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*"Time does not change us. It just unfolds us."
Max Frisch*

"Let us think of education as the means of developing our greatest abilities, because in each of us there is a private hope and dream which, fulfilled, can be translated into benefit for everyone and greater strength for our nation."

John F. Kennedy

[11th Annual Bookkeeper/Administration Meetings](#)

Once again, Meritain Health will be hosting the 11th Annual Bookkeeper/Administration Meetings. The meetings will be July 27th – July 29th, 2011 in Effingham, Whittington (Rend Lake) and Fairview Heights.

In addition to Meritain Health, representatives from Express Scripts, HealthLink, Lincoln Financial, UniView, Delta Dental of Illinois, and American Fidelity will be present to discuss their individual services and products.

If you have not yet made your reservation, please do so by returning your completed invitation to the Fairview Heights, IL Meritain Health Service Office at:

888-525-2799 (fax)

or

13 Executive Drive, Suite 19

Fairview Heights, IL 62208

As in the past, the meetings are open to all Bookkeepers, Superintendents, Business Managers, and Human Resources Personnel who wish to learn more about the Trust and the products and services offered by the Egyptian Trust.

Given the health plan changes, overall health care industry changes and the upcoming changes in the billing and payment process this is a meeting you won't want to miss.

We look forward to another successful year of participation at these very important meetings.

[Illinois Civil Union Act-Effective June 1, 2011](#)

Illinois has enacted a civil union law that allows same sex and opposite sex partners to register as civil union partners. In addition, a same sex marriage or domestic partnership or civil union that was legally entered into under the laws of another state, whether or not the relationship is considered a marriage under federal law, will be recognized by Illinois as a civil union. An eligible employee's civil union partner will be eligible for coverage and the same benefits under the Plan as an employee's legal spouse. The employee will be required to provide a certificate of civil union or other documentation issued under the applicable state law.

Children of an employee's civil union partner will also be eligible for coverage under the Plan to age 26.

Participating Employers of the Egyptian Trust should be aware employee's civil union partner and his or her children may not be tax dependents of the employee for federal tax purposes. If they are not dependents as defined in the Internal Revenue Code, the employer is required by federal law to report the value of coverage provided by the employer for such individuals as taxable income to the employee. Districts should consult their own attorneys about the proper tax treatment of coverage provided to civil union partners and their children.

[Health Plan Changes – Effective September 1, 2011](#)

The Egyptian Trust Board of Managers approved the following changes in benefits and premiums at their May 4, 2011 meeting.

➤ **Office Visit Copay for Specialist Physicians will be \$40.**

The copay will remain at \$25 for primary care physicians, including general and family practice physicians, internists, pediatricians and gynecologists. All other physicians are considered specialists and a copay of \$40 per office visit will apply.

➤ **Increase Copay and Member Coinsurance for Emergency Room Visits.**

- **Copay – All Plans:** The Emergency Room copay will be \$300 regardless of provider used. This copay applies to the charge for the Emergency Room Facility and the Emergency Room Physician who may charge to treat you in the Emergency Room. Keep in mind, the Emergency Room copay is waived if you are admitted, but the patient will pay the hospital admission copay instead.
- **Coinsurance – Platinum, Gold and Silver Plans:** The member coinsurance (out of pocket) for Emergency Room visits will be increased from 10% to 15% regardless of provider used.

Please Note: Member coinsurance for Emergency Room visits for those enrolled in the Bronze Plan is currently 20% and will remain at that level.

Please read on page 6 of this newsletter about the new **FREE Consult a Doctor** program becoming available to you on September 1, 2011. This program may help avoid unnecessary visits to the Emergency Room and therefore, produce savings to the member.

➤ **Increase Copay for Inpatient Hospital and Outpatient Surgery Services**

All Plans: The “per admission” or “per procedure” copay for inpatient hospital admissions and outpatient surgical procedures will be increased from \$150 to \$250 for network providers (Tiers 1 and 2) and from \$450 to \$550 for out-of-network providers (Tiers 3 and 4). If a person has 3 or more hospital admissions and/or surgical procedures in the same calendar year, the copayment will be waived for any additional hospital admissions or surgical procedures in the same year. You must contact the Claim Services Administrator to request this waiver by calling the number on the back of your ID card.

