



2018-19 Benefit Enrollment Guide

Egyptian Area Schools

Table of Contents

Welcome to Open Enrollment	2
General Plan Information.....	3
Your Preferred Provider Network.....	4
Precertification Information	5
Introducing HealthSCOPE Benefits	
How your medical bills get paid	6
Enhanced Customer Care	7
Member Communications	8
Using the Member Web Portal.....	9
HealthSCOPE Benefits Mobile App	10
Explanation of Benefits	11
Your Teladoc Program.....	13
Prescription Drug Coverage overview.....	14
Prescription Drug Coverage by KPCM.....	15
Dental Coverage overview	15
iHear Hearing Aid	16
Dental Coverage rates.....	17
Vision Coverage overview	19
Life Insurance/ AD&D Coverage overview.....	19
Vision Coverage plan.....	20
Life, Group Life, and AD&D plans.....	22
Enrollment forms	25
Online information.....	29
List of Contacts.....	30



Welcome to 2018-19 Open Enrollment



The Egyptian Trust Health Plans will continue to use the “Value-Based Benefits” model. This model reimburses benefits based on a reasonable Medicare reimbursement methodology. The benefits have not changed. You still have a single benefit level regardless of the provider you choose, which means all providers are paid at the same benefit level. The copays for physician, ER or urgent care visits, in-patient admissions and out-patient surgeries, prescription drug copays, deductible amounts, coinsurance percentages and out of pocket maximum amounts have not changed.

You should check with your Employer for the plans and rates being offered. Schedules of Benefits are available on the Egyptian Trust portal (www.egtrust.org) for plan comparison purposes. If you have questions concerning the different plans offered by your employer you may also contact HealthSCOPE Customer Care at 1-800-397-9598.

This year’s open enrollment is passive, which means your current coverage elections will automatically renew for 2017 - 2018, but you may need to take action:

- If you need to enroll or make changes to your coverage elections
- If you need to enroll, terminate, or make changes to your current plan options
- If you waive medical coverage, you will need to complete an enrollment form indicating you waive coverage and submit to your employer

This Benefits Enrollment Guide contains information on the medical, dental, vision, life and telemedicine plans available to you and your dependents. In the following pages you will find information about each vendor and product offering.

OPEN ENROLLMENT—WHAT YOU NEED TO DO



If you are a new employee and wish to enroll, complete the Enrollment Form (located at the back of this document) and return it to your Employer to complete the enrollment process. You can obtain additional Enrollment Forms from your Employer or at www.egtrust.org.



If you are currently enrolled and do not wish to make any changes to your coverage or plan elections during Open Enrollment, you don’t need to do anything. Your coverage will remain in effect until the next Open Enrollment period.



If you wish to make changes to your current coverage or plan elections, complete the Change Enrollment Form (located at the back of this document) and return it to your Employer to complete the enrollment process. You can obtain additional Change Enrollment Forms from your Employer or at www.egtrust.org.

Please read this benefit guide carefully so you can choose the plan that best meet the needs of you and your family, and be sure to keep it on hand to reference throughout the year.

Here’s to your health!

Egyptian Area Schools Employee Benefit Trust

Note: Some Employers do not offer all health plan options and all voluntary plans described in this booklet. Please contact your employer for the specific plans and premiums offered by your Employer.

General Plan Information

When can you make changes?

NEW ACTIVE EMPLOYEES

Egyptian Area Schools requires new active employees to enroll in health, dental, vision, and life insurance plans within 31 days of their first date of active employment (or the date they are first eligible). Elections are irrevocable until the next Open Enrollment period unless there is a qualifying life event.*

ALL ACTIVE EMPLOYEES

All active employees have the opportunity to make changes to their existing elections during Open Enrollment. Elections are irrevocable until the next Open Enrollment period unless there is a qualifying life event.*

Note: Any life insurance enrollment or changes for other than newly eligible employees are subject to medical underwriting.



OPEN ENROLLMENT AUGUST 1—SEPTEMBER 30!

The next Open Enrollment takes place **August 1—September 30, 2018**. That is when you will be able to select or make changes to health, dental, and vision plans for you and your family. The effective date of your changes will either be September 1 or October 1. Check with your employer for your specific effective date.

When you submit your enrollment changes, please be sure to update your contact information so we can reach you if needed and process your claims efficiently.



Important Note for Employees Opting Out

If you are opting out of any of the products offered, you must complete the waiver portion of the Enrollment Form and return it to your employer.

*QUALIFYING LIFE EVENTS

- Marriage
- Divorce
- Birth or adoption of a child
- Changes in child's dependent status
- Death of spouse, child, or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's or dependent child's benefits or employment status

Your Preferred Provider Network

When you need to see a physician, a physician network, PHCS, is utilized for all physician services (primary care and specialists). This gives you access to a wide network of providers.

When you need care from a hospital or outpatient facility, Value-Based Payments come into play to keep your costs down. Your physician will recommend a hospital or outpatient facility, as usual. They will pre-certify your treatment based on the Plan Guidelines. Based on rates established by Medicare and other resources, a fair price will be identified for your treatment. The facility will then be advised up front of the allowable charge, which is almost always lower than what they would normally charge, and proceed with scheduled services. As customary, you will be responsible for any copays, deductible, and coinsurance up to the annual out-of-pocket maximum.

How your Primary Doctor can help you save money



HERE'S HOW

- They are specially trained to work with you to coordinate your overall healthcare.
- They get to know you and your health issues over time, which ensures you have the best doctor to direct you to a specialist when you need one.
- Using a Primary Doctor can reduce your out-of-pocket expenses, including copays.

Keep in mind your Primary Doctor can be a family physician, a general practitioner, an internal medicine doctor, a pediatrician (for children), or an OB/GYN.

How to find a PHCS/Multiplan Network Provider

For assistance in finding a PHCS provider of your choice, you can contact PHCS direct at 800-922-4362 (7a.m. - 7p.m.), or HealthSCOPE Benefits Customer Care at 800-397-9598 (8a.m. - 6p.m.). Assistance is available Monday - Friday (except major holidays). Identify yourself as an Egyptian Trust health plan participant accessing the PHCS Network for practitioners and ancillaries only. This means that your access includes the full network of physicians and ancillary providers, such as labs, durable medical equipment, etc. You may also search online at www.multiplan.com/healthscope

Follow the prompts to enter your search criteria. When performing searches, keep in mind that your network includes the full network of physicians and ancillary providers, such as labs, durable medical equipment, etc.

Before your appointment

Please be sure to follow any preauthorization procedures required by your plan. In addition, to ensure proper handling of your claim, always present your current benefits ID card upon arrival at your appointment.

If you need assistance

If you encounter issues when scheduling appointments with PHCS Network providers, call either PHCS at 800-922-4362, or HealthSCOPE Benefits' Customer Care at 800-397-9598.



Pre-certification

Your Medical Management team at MedWatch will work closely with your medical provider for any services with pre-certification requirements. To be covered at the highest level of benefits and to ensure complete care coordination, the Plan requires that certain care, services and procedures be pre-certified before they are provided. Pre-certification requests are submitted on your behalf by a specialty Physician, Primary Doctor, or other healthcare provider. Provider offices have been provided with materials and education regarding this process, and your Plan identification card includes instructions. Approvals of pre-certification requests for procedures, hospitalizations and other services, indicates that the medical condition, services and care settings meet the utilization criteria established by the Plan. The following services require precertification:



- All outpatient surgeries not done in a doctor's office
- 23-hour observation stays
- Biologic Drugs
- Chemotherapy
- Deviated septum/nasal surgery
- Dialysis
- DME over \$1,500
- EBCT (Electron Beam Tomography)
- Endoscopic procedures
- Epidural/facet and trigger point injections
- Extended Nursing Facility
- High-Tech Radiology (CT, MRA, MRI, PET)
- Home Health Care
- Hospice Care
- Infusions (Infusion Therapy) of any type over \$1,500
- Inpatient Admissions
- Long Term Acute Care (LTAC)
- MRI/CT/Pet Scan—excludes bone density studies
- Physical/occupational/speech therapy
- Psychiatric Treatment: Intensive Outpatient, Residential, Partial
- Radiation Treatments
- Rehabilitation facility
- Rehabilitation for Substance Abuse: Outpatient, Residential, Partial
- Skilled Nursing Facility (SNF)
- Varicose vein ligation

Pre-certification Notice

Prior authorization is required for all inpatient hospitalizations and all surgeries (outside of the physician's office) or for other services as specified in your plan document. To avoid a penalty, your provider must contact the Customer Care unit at least 7 days before the hospitalization / treatment or within 48 hours of an emergency admission. Your provider may contact the HealthSCOPE Benefits Customer Care unit at 800-397-9598, Monday through Friday, 8:00 a.m. - 6:00 p.m. Central Standard Time to obtain a pre-certification. **Pre-certification does not guarantee payment.**

Medical Claims

How your healthcare bills get paid

The Medical Claims Administrator for your health benefits plan is HealthSCOPE Benefits. HealthSCOPE Benefits is a full-service claims administration and health management firm providing administrative and other support services to self-funded employers.

Headquartered in Little Rock, Arkansas, HealthSCOPE Benefits administers benefits in all 50 states for over 400 companies and more than 700,000 members. HealthSCOPE Benefits' more than 800 employees support clients in the management of greater than \$1.6 billion in annual healthcare expenditures. HealthSCOPE Benefits has eight offices across the country to serve its customers. We are currently the 4th largest TPA in the United States as ranked by *Business Insurance* magazine.

