistance through the FlexAccess program, your copay will be between $0-$35 per eligible prescription. If you receive a bill for more than $35, please call the FlexAccess customer service number below.

To enroll in the FlexAccess Program:

- Call FlexAccess at 888-302-3618, or
- Email member.services@flexaccessrx.com

If your medication is eligible, a FlexAccess Customer Representative will provide you with the next steps to enroll with the manufacturer to obtain funding.

COMMON DRUGS WITH AVAILABLE COUPONS/SAVINGS CARDS:

- Eliquis
- Xofluza
- Repatha
- Nurtec
- Xarelto
- Vraylar
- Breztri
- Paxlovid
- Quilpta
- Ubrelvy
- Trelegy
- Mounjaro
- Ozempic
- Farxiga
- Jardiance

Prime THERAPEUTICS™