[The following additional Plan changes will become effective
September 1, 2011 in compliance with federal Health Care Reform Law:](#)

➤ **Coverage of Dependent Children to Age 26**

A child of an eligible employee will be eligible for coverage **to** age 26, regardless of the child’s marital status, student status, residency, or dependency on the employee for support. During the open enrollment period of August 1 – September 30 eligible employees may enroll any child of the eligible employee up to age 26.

In addition, and as required by Illinois law, an employee’s **unmarried** child age 26 **to** age 30 will be eligible for coverage if the child is an Illinois resident who was discharged from active or reserve duty in the U.S. Armed Forces or National Guard.

Vendor/Consultant Websites/Phone

Health

View your protected claims and eligibility and more at:

www.myMeritain.com

Member Services Phone
800-844-7979 or
800-828-6922

Prescription Drugs

View your protected prescription drug claims history and more at:

www.express-scripts.com

Member Services Phone
800-451-6245

Egyptian Trust

View information about Egyptian Trust, programs offered by the Trust, historical newsletters, and more at:

www.egtrust.org

HealthLink Providers

Find a Tier 1 or Tier 2 Participating Provider, create a Customized Directory, and more at:

www.healthlink.com

Member Services Phone
800-624-2356

Delta Dental

View your protected claims and eligibility and more at:

www.deltadentalil.com

Member Services Phone
800-323-1743

UniView Vision Plan

To find a participating Uniview provider go to:

www.unicare.com

Member Services Phone
888-884-8428

Lincoln Financial Group

Member Services Phone
800-423-2765

➤ **Overall Lifetime Dollar Limit on Benefits**

The \$5 million lifetime limit on all benefits paid on behalf of any one person under the Plan will be eliminated. There will no longer be any dollar limit on the total amount of benefits the Plan may pay for any one person.

➤ **Pre-existing Condition Exclusions**

All pre-existing condition exclusions will be eliminated for all covered individuals.

➤ **Benefits for Alcohol and Substance Abuse Treatment**

Inpatient Alcohol and Substance Abuse treatment:

The Plan will cover a total of 50 lifetime days of inpatient hospital care for treatment of all alcohol and substance abuse and mental disorders. The current \$25,000 lifetime limit on all alcohol and substance abuse treatment will be eliminated.

Outpatient Alcohol and Substance Abuse treatment:

The Plan will cover a total of 52 outpatient visits per calendar year for treatment of all alcohol and substance abuse and mental disorders. The current \$5,000 annual limit on outpatient treatment will be eliminated.

The Egyptian Trust continues to opt out of full compliance with the federal Mental Health Parity law. As a nonfederal governmental plan, the Trust has the right to opt out of compliance with this law. Until final regulations are issued, the Board has chosen to wait to make a decision on whether and how to change the mental health and substance abuse benefits provided under the Plans. To opt out, the Trust is required to provide the following notice to participants before September 1, 2011 explaining the decision to opt out of the parity requirements.

Important Notice to Participants

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from one or more of these requirements for a plan that is self-funded rather than provided through a health insurance policy.

The Egyptian Area Schools Employee Medical Benefit Plan complies with the following Federal law requirements. These are described in your Plan booklet.

1. Limitation on pre-existing condition exclusion periods.
2. Special enrollment periods.
3. Prohibitions against discriminating against individual participants and beneficiaries based on health status.
4. Standards relating to benefits for mothers and newborns.
5. Required coverage for reconstructive surgery following mastectomies.
6. Coverage of dependent students on medically necessary leave of absence.

The Egyptian Area Schools Employee Benefit Trust has elected to exempt the Employee Medical Benefit Plan from compliance with some requirements of the following Federal law:

1. Parity in the application of certain limits to mental health benefits.

The first Federal mental health parity law was enacted in 1996. The Plan complies with the requirements of the 1996 law. The mental health parity law was amended in 2008, effective for plan years beginning in 2010. The Plan has elected to be exempt from some requirements of the new parity law and related regulations. The Plan will continue to provide the same benefits for mental health and substance abuse conditions with the exception of the changes noted on the previous page.