SERVICES FROM HEALTHSCOPE BENEFITS



HealthSCOPE Benefits will strive to provide you with responsive service and ensure that your experience is very positive.

All provider claims are to be sent to the appropriate address as indicated on your ID card. The appropriate discount will be applied and sent to HealthSCOPE Benefits for processing.

HealthSCOPE Benefits will process the claims, send payment to the provider, and send you a monthly member statement listing all claims processed during the statement period.

The next few pages provide information on the services offered to Egyptian Area Schools members from HealthSCOPE Benefits. You will find information regarding:



Customer Care



Member Communications



Using the Member Web Portal



"My HSB" Mobile App



Sample Explanation of Benefits

Enhanced Customer Care

FROM HEALTHSCOPE BENEFITS



HealthSCOPE Benefits is committed to facilitating timely, appropriate, and effective customer care for our members. We offer toll-free access to a team of representatives to respond to member calls and are committed to facilitating timely, appropriate, and effective customer care. Our Enhanced Customer Care Program will also assist with the following:

- Assist with coordination of benefits with other coverage
- Find qualified doctors, hospitals, dentists and other providers nationwide
- Provide assistance to estimate and understand healthcare costs
- Locate leading doctors, hospitals and other providers for second opinions in coordination with case management
- Schedule earliest appointments with hard to reach specialists
- Research transportation to appointments
- Find caregiver support services, in-home care, rehabilitation resources, and hospice care
- Help expedite coverage for special procedures and medical equipment
- Identify gaps in care and work with the member to take advantage of available benefits
- Help resolve issues for members experiencing difficulty obtaining covered prescriptions
- Negotiate pre- and post-claim fees for medical cost savings
- Identify providers to nominate for network participation

Live representatives are available from 8 a.m. to 6 p.m. CST, Monday through Friday at 1-800-397-9598. During non-business hours, members and their families will be able to access our online and Interactive Voice Response (IVR) systems to obtain information about their claims or to address other issues like ordering a replacement ID card. The automated claims inquiry (IVR) feature is available 24 hours a day, 365 days a year. We encourage members to utilize this feature and take advantage of placing calls at their convenience.

OUR CUSTOMER CARE STAFF OFFERS THE FOLLOWING

LANGUAGES

We provide services in English as well as other languages. We employ a bilingual staff and utilize the AT&T language translation line, TDD services, and provide documents in Spanish.

ELDERLY CALLERS

We take special care to meet the needs of our elderly callers. We will adjust our speed and volume when speaking, repeat ourselves, listen patiently, and not interrupt the caller.

Customer care representatives are able to review your transactions in detail.

ESCALATION OF INQUIRIES

Questions that cannot be answered by a representative are transferred to a team lead. If a transfer is not possible, a message is taken and return calls are made by the end of that business day.

It is our goal to ensure callers are completely satisfied!



www.healthscopebenefits.com

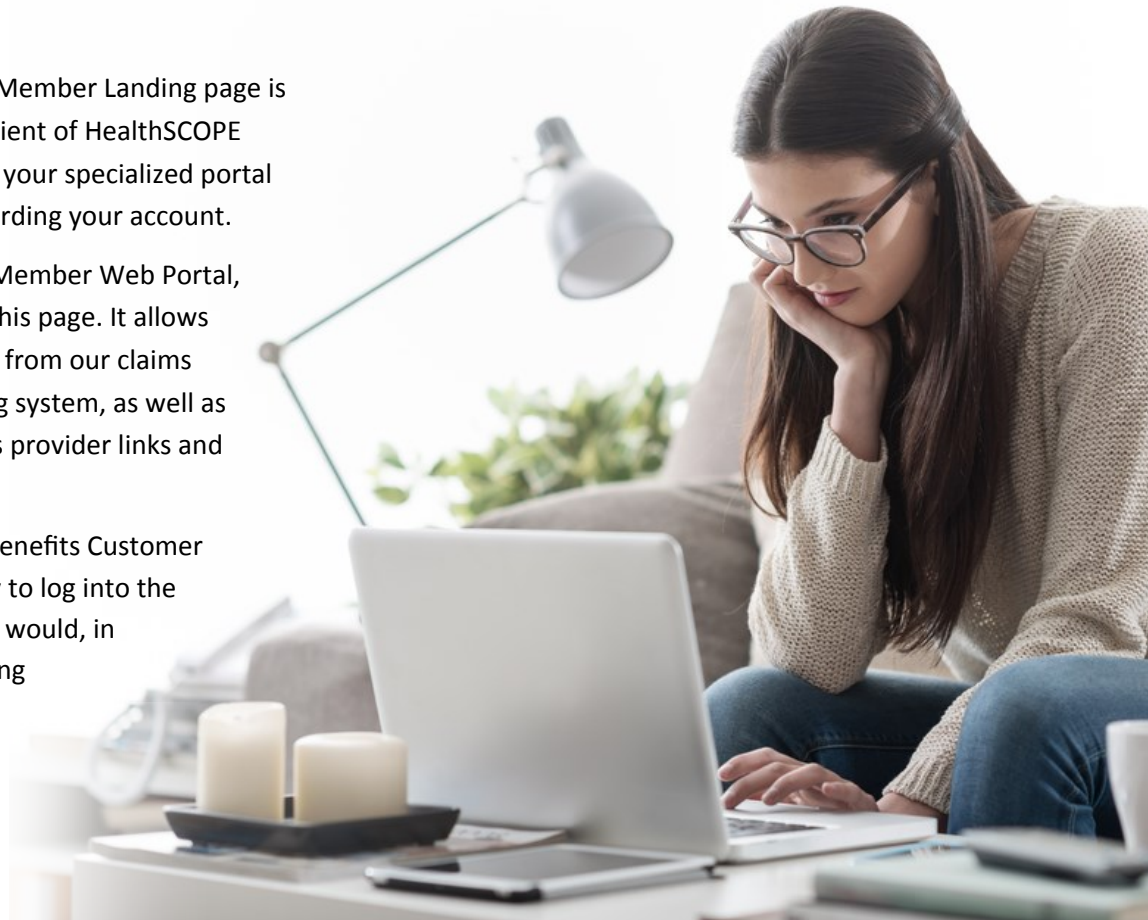


Member Communications

Like shown below, the Member Landing page is customized for each client of HealthSCOPE Benefits. Think of it as your specialized portal to all information regarding your account.

When Members log on to our Member Web Portal, they will see a page similar to this page. It allows access to information available from our claims administration and adjudicating system, as well as links to other resources such as provider links and forms.

In addition, our HealthSCOPE Benefits Customer Care specialists have the ability to log into the Landing Page just as a member would, in order to assist in troubleshooting problems members may encounter while utilizing our web portal.



The screenshot shows a web browser window with the address bar displaying 'https://dashboard.healthaxis...'. The page title is 'Healthaxis > Home - Provided by Bluehill Data Services'. The main content area features a header with a 'Logout' link. Below this, there's a section titled 'Egyptian Area Schools' with a logo of a sphinx. The page is divided into three columns. The left column, titled 'Preventive Services are offered at no cost to the member. Stay healthy by participating in the following wellness activities:', lists: Routine Well Care for Adults, Routine Well Care for Children, Flu Shot, Mammogram, and Colonoscopy. Below the list is a photo of a smiling female healthcare professional holding a pink heart with the word 'HEALTH' on it. The middle column, titled 'Seasonal allergies: Nip them in the bud', contains text about seasonal allergies and a list of tips to reduce exposure to allergens. The right column, titled 'Resources', lists various services with green arrow icons: Claims and Eligibility, Order ID Card, Provider Look Up, Travel Network, Pharmacy Benefits, HSB Wellness, and VSP.

Using the Member Web Portal

You have 24/7 access to your personal benefits, claims, and eligibility information. Here's how it works.

- 1 Connect to www.healthscopebenefits.com and click on **Login**, then **Members**.
- 2 On the Welcome Members screen, enter your **Company Name** as **EGYP** and click **Submit**.
- 3 Enter your user name and password and click **Sign In**. If you haven't registered for an account yet, click **New Member Registration** and follow the on-screen prompts to do so.
- 4 On the next screen, click **Claims and Eligibility**.
- 5 The **Member Dashboard** displays several options, including:

