



# **2019-2020** Benefit Enrollment Guide

Egyptian Area Schools



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# Welcome to 2019-2020 Open Enrollment



Please check with your Employer for the plans and rates being offered. Summary of Benefit Schedules are available later in this document and on the Egyptian Trust portal ([www.egtrust.org](http://www.egtrust.org)) for plan comparison purposes. If you have questions concerning the different plans offered by your employer you may also contact a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517.

This year's open enrollment is passive, which means your current coverage elections will automatically renew for 2019-2020, 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](http://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](http://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, 2019**. 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.



### 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



# Welcome



**BlueCross BlueShield  
of Illinois**

The choices you make each day affect your health now and in the future. That's why Blue Cross and Blue Shield of Illinois (BCBSIL) has been committed to the well-being of the communities we serve for more than 80 years. We provide a range of online tools and resources to help you plan and manage your health care.

## **With a BCBSIL PPO-based plan, you can:**

### [Choose from a large provider network.](#)

The BCBSIL networks include a range of independently contracted hospitals, doctors and other health care providers. And with BlueCard®, you have access to an established PPO network throughout the country. You also have access to care in more than 190 countries around the world.

### [Use our wellness resources.](#)

We provide helpful articles, emails and text alerts about general and specific health issues to support you.

### [Get deals and discounts.](#)

Save money on fitness gear, family activities, healthy eating choices and more from local and national retailers.

### [Find information about doctors.](#)

Our online directory is the quick and easy way to find doctors, hospitals or other health care providers in your network. Follow these steps:

- Go to **[bcbsil.com](http://bcbsil.com)**
- Click **Find a Doctor or Hospital**
- Answer a few questions and follow the prompts

### [Check out our free apps.](#)

Access all of our mobile websites and services in one spot. Text\* **GO** to **33633** to learn more.

\* Message and data rates may apply. Terms, conditions and privacy policy can be found at **[bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging)**.



## Find More Online

After you receive your member ID card, go to **bcbsil.com** to sign up for Blue Access for Members<sup>SM</sup>. You can use this secure website from your desktop or mobile device to:

- Check the status of a claim and your claims history
- See who is covered under your plan
- View and print an Explanation of Benefits statement
- Review articles on health and wellness topics
- Print a temporary ID card
- Find a doctor, hospital or other health care provider in the network
- Estimate the cost of a provider's procedures, treatments and tests.
- Get answers to frequently asked questions

If you have questions, BCBSIL Customer Service Advocates can help. Call the number on the back of your member ID card, Monday through Friday, 8 a.m. to 6 p.m. CT.

Thank you for being a  
Blue Cross and Blue Shield of Illinois member!

**bcbsil.com**

## Preauthorization Requirements

Preauthorization establishes in advance the Medical Necessity or Experimental/Investigational nature of certain care and services covered under this Plan. It ensures that the Preauthorized care and services described below will not be denied on the basis of Medical Necessity or Experimental/Investigational. However, Preauthorization does not guarantee payment of benefits.



**BlueCross BlueShield  
of Illinois**

Coverage is always subject to other requirements of the Plan, such as limitations and exclusions, payment of contributions, and eligibility at the time care and services are provided.

**Please share this list with your health care provider.**

**The following services require Preauthorization:**

- All inpatient Hospital Admissions,
- Coordinated Home Care Program Services
- Home hemodialysis
- Home hospice
- Home infusion therapy
- All home health services
- Outpatient infusion drugs
- Private duty nursing
- Transplant & Transplant evaluations
- Lipid apheresis

### **Ear, Nose and Throat (ENT)**

- Bone conduction hearing aids
- Cochlear implants
- Nasal and sinus surgery

### **Gastroenterology (Stomach)**

- Gastric electrical stimulation (GES)

### **Neurological**

- Deep brain stimulation
- Sacral nerve neuromodulation/stimulation
- Vagus Nerve stimulation (VNS) (morbid obesity)
- Surgical Deactivation of Headache Trigger sites

### **Surgical Procedures**

- Orthognathic Surgery; face reconstruction
- Mastopexy, breast lift
- Reduction mammoplasty; breast reduction

### **Wound Care**

- Hyperbaric Oxygen (HBO2) therapy

### **Specialty Pharmacy**

- Medical Benefit Specialty Drugs (specialty drugs administered by your provider)

### **Musculoskeletal**

- Artificial Intervertebral Disc
- Autologous Chondrocyte Implantation (ACI) for Focal Articular Cartilage
- Lesions
- Femoroacetabular impingement (FAI) Syndrome
- Functional Neuromuscular Electrical Stimulation (FNMES)
- Lumbar Spinal Fusion
- Meniscal Allografts and other Meniscal Implants
- Orthopedic Application of Stem Cell Therapy

### **Pain Management**

- Occipital Nerve Stimulation
- Percutaneous and Implanted Nerve Stimulation and Neuromodulation
- Spinal Cord Stimulation

### **Non-Emergency Fixed-Wing Ambulance Transportation**

- Non-emergency fixed-wing ambulance transportation

### **Behavioral Health**

- Inpatient (acute and rehab),
- Residential
- Partial Hospital (aka – PHP)
- Intensive Outpatient (aka – IOP)
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Electroconvulsive Therapy (ECT),
- Applied Behavioral Analysis (ABA )

# Get the most from your benefits



A **Benefits Value Advisor** is like a tour guide, helping to point you in the right direction.