The exemption from this Federal requirement will be in effect for the Plan year beginning September 1, 2011 and ending August 31, 2012. The election may be renewed for subsequent Plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a "certificate of creditable coverage" when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer's health plan, or if you wish to purchase an individual health insurance policy.

➤ **100% Benefit for Recommended Preventive Services Provided In-Network**

In-Network Preventive Services

As required by federal law, the Plan will pay 100% of the cost of certain services provided by a HealthLink provider if the services are preventive services recommended under guidelines published by the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration (the Guidelines). The 100% benefit will include routine physical exams, some routine screening tests, immunizations and counseling to promote health or prevent health problems, as prescribed in the Guidelines. When provided by a HealthLink provider, all preventive services recommended by the Guidelines will be paid by the Plan without any deductibles, copays or coinsurance.

Non-Network Preventive Services

Preventive services provided by Tier 3 Non-Network providers will continue to be covered by the Plan subject to the same deductibles and coinsurance (if any) as under the current Wellness Benefit.

Preventive services provided by Tier 4 Non-Network providers will no longer be covered.

To find a detailed list of Preventive services that are recommended under guidelines published by the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration (the Guidelines) please visit the U.S. Department of Health and Human Services website at:

<http://www.healthcare.gov/center/regulations/prevention/recommendations.html>

➤ **\$100 Calendar Year Benefit for Routine Diagnostic Lab and X-ray Services**

Under the current Wellness Benefit the Plan provides a benefit of \$500 per calendar year that may be used for routine diagnostic laboratory and x-ray testing and the HPV and Shingles vaccines. Effective September 1, 2011, the Plan will remove the \$500 calendar year benefit and provide a \$100 calendar year routine diagnostic laboratory and x-ray testing benefit for testing that is not otherwise covered as a recommended preventive service for the patient under the federal Guidelines. Laboratory tests and immunizations that are recommended preventive services under the federal Guidelines (including the HPV and Shingles vaccines at appropriate ages) will be covered at 100% when using a HealthLink provider without any annual dollar limit.

To find a detailed list of Preventive services that are recommended under guidelines published by the U.S. Preventive Services Task Force (USPSTF), the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention and the Health Resources and Services Administration (the Guidelines) please visit the U.S. Department of Health and Human Services website at:

<http://www.healthcare.gov/center/regulations/prevention/recommendations.html>

➤ **Preventive Drugs Required under the Guidelines**

The federal Guidelines include as recommended preventive services the following drugs:

- **Aspirin** prescribed to prevent cardiovascular disease for men age 45 to 79 with certain health risk factors and for women age 55 to 79 years with certain health risk factors.
- **Oral fluoride supplementation** prescribed for children from birth to age 5.
- **Iron supplementation** prescribed for children from birth to 12 months of age.
- **Folic acid supplementation** prescribed for women of child bearing age.

If prescribed by a physician the above drugs will be covered under the prescription drug benefit. Over the counter (OTC) versions of these drugs will be have a \$0 copay program when a prescription is provided.

➤ **Pre-certification of Additional Services and Certain Chemotherapy Drugs**

HealthLink has recently expanded the list of services, supplies and procedures that HealthLink recommends for pre-certification of medical necessity. The list now includes certain chemotherapy drugs, whether administered inpatient or outpatient. These drugs are reviewed to determine whether there is medical evidence to support the use of the proposed drug therapy for the patient's type of cancer and condition. See the following page detailing the services that will require pre-certification as of September 1, 2011.

HealthLink Standard Medical Necessity Review Check List for Egyptian Trust

Effective September 1, 2011



HealthLink Utilization Management

Toll-free: 877-284-0102 • Fax Number: 800-510-2162 • Hours: 8:00 a.m. to 5:00 p.m. CST • Recorded messages after 5:00 p.m. CST

Services Requiring Pre-Certification

Inpatient Services (Medical, Surgical, Behavioral)

- Bariatric Surgery
- Elective Admissions
- Emergency Admissions
- Hospice
- LTAC Admissions
- Lumbar Spine Surgery
- Rehabilitation Facility Admissions
- Skilled Nursing Facility Admissions
- Transplants