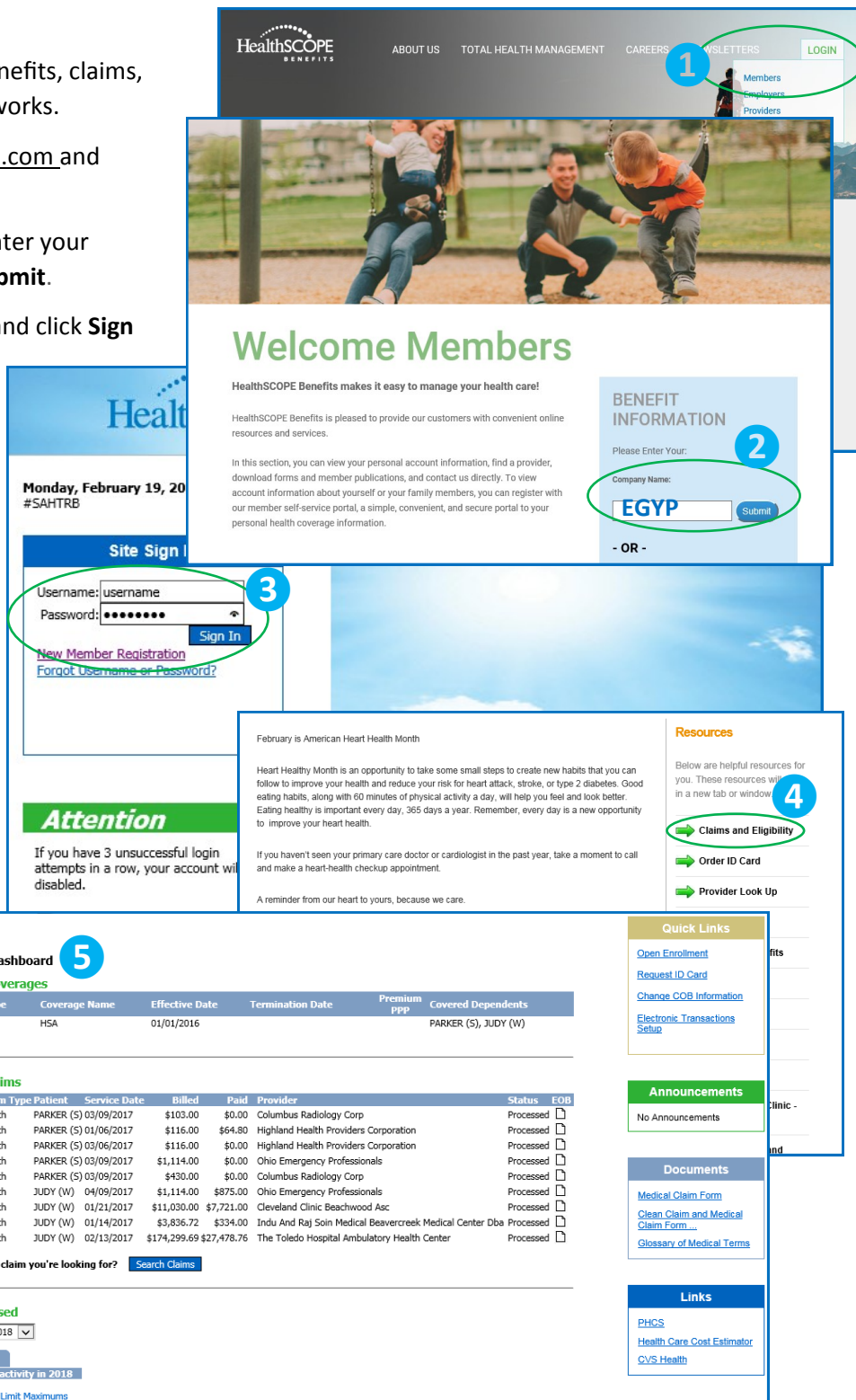
Current coverages – displays current plans and any changes in history.

Recent Claims – displays claims history.

Benefits Used – displays dollar amounts paid per category per benefit year and overall lifetime maximum.

Quick Links – users can request duplicate ID cards or review demographic information.

Note: If you scroll to the bottom of the Member Dashboard page, you will see a link for "Electronic Transactions Setup." Use this link to enroll to receive your EOBs online.



HealthSCOPE BENEFITS ABOUT US TOTAL HEALTH MANAGEMENT CAREERS NEWSLETTERS LOGIN

Members Employers Providers

Welcome Members

HealthSCOPE Benefits makes it easy to manage your health care!

HealthSCOPE Benefits is pleased to provide our customers with convenient online resources and services.

In this section, you can view your personal account information, find a provider, download forms and member publications, and contact us directly. To view account information about yourself or your family members, you can register with our member self-service portal, a simple, convenient, and secure portal to your personal health coverage information.

Please Enter Your:

Company Name: **EGYP** Submit

- OR -

Site Sign In

Username: username Password: ***** Sign In

[New Member Registration](#)
[Forgot Username or Password?](#)

Attention

If you have 3 unsuccessful login attempts in a row, your account will be disabled.

February is American Heart Health Month

Heart Healthy Month is an opportunity to take some small steps to create new habits that you can follow to improve your health and reduce your risk for heart attack, stroke, or type 2 diabetes. Good eating habits, along with 60 minutes of physical activity a day, will help you feel and look better. Eating healthy is important every day, 365 days a year. Remember, every day is a new opportunity to improve your heart health.

If you haven't seen your primary care doctor or cardiologist in the past year, take a moment to call and make a heart-health checkup appointment.

A reminder from our heart to yours, because we care.

Resources

Below are helpful resources for you. These resources will open in a new tab or window.

Claims and Eligibility

Order ID Card

Provider Look Up

Member Dashboard

Current Coverages

Coverage Type	Coverage Name	Effective Date	Termination Date	Premium	Covered Dependents
Health	HSA	01/01/2016			PARKER (S), JUDY (W)

Recent Claims

Claim ID	Claim Type	Patient	Service Date	Billed	Paid	Provider	Status	EOB
220082	Health	PARKER (S)	03/09/2017	\$103.00	\$0.00	Columbus Radiology Corp	Processed	<input type="checkbox"/>
220083	Health	PARKER (S)	01/06/2017	\$116.00	\$64.80	Highland Health Providers Corporation	Processed	<input type="checkbox"/>
220084	Health	PARKER (S)	03/06/2017	\$116.00	\$0.00	Highland Health Providers Corporation	Processed	<input type="checkbox"/>
220085	Health	PARKER (S)	03/09/2017	\$1,114.00	\$0.00	Ohio Emergency Professionals	Processed	<input type="checkbox"/>
220086	Health	PARKER (S)	03/09/2017	\$430.00	\$0.00	Columbus Radiology Corp	Processed	<input type="checkbox"/>
220087	Health	JUDY (W)	04/09/2017	\$1,114.00	\$875.00	Ohio Emergency Professionals	Processed	<input type="checkbox"/>
220088	Health	JUDY (W)	01/21/2017	\$11,030.00	\$7,721.00	Cleveland Clinic Beachwood Asc	Processed	<input type="checkbox"/>
220089	Health	JUDY (W)	01/14/2017	\$3,836.72	\$334.00	Indu And Raj Soin Medical	Processed	<input type="checkbox"/>
220090	Health	JUDY (W)	02/13/2017	\$174,299.69	\$27,478.76	The Toledo Hospital Ambulatory Health Center	Processed	<input type="checkbox"/>

Don't see the claim you're looking for? [Search Claims](#)

Benefits Used

Plan Year: 2018

Medical

No Medical activity in 2018

[Details](#) [Plan Limit Maximums](#)

Quick Links

[Open Enrollment](#)
[Request ID Card](#)
[Change COB Information](#)
[Electronic Transactions Setup](#)

Announcements

No Announcements

Documents

[Medical Claim Form](#)
[Clean Claim and Medical Claim Form...](#)
[Glossary of Medical Terms](#)

Links

[PHCS](#)
[Health Care Cost Estimator](#)
[CVS Health](#)

The “My HealthSCOPE Benefits” Mobile App

ACCESS TO YOUR BENEFIT INFORMATION 24/7

HealthSCOPE Benefits offers **various tools to monitor your benefit plan information**. On our website you can locate doctors and hospitals, order and view ID cards, view claims status, and check eligibility information.

In addition to our website, you can download a free app to your **Android or iPhone** that allows you to have your benefits at your fingertips 24/7. You can also use your smart phone to view your ID card.

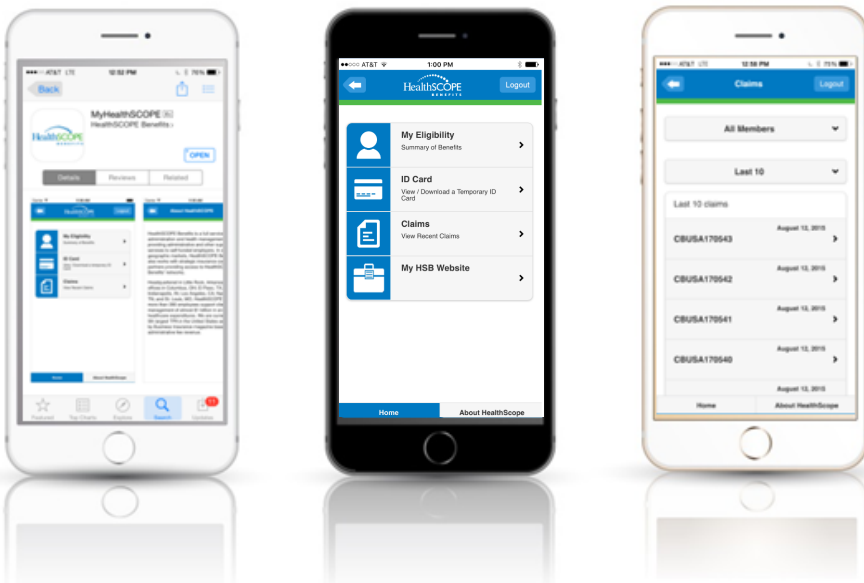
Downloading is easy!

Search for MyHealthSCOPE Benefits Mobile App. Download the app. Choose “Access Your Account,” then “Create an Account.”

No sensitive account information is stored on your mobile device, and the highest level of security makes sure your private information stays private! Note that the MyHealthSCOPE Benefits Mobile App is separate from your online account set up on our website.



GET THE INFORMATION YOU NEED—FAST



HAVE QUESTIONS?

Visit our website at
www.healthscopebenefits.com
or call 1-800-397-9598.