## What can a Benefits Value Advisor (BVA) do?\*

A BVA can help you save money on health procedures and tests, and also:

- Simplify complex benefit options, making them easier to understand
- Help you use your benefits more wisely and get better value

You'll get guidance for benefits such as medical, dental, pharmacy and other available coverage so you only need one call to get support. BVAs can also help you:

- Maximize your benefits
- Get cost estimates for various providers and procedures
- Help to schedule appointments
- Assist with referrals to clinical staff/programs
- Help with preauthorization

You can also access Provider Finder® to search for a network primary care physician, specialist or hospital. You can estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses. Log in to your Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account and click on "Doctors and Hospitals." If you haven't registered, go to [bcbsil.com](http://bcbsil.com), click the "Log In" tab and then click the "Register Now" link.

## Which provider will you choose?

The same procedure performed in the same area by different providers can vary greatly in cost.

| Estimated cost comparison for brain MRI          |                        |
|--|------------------------|
| Provider A: \$977**                              | Provider B: \$3,821**  |
| Estimated cost comparison for a knee replacement |                        |
| Provider A: \$15,837**                           | Provider B: \$58,758** |
| Estimated cost comparison for a C-section        |                        |
| Provider A: \$11,156**                           | Provider B: \$33,751** |

## Want to know more? See a video.

You may text keywords (MYBVA) to 33633 on your mobile phone to get more information and be directed to a video.

After texting the number, you'll receive a text that says, "BCBSIL: Get the most out of your health care with Benefits Value Advisor. You may save on out-of-pocket costs. More at <http://bit.ly/benefitsbva>."

\* Benefits Value Advisors offer cost estimates for various providers, facilities and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals. Members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers. Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed and what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations, exclusions and terms of your plan.

\*\* Allowable in-network cost data from Cook County. Costs are examples and may not be the same for every member's situation.

**bcbsil.com**

**One call can put you on a course for getting the most from your benefits.  
Call the number on the back of your member ID card before your next procedure.**





BlueCross BlueShield of Illinois

# Looking for the right doctor?

Provider Finder® is the quick and easy way to make better health care decisions for you and your family.



Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

By logging in to Blue Access for Members<sup>SM</sup> (BAM) you can use Provider Finder to:

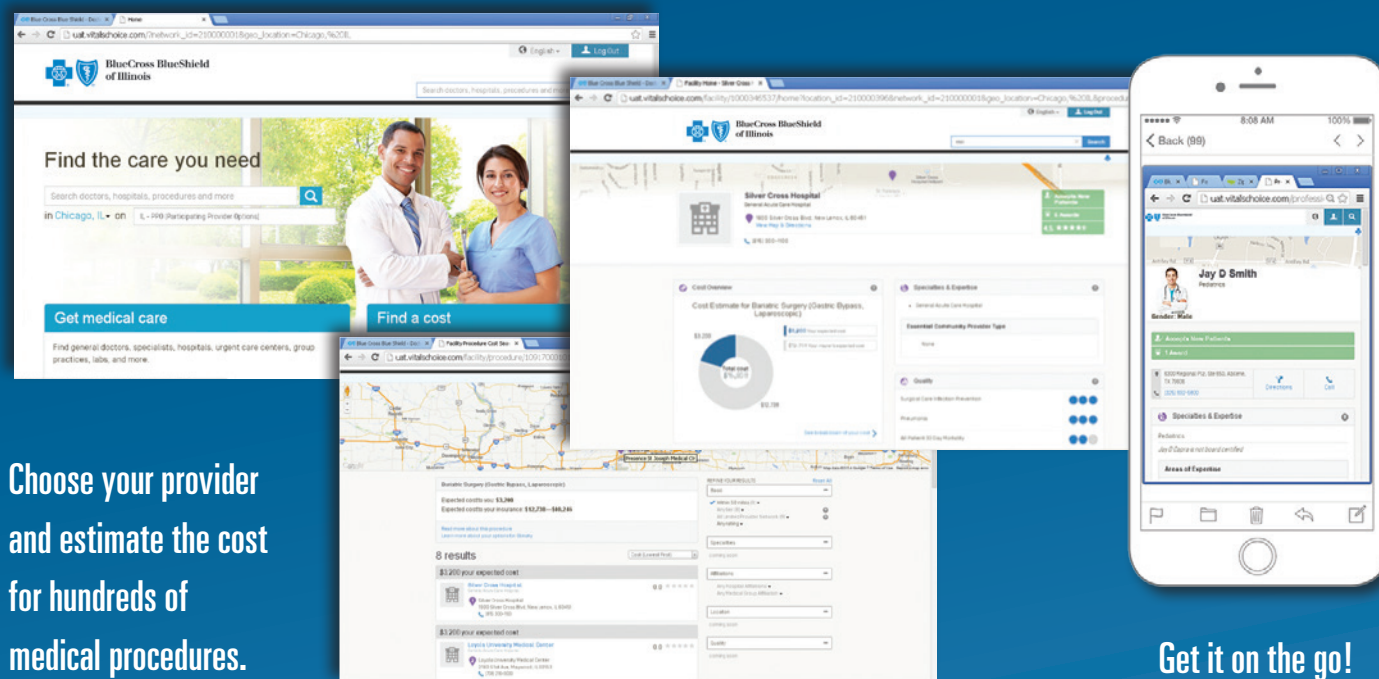
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions.
- Estimate the cost of hundreds of procedures, treatments and tests and your out-of-pocket expenses.
- Determine if Blue Distinction Center<sup>®</sup> (BDC), BDC+ or Blue Distinction Total Care is an option for treatment.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