Surgical Procedures - Ambulatory

- Bariatric Surgery
- Cartilage Transplant Knee
- Lumbar Spine Surgery
- Nasal Septoplasty
- Rhinoplasty
- Sinus Endoscopy
- Sleep Apnea Surgery - LAUP/UPPP, Nasal, and Uvulopalatoplasty

Ancillary Services

- Home Infusion Services
- Home Health Services
- Home Hospice
- Occupational Therapy
- Services/Treatments for Autism Spectrum Disorders
- Physical Therapy
- Speech Therapy

Durable Medical Equipment

- Bone Stimulator
- Cardio/External Defibrillator
- Cochlear Implant
- Cooling Devices (i.e. Polar Care)
- CPAP/BIPAP
- Electric Scooters
- Functional Electrical Stimulator Bikes
- Limb Prosthetics
- Myoelectric prosthetics
- Neuromuscular Stimulators
- TENS Unit
- Wheelchairs (Custom)
- Wheelchairs (Power)
- Wound Vacs

Diagnostic Imaging - Ambulatory

- MRA of the Head and/or Neck
- MRI of the Brain
- MRI of Spine – Cervical, Thoracic, Lumbar, Sacral
- PET Scans

Specialty Infusion Drugs*

- Alemtuzumab (Campath)
- Azatidine (Vidaza)
- Bevacizumab (Avastin)
- Bortezomib (Velcade)
- Fulvestrant (Faslodex)
- Mitaxantrone (Novantrone)
- Oxaliplatin (Eloxatin)
- Paclitaxel (Taxol and Abraxane)
- Panitumubab (Vectibix)
- Pemetrexed (Alimta)
- Rituximab (RituXan)
- Trastuzumab (Herceptin)
- Zoledronic Acid (Zometa)

* Covered under the medical plan.

HealthLink's Utilization Management program is designed to provide clinical review of medical care to convey information and recommendations to plan administrators and carriers in connection with their determination of benefit eligibility. Medical necessity certification does not guarantee that services are covered. Benefits are subject to the patient's eligibility at the time charges are actually incurred, and to all other terms, conditions and exclusions of the applicable health plan.

Provider tools are available to help facilitate the Pre-Certification review process. These tools include: Fax Forms, Interactive Voice Response (IVR) and online tools to determine the UM vendor. For more information visit www.healthlink.com, from the Provider home page, click on the Utilization Management link.

HealthLink®, Inc., is an Illinois corporation. HealthLink, Inc. is an organizer of independently contracted provider networks, which it makes available by contract to a variety of payors of health benefits, including insurers, third party administrators or employers. HealthLink has no control or right of control over the professional, medical judgment of contracted providers, and is not liable for any acts or failures to act, by contracted providers. HealthLink, Inc. is not an insurance company and has no liability for benefits under benefit plans offered or administered by payors. HealthLink is a registered trademark of HealthLink, Inc. and a separately incorporated and capitalized subsidiary of WellPoint, Inc.

➤ **Consult A Doctor™ – New FREE program beginning September 1, 2011**

Consult A Doctor is a **FREE** program that provides members covered by one of the Egyptian Trust Health Plans with unlimited access to experienced state-licensed physicians by telephone or e-mail. Doctors are available to provide advice around the clock, including weekends, holidays or after business hours, and can prescribe medications for common conditions such as allergies, bronchitis, cold/flu, headaches, respiratory and sinus infections, stomach ache/diarrhea, urinary tract infections and many other conditions. This program is not intended to substitute a patient's own physicians, but provides an alternative to Urgent Care or Emergency Room care when the patient is traveling, needs to reach a physician after normal business hours, etc. This program can help avoid unnecessary office visits or Emergency Room visits and offers the covered member an alternative while still having the ability to consult with a physician.

You will be receiving information related to this program directly at your home address.

➤ **Hospital Self Audit Program-Protect Yourself From Overcharges**

This is a program that will save the Plan money and can earn you a cash reward. Here's how it works:

If you, upon review of your (or a covered family member's) hospital bill for a covered hospitalization, identify an overcharge in the amount billed, you may receive a cash reward from the Plan of 50% of the amount of the overcharge which would have been paid by the Plan, provided that you document the error by submitting a corrected bill from the hospital to the Claim Services Administrator. The reward may not exceed \$250 per hospitalization.