Explanation of Benefits

HealthSCOPE Benefits
27 Corporate Hill Drive
Little Rock AR 72205



Explanation of Benefits

THIS IS NOT A BILL

Forwarding Service Requested

JANE A DOE
123 SAMPLE STREET
ANY TOWN XX #####

Your Member Information

Subscriber Name: JANE DOE
EOB Date: 01/01/2018
ID No: A0123456
Group ID: EGYPT
Group Name: EGYPTIAN AREA SCHOOLS EMPL

Contact Us

Phone: 1-800-397-9598
Web Address: www.healthscopebenefits.com
Hours: 8 AM—6PM CST
Email: egyptiancustomersvc@healthscopebenefits.com

Recent Claim Activity

The information below is a summary of your health care claims, including any out-of-pocket expenses or non-covered amounts that you may owe the provider(s). Please review the detailed claim breakdown carefully. Some claims may require more information from you or your provider before they can be processed. You also should compare this summary to any health care bills you may receive.

Total Charge	\$87.00	This is the amount billed by the provider for health care services.
Reduction Amount	\$8.70	This is the amount saved using available pricing programs and network arrangements provided by your Claims Administrator. These dollars are not your responsibility.
Plan Pay Amount	\$66.56	This is the amount the Plan paid for billed services.
Patient Responsibility	\$11.74	This is the amount you may be billed by the provider after reductions or discounts, and after Plan benefits have been applied.

Patient: JANE A DOE
Claim #: EGY123456

Provider: EXAMPLE, EXAMPLE MD
PHYSICIAN SERVICES CORPORATION OF
SOUTHERN ILLINOIS

Dates of Service	Service Description	Rmk Code*	Total Charge	Reduction Amount	Amount Excluded	Co-Pay	Deductible	Co-Insurance	Other Plan Payment	Paid At %	Plan Pay Amount
11/20-11/20/2017	Office Visit	P1450	\$87.00	\$8.70	\$0.00	\$0.00	\$0.00	\$11.74	\$0.00	85%	\$66.56
Patient Responsibility:			\$11.74	Totals:							
			\$87.00	\$8.70	\$0.00	\$0.00	\$0.00	\$11.74	\$0.00	85%	\$66.56

Reason Code Description

Code	Description
P1450	Paid in accordance with the PHCS discount rate agreement

Year To Date Totals

Plan Year: 2018

Family COMB COINSURANCE		Used: \$236.05
Family COMB DEDUCTIBLE		Used: \$600.00
Family NET COINSURANCE		Used: \$33.76
Family NET DEDUCTIBLE		Used: \$600.00
Individual COMB COINSURANCE	Member: Jane	Used: \$196.09
Individual COMB DEDUCTIBLE	Member: Jane	Used: \$600.00
Individual NET COINSURANCE	Member: Jane	Used: \$33.76
Individual NET DEDUCTIBLE	Member: Jane	Used: \$600.00

Important Information About Your Appeals Rights

If you have any questions about this explanation of benefits, please call Customer Service at the **toll free number on your ID Card** or send a written request to:

**My Health Plan
c/o HealthSCOPE Benefits, Inc.
Attn: Claim Inquiry
PO Box 99005
Lubbock, TX 79590-9005**

You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on the processing of your claim.

If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to:

**My Health Plan
c/o HealthSCOPE Benefits, Inc.,
Attn: Appeals
P. O. Box 2860
Little Rock, AR 72203**

Please follow the steps below to make sure that your appeal is processed in a timely manner.

- Send a copy of this explanation of benefits along with any relevant additional information (e.g., benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Service if you need help or have further questions.
- Be sure to include: 1) Your name, 2) Account number from the front of this form, 3) ID number from the front of this form, 4) Name of the patient and relationship, and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Service at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge. You have the right to billing and diagnosis codes as well.
- If your situation is urgent, you may request an expedited appeal which will generally be conducted within 72 hours. If you believe your situation is urgent, follow the instructions above for filing an internal appeal and also call Customer Service to request a simultaneous external review if permitted by your plan.
- You will be notified of the decision in a timely manner, as described in your plan materials.

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party after exhausting the internal appeal process.

Contact us at the appeal address to find out how to start an external review. You may have a separate time limitation for legal action regarding the recovery of benefits under the plan. Refer to your plan documents for the time limitation.

SPANISH (Español) Si usted tiene dificultad para leer inglés, ofrecemos asistencia en su idioma. Para obtener ayuda por favor llame al servicio al cliente al número en su tarjeta de identificación.

Help stop healthcare fraud. If you suspect a fraudulent claim has been filed please call 1-800-333-4585.

Additionally, you can contact your consumer assistance program at
Illinois Department of Insurance

320 W. Washington St, 4th Floor
Springfield, IL 62767
(866) 445-5364

<http://www.insurance.illinois.gov> (website)
DOI.Director@illinois.gov (email)

You Should Know...

TO MEMBER: Did you receive a balance due statement from your provider? We can help! Please contact our customer care department at the number on the back of your ID card, or at the top of this EOB under "Contact Us".

Getting enough sleep helps prevent chronic diseases and promotes overall health. Assess your sleeping habits and make any necessary changes to ensure you are getting the best quantity and quality of sleep that you can.

Your Teladoc[®] Program

The Teladoc program is free of charge and available to you and your family members enrolled in one of the Egyptian Trust Health Plans. Or, if you are not enrolled in one of the health plans, but wish to participate in the Teladoc program, employees may enroll for a small monthly fee.

Get the medical advice you need, when you need it.

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays, or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

The Teladoc program provides more than just on-demand medical support.

This convenient program is available, free of charge, and can help you to:

- **Save time.** Avoid waiting for an appointment or sitting in a doctor's office.
- **Save money.** You'll realize dramatic savings compared with an office or ER visit.
- **Get healthier.** Our network of U.S. based, board-certified doctors are on-hand to provide you with the best medical care and advice available.
- **Gain peace of mind.** Get medical support, when you need it, as often as you need it.

There's more than one way to contact a physician.

Doctors can be reached by phone at 1-800-362-2667. If you prefer, you can also email a doctor or request a video consultation through the online health portal, My Personal Health Manager. Simply login at www.mydrconsult.com to set up your personal account.

In addition, you can access online health tools such as:

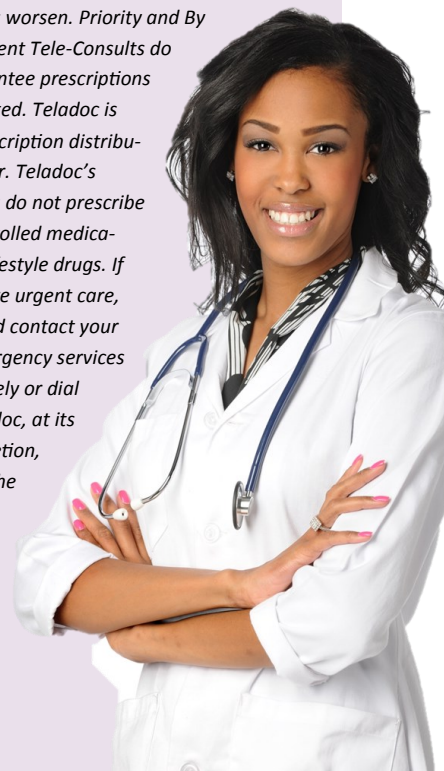
- **Health Library.** Research the latest health articles, then click to consult with a doctor.
- **Personal Health Record.** Store your consultation and medical history within a single, secure location. Share it with your primary care physician.
- **Symptom Checker.** User interactive tools, designed to help you get well.
- **Health Centers.** Comprehensive resource guides for every medical condition, with medical tests, drug reference libraries, and corresponding links to community reference forums.

Contact a Teladoc physician at 1-800-362-2667, or by visiting www.mydrconsult.com

Common conditions treated

- Cold/flu
- Allergies
- Sinus infections
- Bronchitis
- Headaches/migraines
- Stomach ache/diarrhea
- Respiratory infections
- Urinary tract infections
- Prescription refills*
- Many other conditions

**Teladoc makes no warranty as to the content of any treatment response. You and your physician are solely responsible for all information and/or communication sent during a teleconsultation or other communication. Teladoc is not health insurance. Its services do not replace your primary care doctor or regular office visits. You agree to contact your Primary Care Physician should your condition change or your symptoms worsen. Priority and By Appointment Tele-Consults do not guarantee prescriptions as requested. Teladoc is not a prescription distribution center. Teladoc's physicians do not prescribe DEA-controlled medications or lifestyle drugs. If you require urgent care, you should contact your local emergency services immediately or dial 911. Teladoc, at its sole discretion, reserves the right to cancel your membership at any time.*



Prescription Drug Benefit

Express Scripts, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit. Express Scripts maintains the Preferred Drug list (also known as a Formulary), manages a network of retail pharmacies and operates Mail Service and Specialty Drug pharmacies. Express Scripts, in consultation with the Plan, also provides services to promote the appropriate use of pharmacy benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures.

Your benefit covers most prescription drugs. Certain medications are subject to limitations and may require prior authorization for continued use.

Employees and dependents covered by the prescription drug benefit can use either retail or the Express Scripts Mail Service Pharmacy.



Retail Pharmacies

Retail pharmacy service is most convenient for short-term prescription needs. For example, if you need an antibiotic to treat an infection, you can go to one of the many pharmacies that participate in the Express Scripts network. At retail, you can get up to a 30-day supply or a 90-day supply for maintenance drugs. All major chain pharmacies participate in the network. If you are using an independent drugstore, you should confirm whether it participates, too. To find out, visit www.express-scripts.com or call Member Services at **800-706-1754**.



The Express Scripts Pharmacy, Mail Service

Members that need medication on an ongoing basis can ask their doctor to prescribe up to a 90 day supply, plus refills if appropriate. Examples are ongoing therapies to treat diabetes, high cholesterol, high blood pressure, and asthma. Just a single co-payment is required for each 90 day prescription.

- Medications are shipped standard delivery at no additional cost.
- First-time orders are usually delivered within 8-11 days after we receive your order.
- Refills usually arrive in less time – refills ordered online are usually delivered within 3-5 days and refill orders mailed in are usually delivered within 6-9 days.
- Medication packages will include instructions for ordering refills, if applicable, and may also include information about the purpose of the medication, appropriate dosage guidelines and other important details.
- You can track your prescriptions and order refills at www.express-scripts.com or by calling customer service.
- Registered pharmacists are available around the clock for consultation.

Prescription

Drug coverage by



We are proud to introduce the Keenan Pharmacy Care Management (KPCM) program powered by US-Rx Care as an enhancement to your existing pharmacy benefit with Express Scripts. Effective February 1, 2018, this new program will help reduce your out-of-pocket prescription spend on your maintenance medications. KPCM is an innovative program which analyzes all of your prescription drugs and communicates with your doctor on quality of care and cost-saving opportunities.

At times, KPCM may call you to discuss pharmacy care

options. These calls and your prompt reply will provide opportunities for you to save money.

You may also choose to proactively call KPCM and complete a medication review which will begin the process of contacting your doctor to identify potential cost savings.

If you have any questions regarding this program or to complete a proactive medication review, please contact KPCM at 1-800-241-8440.

Ameritas[®] Dental

For 2018-19, the administrator for your dental insurance is Ameritas. At Ameritas, we have the benefit plans that keep organizations like yours in the game by helping keep plan members and their loved ones happy. It all begins by fulfilling life. And that's what we do best.

Customer Service

Get answers to your claims questions from award-winning claims representatives Monday through Thursday from 7 a.m. to Midnight and Friday from 7 a.m. to 6:30 p.m. Central Time. Languages spoken include English and Spanish in addition to multilingual interpretation through our language service.

- We are accredited by URAC, the Utilization Review Accreditation Commission, an organization that accredits health plans and preferred provider organizations.
- Our claims contact center associates have earned BenchmarkPortal's Center of Excellence award since 2007, an achievement held only by two other companies.
- They also won third place in BenchmarkPortal's 2016 and 2017 Top 100 competition for medium-sized call centers.

For plan details and rates, refer to pages 17 and 18.





Is there someone in your life who suffers from hearing loss?

Give them, or yourself, the gift of hearing.



48 million Americans report some degree of hearing loss.

Source: Hearing Loss Association of America, 2017



Only 20 percent of adults (ages 55-74) who could benefit from a hearing aid actually wear one.

Source: International Journal of Audiology, 2013

Most people with hearing loss are concerned about the price of hearing aids and they wait years before seeking a solution.

iHear is a unique hearing aid device. At only **\$399 per ear when you purchase a pair**, iHear is more affordable than most other hearing aids and so small it's practically invisible. You don't need to visit an audiologist. Simply order your iHearTest kit online, and once you've taken the test from the convenience of your home, order your hearing aid online. Learn more about [how to order a device](#).



iHearTest kit

Advanced technology to help you hear better.

iHear is a web-enabled hearing device with superior sound quality. It features advanced digital audio processing and adaptive feedback cancellation. Its four sound profiles fit different sound environments for optimal hearing anywhere.

For your convenience, iHear will pre-program your hearing aid for free. You can send in your audiogram, or take the iHearTest, and a licensed professional will program your device so it's sent to your door, ready to be used.

iHear provides services to support you and meet your needs.

- free 30-day EarPing service: connects you with licensed professional support to remotely program your hearing device
- unlimited technical support
- 30-day money-back guarantee

If you have questions about iHear, call 844-IHEAR11 (844-443-2711).

Order your iHear device today at **ameritas.com/listen**. Enter the code **AM10** at checkout to receive 10% off and free shipping.

iHEAR[®]

Ameritas[®] 
fulfilling life.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2017 Ameritas Mutual Holding Company.

GR 6978 10-17

Plan 1: Dental Plan Summary

Effective Date: 9/1/2018

Plan Benefit	High Plan	Low Plan
Type 1	100%	80%
Type 2	80%	70%
Type 3	50%	N/A
Deductible	\$50/Calendar Year Type 2 & 3 \$10/visit Type 1 3 Family Maximum	\$50/Calendar Year Type 2 \$10/visit Type 1 3 Family Maximum
Maximum (<i>per person</i>)	\$1500 per calendar year 90th U&C	\$750 per calendar year 90th U&C
Allowance Type 1	Maximum Procedure Allowance	Maximum Procedure Allowance
Allowance Type 2	Maximum Procedure Allowance	None
Allowance Type 3		
Dental Rewards®	Included	Included
Ameritas Rewards SM	Included	N/A
Annual Eye Exam	None	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C	No Ortho
Plan Benefit	50%	
Lifetime Maximum (<i>per person</i>)	\$1,000	
Ameritas Rewards SM	\$100	
Lifetime (<i>per person</i>)		
Waiting Period	n/a	

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3 (High Plan Only)
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) 	<ul style="list-style-type: none"> Sealants (age 16 and under) Space Maintainers Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

U&C Disclosure

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. U&C levels are based on experience from the Company and an independent outside source of claim charge information.

Maximum Procedure Allowance (WPA)

- * With MPA, the plan allowance for each covered procedure is established according to the median dentist charges in the ZIP Code area where the services are provided.
- * Keeps cost-conscious plan members from subsidizing those who use more expensive dentists.
- * Reimbursement allowances automatically adjust if there's an increase or decrease in the overall charges in the area..

Monthly Rates	High Plan	Low Plan
Employee Only (EE)	\$38.08	\$15.64
EE + 1 Dependent	\$71.84	\$30.52
EE + 2 or more Dependents	\$105.36	\$58.72

Ameritas RewardsSM (Feature with High Plan)

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Rewards® (Feature with Low Plan)

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$ 50	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$500	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

Both the High and Low Plan have the freedom to use any licensed dental provider. However, both plans include access to the Ameritas PPO Network. To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. Members utilizing a PPO provider may experience lower out of pocket costs due to negotiated fees with in-network providers

Questions?

Members can call 800-487-5553 or visit www.ameritas.com/group/olbc/egyptianschooltrust for plan information and online presentations. If already enrolled you may also use the www.ameritas.com website, members can select Account Access in the upper right hand corner to set up a user ID and password to check claim status, view detailed plan information, search for PPO providers and more

Vision Coverage



Your Vision Insurance provider is EyeMed. At EyeMed we are focused on challenging the status quo by providing the vision network you want, vision benefits that redefine expectations and above all else, EyeMed makes benefits easy. Whether you need vision correction or not, feel confident knowing your EyeMed benefit provides an annual comprehensive eye exam. Don't live with eye anxiety because EyeMed provides you freedom to choose the doctor, hours and location that work for you.

More Choice

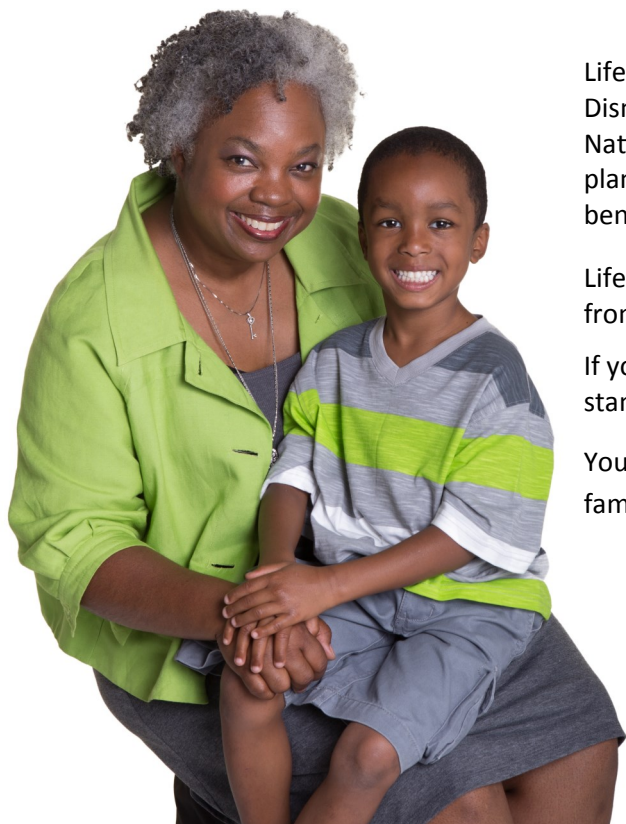
With EyeMed, you get the right mix of independent providers, top optical retailers and in-network online options like Glasses.com, ContactsDirect.com. and Lenscrafters.com. Enjoy freedom to choose your glasses and contacts and pick from top brands like Ray-Ban, Oakley and Coach.

With 30 years of experience, EyeMed continues to be America's fastest growing vision benefits company.

For plan details and rates, refer to pages 20 and 21.