This really does work ! Look at the following real life example of savings to the Egyptian Trust and a cash reward to the covered member.

Recently, a covered member identified two costly diagnostic services charged by a hospital but the services weren't received. The member contacted the hospital to obtain a corrected bill. This resulted in savings to the Egyptian Trust in the amount of \$1616.89 and a **cash reward to the covered member of \$250.**

The Egyptian Trust encourages you to take advantage of this benefit by reviewing your hospital bills and making certain you receive the services you are billed.

Rate Increases
Effective September 1, 2011

The Board approved an overall rate increase of 18%. The following displays the current rates and the rates that will become effective September 1, 2011. These rates include \$10,000 basic life insurance.

	Platinum Plan		Gold Plan		Silver Plan		Bronze Plan	
	Current	2011-12	Current	2011-12	Current	2011-12	Current	2011-12
Employee	\$536	\$632	\$484	\$571	\$418	\$493	\$356	\$420
EE + Spouse	\$1,106	\$1,305	\$998	\$1,178	\$866	\$1,022	\$732	\$864
EE + Children	\$1,068	\$1,260	\$963	\$1,136	\$835	\$985	\$719	\$848
Family	\$1,191	\$1,405	\$1,073	\$1,266	\$932	\$1,100	\$791	\$933

Voluntary Dental – Delta Dental of Illinois-Rates
Remain in place for September 1, 2011

Delta Dental of Illinois became the Egyptian Trust's voluntary dental insurance carrier as of September 1, 2010. There will be no change in the premium charged by Delta Dental upon the renewal date of September 1, 2011.

Delta Dental of Illinois provides an open enrollment period (consistent with the Health Plan open enrollment period) where you may make changes to your current election for coverage. Keep in mind Employees/Members or their Dependents may only make changes during this open enrollment period unless there is a qualifying change in status. Employees/Members or their Dependents who terminate coverage will not be permitted to re-enroll until an open enrollment period occurring at least twenty-four (24) months after the date of termination. Once enrolled, Employees/Members or their Dependents must remain enrolled for the duration of the Plan Year until the next open enrollment period.

Current Premium and Premium through August 31, 2012		
Coverage Type	Low Plan	High Plan
Employee Only	\$11.80	\$27.94
Employee + One Dependent	\$21.44	\$51.16
Employee + Two or more Dependents	\$40.38	\$74.26

You may find a Delta Dental Network Provider by visiting www.deltadentalil.com. You may contact Delta Dental of Illinois Customer Service Department at **800-323-1743** for questions concerning claims or enrollment information.

Voluntary Vision Program – Rates
Remain in Place for September 1, 2011

UniView, the Egyptian Trust voluntary vision provider will continue the following rates through August 31, 2012.

Current Premium and Premium through August 31, 2012	
Coverage Type	Premium
Employee Only	\$6.64
Employee + One Dependent	\$9.50
Employee + Two or more Dependents	\$17.20

How do I find a UniView provider?

You may search for providers by visiting www.unicare.com. Click on "find a doctor". Then click "visitor search". Choose "large group". Then under "plan" choose "UniView Vision". This takes you to the Vision Network where you can then search by address, zip code within a specified number of miles.

How do I contact Customer Service?

Call UniView[®] Vision at **(888) 884-8428** for questions about your vision benefits or to locate a network provider. Be sure to use your Social Security number rather than the Certificate number printed on your ID card when contacting UniView.

How does my Provider contact Customer Service?

Providers may call UniView[®] Vision at **(800) 521-3605**

Basic & Voluntary Life Insurance Program-Rates Remain in Place for September 1, 2011

Lincoln Financial Group rates per \$1,000 of coverage for the Basic Life Insurance and Voluntary Life Insurance for Employees, Spouses, and Dependents will remain the same as the current year.

If you are currently enrolled in the Voluntary Employee or Spouse Life Insurance program please review the rate tables that indicate if you will be moving into the next age band as of September 1, 2011. If you are moving into the next age band, simply find your age as of September 1, 2011, the amount of coverage you enrolled for and the monthly premium amount is displayed.