Life and AD&D Coverage



Life Insurance, Supplemental Life Insurance, and Accidental Death and Dismemberment plans and policies are available from Dearborn National®. Dearborn National has been providing life and disability insurance plans since 1969. Dearborn National provides coverage and/or administers benefits to nearly 11 million insureds

Life insurance is the tool most people use to financially protect their families from premature death.

If you were to pass away unexpectedly, would you want your family's financial standard of living to be better, worse or the same as it is today?

Your options that are available would provide that financial security for your family. **For plan details and rates, refer to pages 23 and 24.**





Egyptian Area Schools Employee Benefit Trust

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.
- For LASIK providers, call 1.877.5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$15 Co-pay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$130 Allowance, 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$15 Co-pay	Up to \$30
Bifocal	\$15 Co-pay	Up to \$50
Trifocal	\$15 Co-pay	Up to \$65
Lenticular	\$15 Co-pay	Up to \$100
Standard Progressive Lens	\$70 Co-pay	Up to \$50
Premium Progressive Lens ^A	\$90 Co-pay - \$115 Co-pay	
Tier 1	\$90 Co-pay	Up to \$50
Tier 2	\$100 Co-pay	Up to \$50
Tier 3	\$115 Co-pay	Up to \$50
Tier 4	\$70 Co-pay, 20% off retail less \$120 Allowance	Up to \$50
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^A	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$130 Allowance, 15% off balance over \$130	Up to \$105
Disposable	\$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$105
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Premiums—Monthly		
Subscriber	\$7.76	
Subscriber + 1	\$11.12	
Subscriber + Family	\$20.12	

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/ Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Combined Insurance Company of America, 5050 Broadway, Chicago, IL 60640, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. ^APremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	\$15 Co-pay	Up to \$45
Frames (once every 24 months)	\$0 Co-pay, \$130 Allowance; 20% off balance over \$130	Up to \$91
Single Vision Lenses (once every 12 months) or	\$15 Co-pay	Up to \$30
Contacts (once every 12 months)	\$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$105

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

78%
SAVINGS
with us*

With EyeMed		Without Insurance**	
Exam	\$15 Co-pay	Exam	\$106
Frame	\$163 <u>-\$130 Allowance</u> \$33 <u>-\$6.60 (20% discount off balance)</u> \$26.40	Frame	\$163
Lens	\$15 Co-pay \$15 UV treatment add-on <u>+\$15 scratch coating add-on</u> \$45	Lens	\$78 \$23 UV treatment add-on <u>+\$25 scratch coating add-on</u> \$126
Total	\$86.40	Total	\$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

Helpful tips for your Dearborn National Life Insurance



Life insurance is one of those things that we purchase, file away, and often forget about. We don't really think about it until we need it.

Here are some general life insurance tips to help you with an employee who is terminating or who is out on disability. Remember to always refer to your policy and certificate for actual terms and conditions.

Waiver of Premium

If an employee is out on total disability, the life insurance policy has a Waiver of Premium provision. Waiver of Premium means that if an employee is younger than age 60 when he or she becomes totally disabled and is off work due to a total disability for at least 6 months, the employee is no longer required to submit life insurance premium for the duration of the disability. A Waiver of Premium application needs to be submitted to Dearborn National. The application will be reviewed to determine if the employee meets the definition of total disability for Waiver of Premium. If the Waiver of Premium benefit is approved, the employee's life insurance will continue while he or she is not at work. Waiver of Premium would terminate at the employee's Social Security Normal Retirement Age or when the employee is no longer considered totally disabled.

Portability

If an employee terminates his or her employment, he or she has the option to port his or her life insurance. This means he or she can continue the group term life if the premiums are submitted. Portability rates increase as the employee's age increases. If the employee ports his or her coverage, a covered spouse and any covered children may also port their coverage. Portability coverage ends at age 65.

Conversion

If an employee is terminating employment or if the Waiver of Premium benefit is ending, the employee can convert his or her coverage to a whole life policy. The rates are age-based, and as long as premiums are paid on time, coverage can stay in effect until age 100.

Portability and Conversion both require a form to be completed by the employee and employer. These forms are housed on the Dearborn National website (www.dearbornnational.com/forms/group) as well as the Egyptian Trust Area Schools benefit website.

If you have any questions, please contact Dearborn National Customer Service at 800-348-4512.



Life Insurance

Group Life Benefit Program Summary — Egyptian Area Schools Employee Benefit Trust

All classes as defined by your school district

Eligibility	All full-time employees working 10 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not ac-
Group Term Life/AD&D Benefit: Employee	Benefit amount as defined by your School District
Supplemental Life/AD&D Benefit: Employee Options	Options of \$10,000-\$25,000-\$50,000-\$75,000-\$100,000 or \$10,000 increments to a maximum of \$500,000. Not to exceed 5 times annual salary.
Supplemental Life/AD&D Benefit: Spouse (includes Domestic Partners) Employee must elect coverage for dependent to be eligible	\$5,000-\$250,000 in increments of \$2,500, not to exceed 50% of the employee benefit amount (minimum \$5,000)
Supplemental Life Benefit: Child(ren) Employee must elect coverage for dependent to be eligible	Birth to 14 days: \$0 Age 15 days to 26 years: \$5,000 or \$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% at age 70.
Guarantee Issue Amount – Employee	\$100,000 (under age 60)
Guarantee Issue Amount – Spouse	\$37,500 (under age 60)
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 24 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be
Portability Feature (Life coverage)	Included (Employee Supplemental Life)
Conversion Privilege (Life coverage)	Included
Guarantee Issue	For timely entrants enrolled within 31 days of being eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees, or in-
Beneficiary Resource Services	Includes grief, legal, and financial counseling for beneficiaries, funeral planning, and online legal library, including templates to create a legal will and other legal docu-
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal, and communication assistance, and access to other critical services and resources available via the In-
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage.

This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage. (For internal use only: FDL Policy number FDL 1-504 -707-IL.)

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downer's Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) and certain of its affiliates. Dearborn National® Life Insurance Company offers insurance products in all states (excluding New York, where it is not licensed and does not solicit business), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico. Product features and availability vary by state and company, and are solely the responsibility of each affiliate.

Supplemental Group Life and AD&D

Premium Rate Grid

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life/AD&D Insurance

Employee Benefit: Options of \$10,000—\$25,000—\$50,000—\$75,000—\$100,000 or \$10,000 increments to a maximum of \$500,000, not to exceed 5 times earnings

Spouse Benefit: \$5,000 to \$250,000, in increments of \$2,500, not to exceed 50% of the employee benefit

Note: Spouse may not have coverage unless the employee has coverage.

Child Coverage (Life coverage only)

Live birth to 14 days \$0

15 days to age 26 \$5,000 or \$10,000

Employee: Life/AD&D benefits reduce by 50% of the original amount at age 70.
All benefits terminate at retirement.

Spouse: Benefits terminate at Employee's age 70

Guarantee Issue

Employee \$100,000 (under age 60)

Spouse \$37,500 (under age 60)

Employee Supplemental Life/AD&D Insurance

Monthly premium cost (based on 12 payroll deductions per year)



Employee & Spouse Supplemental Life/AD&D Monthly rates per \$1,000	
Age	Rates
Under 25	\$0.085
25-29	\$0.095
30-34	\$0.105
35-39	\$0.135
40-44	\$0.195
45-49	\$0.305
50-54	\$0.495
55-59	\$0.795
60-64	\$0.985
65 +	\$1.685

Dependent Life (Children) Monthly Premium per family	
\$5,000	\$0.47
\$10,000	\$0.94

Benefit	Employee's Attained Age										
		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000		\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85
\$25,000		\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13
\$50,000		\$4.25	\$4.75	\$5.25	\$6.75	\$9.75	\$15.25	\$24.75	\$39.75	\$49.25	\$84.25
\$75,000		\$6.38	\$7.13	\$7.88	\$10.13	\$14.63	\$22.88	\$37.13	\$59.63	\$73.88	\$126.38
\$100,000		\$8.50	\$9.50	\$10.50	\$13.50	\$19.50	\$30.50	\$49.50	\$79.50	\$98.50	\$168.50

Spouse Supplemental Life/AD&D Insurance Monthly premium cost (based on 12 payroll deductions per year)

Benefit	Employee's Attained Age										
		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$5,000		\$0.43	\$0.48	\$0.53	\$0.68	\$0.98	\$1.53	\$2.48	\$3.98	\$4.93	\$8.43
\$10,000		\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85
\$25,000		\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13
\$30,000		\$2.55	\$2.85	\$3.15	\$4.05	\$5.85	\$9.15	\$14.85	\$23.85	\$29.55	\$50.55
\$35,000		\$2.98	\$3.33	\$3.68	\$4.73	\$6.83	\$10.68	\$17.33	\$27.83	\$34.48	\$58.98
\$37,500		\$3.19	\$3.56	\$3.94	\$5.06	\$7.31	\$11.44	\$18.56	\$29.81	\$36.94	\$63.19

Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations. Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downer's Grove, IL) (formerly known as Fort Dearborn Life Insurance Company®) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.



RETURN THIS COMPLETED FORM TO YOUR EMPLOYER

Egyptian Area Schools Employee Benefit Trust

CHANGE ENROLLMENT FORM

EMPLOYER (OR PLAN SPONSOR) SECTION –

EMPLOYER MUST COMPLETE THIS SECTION. Unsigned or Incomplete forms will be returned and may delay enrollment.

Employer Name	Group Number	Date of Hire	Effective Date of Change
Certified by (Authorized Representative)	Date	Employer Telephone	
Special Instructions:			

ENROLLMENT CHANGE SECTION Effective Date of Change ____/____/____ (indicate changes below)

EMPLOYEE INFORMATION – EMPLOYEE MUST COMPLETE THIS SECTION (Incomplete forms will be returned and may delay enrollment)

Employee Name	Last	First	MI	Sex	Date of Birth	Social Security Number
				<input type="checkbox"/> M <input type="checkbox"/> F		

<input type="checkbox"/> Employee Name	From: _____ To: _____
<input type="checkbox"/> Employee Address	From: _____ To: _____
<input type="checkbox"/> Employee Phone	From: _____ To: _____
<input type="checkbox"/> Employee Email	From: _____ To: _____
<input type="checkbox"/> Marital Status	From: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced To: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Union Termination <input type="checkbox"/> Divorced

<input type="checkbox"/> Termination Choose Reason	<input type="checkbox"/> Dependent Status (When adding or terminating a dependent you must complete Dependent Section on the reverse side.)
<input type="checkbox"/> Active <input type="checkbox"/> Lay Off <input type="checkbox"/> Death <input type="checkbox"/> Retired <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other _____	<input type="checkbox"/> Reduction In Hours <input type="checkbox"/> Medicare Entitlement <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Terminate Employment <input type="checkbox"/> Divorce <input type="checkbox"/> Civil Union Termination
You must enter a reason for termination in order to be offered the appropriate extension of coverage as dictated by COBRA Federal Law.	

EMPLOYEES: You must check one box in each column below:

Medical Changes to health plan coverage may only be made during annual open enrollment period or within 31 days of a qualifying event. Instruction: Enter the Plan Name/Coverage Type in which you are selecting to enroll or change. Only populate if you are changing your medical plan option or coverage type. Check "No Change Medical" if no medical changes are being made. Enter Plan Name Here: _____	Voluntary Teladoc	Voluntary Dental Changes to voluntary dental plan coverage may only be made during the annual enrollment period or within 31 days of a qualifying event. TO: <input type="checkbox"/> High <input type="checkbox"/> Low	Voluntary Vision Changes to voluntary vision plan coverage may only be made during the annual enrollment period or within 31 days of a qualifying event. TO: _____
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child or Children <input type="checkbox"/> Family <input type="checkbox"/> Terminate Medical <input type="checkbox"/> No Change Medical	<input type="checkbox"/> Employee Only <input type="checkbox"/> Terminate <input type="checkbox"/> No Change	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 Dependent <input type="checkbox"/> Employee + 2 or more Dependents <input type="checkbox"/> Terminate Dental <input type="checkbox"/> No Change Dental	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 Dependent <input type="checkbox"/> Employee + 2 or more Dependents <input type="checkbox"/> Terminate Vision <input type="checkbox"/> No Change Vision

Basic Life – All life insurance terminates upon employment termination or retirement.	Optional Life – Changes in Optional Life coverage must be submitted using the Dearborn National Evidence of Insurability form unless you are terminating coverage. Form can be found at www.egtrust.org.
<input type="checkbox"/> Add Basic Life (Only available when employee is newly eligible.) <input type="checkbox"/> Term Basic Life <input type="checkbox"/> No Change	EMPLOYEES: Check all boxes that apply: <input type="checkbox"/> Add Optional Employee (Evidence of Insurability REQUIRED) <input type="checkbox"/> Add Optional Spouse (Evidence of Insurability REQUIRED) <input type="checkbox"/> Add Optional Dependent (Evidence of Insurability REQUIRED) <input type="checkbox"/> Terminate Optional Employee <input type="checkbox"/> Terminate Optional Spouse <input type="checkbox"/> Terminate Optional Dependent <input type="checkbox"/> No Change Optional Life

DEPENDENT – ENTER ONLY THE DEPENDENTS YOU ARE ADDING OR TERMINATING.						
List Full Name of Your Eligible Dependents	Relation To Employee 1-Spouse 2-Child 3-Stepchild 4-Other	Sex M or F	Date of Birth	Dependent Social Security Number	You must check one box in each line below for each dependent listed.	
1.					Medical <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Dental <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Vision <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
2.				- -	Medical <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Dental <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Vision <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
3.				- -	Medical <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Dental <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Vision <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
4.				- -	Medical <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Dental <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Vision <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
5.					Medical <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Dental <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
					Vision <input type="checkbox"/> Add <input type="checkbox"/> Term <input type="checkbox"/> No Change <input type="checkbox"/> Decline	
BASIC LIFE – CHANGE Beneficiary Information						
Primary Beneficiary's Last Name First MI		Relationship of Beneficiary		DOB	Primary Beneficiary's Social Security Number.	
Street Address			City		State	Zip
Contingent Beneficiary's Last Name First MI		Relationship of Beneficiary		DOB	Contingent Beneficiary's ID No.	
Street Address			City		State	Zip
OPTIONAL LIFE – CHANGE Beneficiary						
Primary Beneficiary's Last Name First MI		Relationship of Beneficiary		DOB	Primary Beneficiary's Social Security Number.	
Street Address			City		State	Zip
Contingent Beneficiary's Last Name First MI		Relationship of Beneficiary		DOB	Contingent Beneficiary's Social Security Number.	
Street Address			City		State	Zip
Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.						
OTHER INSURANCE COVERAGE						
Are you or any of your dependents covered by another group, medical, vision, or dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type(s) of coverage: <input type="checkbox"/> Medical <input type="checkbox"/> Vision <input type="checkbox"/> Dental						
Name of individual with other coverage:				Name of insurance carrier or TPA: _____ Group No. _____		
Name of employer providing coverage:				Address: _____		
Is other coverage Medicare or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date _____ Phone: _____ Effective Date of other coverage: _____						
ADDITIONAL CHANGES – Please add any comments concerning your changes.						
Please read, sign, and date the following Authorization & Acknowledgement ♦ I have read and understand the information provided in the summary of benefits and other enrollment materials. ♦ On behalf of myself and enrolling family members, I AUTHORIZE the release to or by Egyptian Area Schools, its administrators, or other insurance companies of information regarding school enrollment, medical history, employment, or other benefits as necessary to verify eligibility, adjudicate claims, or coordinate benefits, to the extent permitted by law. ♦ Are you declining any coverage due to coverage in another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the other coverage COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please Explain) _____						
To the best of my belief and knowledge, the information I have provided on this form is complete and correct, and that no material information has been withheld or omitted. It is illegal and may be a felony for any person to knowingly and with intent to injure, defraud, or deceive any insurer, file a statement of claim or an application containing any false, incomplete, or misleading information.						
Employee's Signature					Date:	



RETURN THIS COMPLETED FORM TO YOUR EMPLOYER

Egyptian Area Schools Employee Benefit Trust

NEW ENROLLEE (Not Currently Covered)

EMPLOYER (OR PLAN SPONSOR) SECTION

EMPLOYER MUST COMPLETE THIS SECTION. Unsigned or incomplete forms will be returned and may delay enrollment.

Employer Name		Group Number	Effective Date	
Enrollment Event:	<input type="checkbox"/> Open Enrollment- Applies to medical plan only <input type="checkbox"/> New Hire <input type="checkbox"/> Qualifying Change in Family Status Reason	<input type="checkbox"/> Annual Enrollment- Applies to dental plan only <input type="checkbox"/> Late Enrollment	Employee Status <input type="checkbox"/> Active <input type="checkbox"/> Retiree <input type="checkbox"/> COBRA <input type="checkbox"/> Other	Date of Hire
Certified by (Authorized Representative)		Date	Employer Telephone () -	
Special Instructions:				

EMPLOYEE INFORMATION: EMPLOYEE MUST COMPLETE THIS SECTION (Incomplete forms will be returned and may delay enrollment)

Employee Name	Last	First	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil Union	Social Security Number
Employee Home Address		Street/Apt.		City		State	Zip
Home Phone		Email Address		Occupation:		Earnings \$	
Business or Cell Phone				Average Hours Worked per Week:		<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Annually	

EMPLOYEES: You must check one box in each section below.