The rate tables are published at www.egtrust.org

Prescription Drugs that are not covered under the Prescription Drug Card Benefit

The Egyptian Trust Health Plans contain a provision addressing Prescription Drugs that are not covered under the Prescription Drug Card Benefit.

Prescription Drugs must be FDA approved and determined to be medically necessary and appropriate treatment. Prescriptions for male impotency medications are a covered prescription under this benefit. However, the benefit is limited to a maximum of 6 tablets per month and must be submitted with a statement of medical necessity from the prescribing physician.

In order to receive appropriate reimbursement you must provide a completed claim form with the original prescription receipt indicating the patient name, name of the drug, NDC number, date prescription filled, total charge of the drug. It is always recommended that you keep a copy of your claims filing and receipt.

Your claim may be submitted as any other health claim to the address on the back of your ID card.

LabCard

The LabCard program which became effective September 1, 2008 was introduced in order to achieve deeper savings for both the covered member and the Egyptian Trust. While it has provided significant savings and 100% reimbursement of blood draws and specimens for those members who have used the program, it has not been convenient for 100% of covered members. Meritain continues to work with LabCard to attempt expansion of the LabCard collection sites in the areas that are currently limited.

For those members who may not have access to a LabCard contracted facility, LabCard is happy to reach out to your physician's to see if they have the ability to provide a specimen collection in their office and to work with them to send those specimens to Quest Diagnostics for their Lab Card patients. If you would like LabCard to contact these physicians, you must provide the following information and email that information to MetroMeritain@meritain.com.

Name of Physician
Name of Practice
Address of Practice
Phone number of Practice

You may check the website at www.labcard.com periodically to find LabCard providers available to you in your area.

Health Plan Document

The Health Plan Document is in the process of being updated and is expected to be finalized and delivered to each participating employer group in the Egyptian Trust by late September, 2011. Upon completion, we will send a sufficient supply to each individual employer group. You may also obtain or view a current copy of the Health Plan Document (restated as of January 1, 2011) by visiting the Egyptian Trust website at:

www.egtrust.org

[Know Your Benefits](#)

The Schedule of Benefits provides a general overview of the applicable deductibles, copays, reimbursement percentages, etc. for the Health Plan you are enrolled in. The Schedule of Benefits is intended to be just that – a general overview. It is important that you, as a covered employee, retired employee, or COBRA beneficiary are aware of YOUR RESPONSIBILITIES AND YOUR RIGHTS AS A COVERED INDIVIDUAL IN THE EGYPTIAN HEALTH PLANS. This information can be found in your Plan Document. Should you need an additional copy of the Plan Document, please request a copy from your Employer or visit the Egyptian Trust website at www.eqtrust.org where the most current version of the plan document is available.

Following are some key items you always need to keep in mind in order to receive the maximum benefits available to you.

- You are required to **pre-certify** any inpatient hospital admission (other than for childbirth unless the admission exceeds 48 hours following a normal delivery or more than 96 hours following a cesarean section), skilled nursing facilities, certain durable medical equipment, outpatient surgery, ancillary services, and diagnostic procedures. In addition, all Treatment for Autism & Autism Spectrum Disorders must be pre-certified. Please see updated list which becomes effective September 1, 2011.

You must contact **HealthLink** at **(877)284-0102** to certify your stay. Failure to do so will result in a reduction of benefits.

- If you wish to find out if a particular service or treatment plan is a covered expense by your health plan you are responsible for requesting a **Pre-Determination of Medical Necessity**. Even if the Plan does not require pre-certification for a particular service or procedure, you may want to know whether a service or procedure that has been recommended for you is a covered expense and whether the service or procedure will be considered by the Plan to be Medically Necessary for your medical condition, or will be considered cosmetic or Experimental and Investigational for your condition, so you will know in advance whether the Plan will provide benefits in your individual case.