EMPLOYEES: Check all boxes that apply:

Medical Plan Options Instruction: Ask your Employer which Plans you are eligible for. Enter Plan Name Here: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child or Children <input type="checkbox"/> Family <input type="checkbox"/> Decline Coverage NOTE: Includes Teladoc, Basic Life Insurance and Prescription Coverage	Voluntary Teladoc <input type="checkbox"/> Teladoc Only NOTE: Teladoc is included in Medical Plan.	Voluntary Dental <input type="checkbox"/> High <input type="checkbox"/> Low	Voluntary Vision <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 Dependent <input type="checkbox"/> Employee + 2 or more deps <input type="checkbox"/> Decline Coverage	Basic Life – Basic Life is automatic when enrolling in Health Plan <input type="checkbox"/> Basic Life Amount _____ <input type="checkbox"/> Decline coverage Optional Life – When applying for more than guaranteed issue amounts an Evidence of Insurability form must be completed. <input type="checkbox"/> Optional Employee Life Amount _____ Note: Evidence of Insurability Form required for amounts over \$100,000 <input type="checkbox"/> Optional Spouse Life Amount _____ Note: Limited to 50% of Employee Life – Evidence of Insurability required for amounts over \$37,500 <input type="checkbox"/> Optional Dependent Life <input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000 Note: Covers all eligible children <input type="checkbox"/> Decline Coverage
---	--	--	---	--

List Full Name of Your Eligible Dependents	Relation To Employee 1-Spouse 2-Child 3-Stepchild 4-Other	Sex M or F	Date of Birth	Dependent Social Security Number (Required when enrolling dependents.)	You must mark the coverage chosen or decline coverage for each dependent listed.
1.			/ /	- -	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Decline
2.			/ /	- -	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Decline
3.			/ /	- -	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Decline
4.			/ /	- -	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Decline
5.			/ /	- -	<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Decline

OTHER INSURANCE COVERAGE

Are you or any of your dependents covered by another group, medical, dental or vision plan? ☐ Yes ☐ No If yes, type(s) of coverage: ☐ Medical ☐ Vision ☐ Dental

Name of individual with other coverage: _____ Effective Date of other coverage _____

Name of insurance carrier or TPA: _____ Group No. _____

Address: _____ Phone: _____

Name of employer providing coverage: _____

Is other coverage Medicare or Medicaid? ☐ Yes ☐ No Medicare/Medicaid Effective Date of coverage _____

EMPLOYER: RETAIN ORIGINAL FOR YOUR FILE

BASIC LIFE – Beneficiary Information						
Primary Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Primary Beneficiary's Social Security Number
Street Address			City	State		Zip
Contingent Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Contingent Beneficiary's Social Security Number
Street Address			City	State		Zip
OPTIONAL LIFE – Beneficiary Information						
Primary Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Primary Beneficiary's Social Security Number
Street Address			City	State		Zip
Contingent Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Contingent Beneficiary's Social Security Number
Street Address			City	State		Zip
Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.						
REQUEST FOR COVERAGE (BASIC AND OPTIONAL LIFE)				Dearborn National		
This coverage has been offered to me and after careful consideration of the benefits, I have decided to: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE BASIC GROUP LIFE BENEFITS indicated above and, if my application is approved by Dearborn National, I authorize deductions from my pay for any required contributions. I know my coverage will not take effect unless I am actively at work and coverage on my dependent(s) will not take effect unless he/she is performing the usual and customary duties of activities of a healthy individual of the same age and sex." <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself in the BASIC GROUP LIFE Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense." </div> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE OPTIONAL GROUP LIFE BENEFITS indicated above and, if my application is approved by Dearborn National, I authorize deductions from my pay for any required contributions. I know my coverage will not take effect unless I am actively at work and coverage on my dependent(s) will not take effect unless he/she is performing the usual and customary duties of activities of a healthy individual of the same age and sex." <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself in the OPTIONAL GROUP LIFE Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense." <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll my dependents in the OPTIONAL GROUP LIFE Program. I understand that if I apply for coverage for my dependents at a later date, and if a physical examination or further medical information is required, it will be at my own expense." </div> </div>						
NOTE: A PERSON COMMITS INSURANCE FRAUD, IF HE OR SHE SUBMITS AN APPLICATION OR CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT WITH INTENT TO DEFRAUD (OR KNOWING THAT HE OR SHE IS HELPING TO DEFRAUD) AN INSURANCE COMPANY.						
The insurance requested on this enrollment form will not be effective until approved by the Home Office of Dearborn National, and the initial premium is paid to Dearborn National. A delayed effective date will apply if the employee is not actively at work, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.						
REQUEST FOR COVERAGE (MEDICAL)				Administered By: HealthSCOPE Benefits		
This coverage has been offered to me and after careful consideration of the benefits, I have decided to: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE GROUP BENEFITS indicated above and, if my application is approved by Egyptian Area Schools Employee Benefit Trust, I authorize deductions from my pay for any required contributions. I know my coverage will not take effect unless I am actively at work and coverage on my dependent(s) will not take effect unless he/she is performing the usual and customary duties of activities of a healthy individual of the same age and sex." <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Health Program. I understand that if I apply for coverage at a later date all the rules of late enrollment will apply." </div> <div style="width: 48%;"></div> </div>						
REQUEST FOR COVERAGE (VOLUNTARY TELADOC)						
This coverage has been offered to me and after careful consideration of the benefits, I have decided to: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE GROUP BENEFITS indicated above and, I authorize deductions from my pay for any required contributions. <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself in the Teladoc Program. </div> <div style="width: 48%;"></div> </div>						
REQUEST FOR COVERAGE (VOLUNTARY DENTAL)				Ameritas		
Select Coverage. Confirm the options available to you by reviewing your benefit plan description or checking with your employer. Note: Except for COBRA continuance, dependent coverage may be elected only if employee coverage is elected.						
This coverage has been offered to me and after careful consideration of the benefits, I have decided to: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE GROUP BENEFITS indicated above and, if my application is approved by Ameritas, I authorize deductions from my pay for any required contributions. I know my coverage will not take effect unless I am actively at work and coverage on my dependent(s) will not take effect unless he/she is performing the usual and customary duties of activities of a healthy individual of the same age and sex." <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Dental Program. I understand that if I apply for coverage at a later date all the rules of late enrollment will apply." </div> <div style="width: 48%;"></div> </div>						
REQUEST FOR COVERAGE (VOLUNTARY VISION)				EyeMed		
This coverage has been offered to me and after careful consideration of the benefits, I have decided to: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> "I APPLY FOR THE GROUP BENEFITS indicated above and, if my application is approved by EyeMed I authorize deductions from my pay for any required contributions. <input type="checkbox"/> "WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Vision Program." </div> <div style="width: 48%;"></div> </div>						

Please read, sign, and date the following Authorization & Acknowledgement

- I have read and understand the information provided in the summary of benefits and other enrollment materials.
- On behalf of myself and enrolling family members, I AUTHORIZE the release to or by Egyptian Area Schools, its administrators, or other insurance companies of information regarding school enrollment, medical history, employment, or other benefits as necessary to verify eligibility, adjudicate claims, or coordinate benefits, to the extent permitted by law.
- Are you declining any coverage due to coverage in another plan? ☐ Yes ☐ No

If yes, is the other coverage COBRA? ☐ Yes ☐ No
☐ Other (Please Explain) _____

To the best of my belief and knowledge, the information I have provided on this form is complete and correct, and that no material information has been withheld or omitted. It is illegal and may be a felony for any person to knowingly and with intent to injure, defraud, or deceive any insurer, file a statement of claim or an application containing any false, incomplete, or misleading information.

Employee's Signature	Date:
-----------------------------	--------------

EMPLOYER: RETAIN ORIGINAL FOR YOUR FILE

Notes

LOCATING INFORMATION ONLINE



Much of the information you may need regarding your benefits and plans is available online. Use this chart to help locate online information, without having to request materials be delivered via US mail. Just another effort to **GO GREEN in '18.**

Claims status	www.healthscopebenefits.com
Enrollment Guide 2018	www.egtrust.org
EOB Copies	www.healthscopebenefits.com
Finding a PHCS Network Provider	www.multiplan.com/healthscope
Forms: <ul style="list-style-type: none"> • Authorization for Release of Protected Health Information (PHI) • Enrollment Form • Changes to Enrollment Form • Medical Claim Form • Prescription Drug Mail Order Form 	www.egtrust.org
Prescription Drug Program	www.egtrust.org
Schedule of Benefits	www.egtrust.org
Summary of Benefits and Coverage (SBC)	www.egtrust.org
Summary Plan Descriptions	www.egtrust.org
Teladoc information	www.egtrust.org
Temporary ID cards	www.healthscopebenefits.com
Voluntary Benefits information	www.egtrust.org

Covered Members Communication Guide



Important—Please read: The following is a contact list for **covered members**. We request members use this reference to contact the appropriate vendor or provider of service. HealthSCOPE Benefits only submits enrollment information to the voluntary carriers and cannot respond to inquiries concerning those program benefits. Failure to contact the appropriate vendor or carrier will result in a delay of services to the member.

Program	Subject Matter	Contact/ Partner Name	Phone	Website
Health Plans	Member questions concerning: <ul style="list-style-type: none"> • Health Plan Benefits • Pre-certifying services • Request Health Plan ID cards • Find a network provider • Any other health plan-related questions 	HealthSCOPE Benefits	800-397-9598	www.egtrust.org www.healthscopebenefits.com
Pharmacy	Member questions concerning: <ul style="list-style-type: none"> • Any Pharmacy questions including: <ul style="list-style-type: none"> • Benefits • Eligibility • Prescription Drug Plan • Claim questions • Find a network provider 	Express Scripts Accredo (specialty pharmacy)	800-706-1754 877-222-7336	www.egtrust.org www.express-scripts.com
Voluntary Dental	Member questions concerning: <ul style="list-style-type: none"> • Any Dental plan questions including: <ul style="list-style-type: none"> • Benefits • Eligibility • Claim questions • Find a network provider 	Ameritas	800-487-5553	www.egtrust.org www.ameritas.com/group/olbc/egyptianschooltrust
Voluntary Vision	Member questions concerning: <ul style="list-style-type: none"> • Any Vision plan questions including: <ul style="list-style-type: none"> • Benefits • Eligibility • Claim questions • Find a network provider 	EyeMed	866-804-0982	www.egtrust.org www.eyemed.com
Basic or Voluntary Life Insurance	Member questions concerning: <ul style="list-style-type: none"> • Portability or Conversion • Claim issues • Travel or Beneficiary Resources 	Dearborn National Life	800-348-4512	www.egtrust.org