To request an advance determination for a particular service or procedure, you or your provider must contact the Claims Department at **Meritain Health**, the Claim Services Administrator. If appropriate, the Claim Services Administrator will authorize a clinical consultation by **HealthLink's** Utilization Review Department. A medical reviewer will evaluate the information you submit to determine whether the service or procedure is considered Medically Necessary, or cosmetic, or Experimental and Investigational, as applicable, for your condition. **HealthLink** will notify you of the result of the review in writing. If you disagree with the determination, you may request a peer-to-peer discussion or file an appeal in accordance with **HealthLink's** Appeal/Grievance Process outlined in Appendix A, printed at the end of the Plan Document booklet.

- You are responsible to notify your Employer when you, your spouse or dependent, experience an “**employment status**” change, a “**family status**” change, or any change identified as a “**qualifying event.**”

Changes noted above include but are not limited to loss of employment, loss of other coverage, birth or adoption of a child, marriage or divorce of the employee, spouse, or child, loss of coverage due to reaching the maximum age for dependent coverage, a leave of absence or return to work after a leave of absence, retirement from employment, disability or return from a disability leave, etc.

If you are unsure of how such a change or if a change affects you, it is best that you contact your Employer who will be able to guide you and direct you to the appropriate Plan provisions. Most changes require you take action within 31 days of the event in order to take advantage of a Special Enrollment Right or Continuation of Coverage (COBRA). This can affect the premiums you pay and also may affect your coverage. **Remember:** Your Employer can't assist you unless they are made aware of your situation.

- **You are responsible for enrolling your newborn child or children and paying the appropriate premium in order to cover your newborn child or children.**

Newborn Children: The Plan allows you more time to enroll a newborn child, including a newborn adopted child:

- **Full Family or Employee Plus Child(ren) Coverage:** If you are already enrolled for full family coverage (Employee plus spouse and at least one child) or Employee Plus Child(ren) coverage (Employee plus at least one child) your newborn child will be covered under your family coverage or Employee Plus Child(ren) coverage from birth. **There is no time limit on enrollment in this case, but you must enroll the child before claims for the child can be considered.**
- **Single or Employee Plus Spouse Coverage:** If you are enrolled for single coverage or Employee plus Spouse coverage, **you must enroll your newborn child within 90 days of birth and pay the additional premium to add the child.** If you do not enroll your newborn within 90 days after birth, you will not be permitted to enroll the child until the next annual open enrollment period, unless you have a qualifying change in status or special enrollment event.

If, in anticipation of adoption, an Employee is awarded physical or legal custody of a newborn child within 10 days of the date of birth, the child will be considered an eligible dependent of the Employee from the date of birth. Otherwise, an adopted child will be considered an eligible dependent when the Employee is awarded physical or legal custody. Newborn adopted children must be enrolled within the same periods as other newborns, as described above.

REMEMBER: If you do not enroll yourself and/or your dependents when first eligible you cannot enroll in the Plan before the next annual open enrollment period unless you have a qualifying change in status or special enrollment event.

If you enroll in the Plan you cannot drop coverage for yourself or any dependent until the next annual open enrollment period unless you have a qualifying change in status. See “Annual Open Enrollment” and “Qualifying Change in Status” information in the Plan Document.

When you have questions about any of the plans endorsed by the Egyptian Trust, please refer to your ID card which contains all of the Customer Service phone numbers, addresses and websites available to assist you. Following is a summary of that information all of which can also be found at www.egtrust.org as well.

<p>Prescription drug program questions including step therapy, covered prescriptions, copay amounts, etc. should be directed to Express Scripts 800-451-6245 www.express-scripts.com</p>
<p>Questions about Pre-Certification of medical services should be directed to HealthLink 877-284-0102 To find a participating network provider, please contact HealthLink www.healthlink.com or 800-624-2356</p>
<p>Vision Benefits or eligibility/enrollment or vision provider questions should be directed to UniView 888-884-8428 www.unicare.com</p>
<p>Health Plan benefits or eligibility/enrollment information should be directed to Meritain Health 800-844-7979 www.myMeritain.com</p>
<p>Basic Life Insurance or Voluntary Employee, Spouse, and Dependent Life Insurance questions should be directed to Lincoln Financial Group 800-423-2765</p>

Contacting the proper provider or vendor of services will expedite your request and handling of your inquiries.

Have a Safe and Happy Summer