**It's easy, immediate, secure — and available at [bcbsil.com](https://bcbsil.com).**

## You're in charge with more information.

- Do you want to know more about the providers who take care of you or your family?
- Do you need to know the estimated cost of a medical service?
- Do you want to know what feedback other patients had on a provider?

# Informed Choice. Cost Management. More Options.



The image displays three overlapping screenshots of the BlueCross BlueShield of Illinois Provider Finder. The top-left screenshot shows the homepage with a search bar and a 'Find the care you need' section. The top-right screenshot shows a search results page for 'Silver Cross Hospital' with a 'Cost Overview' section featuring a pie chart. The bottom-left screenshot shows a detailed view of a procedure, 'Bariatric Surgery (Gastric Bypass, Laparoscopic)', with a table of results. The rightmost screenshot shows the mobile app interface, displaying a doctor's profile for 'Joy D Smith'.

Choose your provider and estimate the cost for hundreds of medical procedures.

Get it on the go!

Screen shots are for illustrative purpose only.

It's easy to get started with Provider Finder by registering for Blue Access for Members<sup>SM</sup> (BAM):

- 1 Go to **bcbsil.com**.
- 2 Click the **Log In** tab, and then click the **Register Now** link.
- 3 Use the information on your BCBSIL ID card to complete the process.
- 4 Then, log in to BAM. Provider Finder is located under the **Doctors & Hospitals** tab.

You can also call a BCBSIL Customer Service Advocate at the toll-free telephone number on the back of your member ID card for help in locating a provider.



## Get assistance while you're away from home.

Go to [bcbsil.com](http://bcbsil.com) and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.

## Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAM<sup>SM</sup>).

### With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

## It's easy to get started

- 1 Go to [bcbsil.com/member](https://bcbsil.com/member)
- 2 Click Register Now
- 3 Use the information on your BCBSIL ID card to complete the registration process.



Text\* BCBSILAPP to 33633 to get the BCBSIL App that lets you use BAM while you're on the go.

\*Message and data rates may apply



**BlueCross BlueShield of Illinois**

# Find what you need with Blue Access for Members

The screenshot shows the BlueCross BlueShield of Illinois member portal. At the top, the user is identified as NATHAN SMITH with a Settings dropdown (9). Navigation links include Home (1), My Coverage (2), Claims Center (3), My Health (4), Doctors & Hospitals (5), and Forms & Documents (6). A 'CURRENTLY VIEWING MY PLAN' box (8) shows 'PPO' and a 'View My Plans' button. The main content area is titled 'Welcome NATHAN SMITH!' and features a 'Message Center' (6) with 'You have no messages' and a 'View all messages' link. A 'Quick Links' section (7) includes 'Stop receiving paper statements', 'Connect', 'Member Discount Program', 'Manage preferences', and 'Verification of Coverage'. The 'MY COVERAGE' section displays 'Plan Type: PPO', 'Group Number: 098765', and 'ID Number: ABC123456789'. Below this is a 'MEDICAL BENEFITS' table for the 'Preferred Network' plan:

| MEDICAL BENEFITS             |            |
|------------------------------|------------|
| <b>Preferred Network</b>     |            |
| Individual Deductible        | N/A        |
| Family Deductible            | N/A        |
| Family Out of Pocket Maximum | \$8,500.00 |
| Coinurance                   | N/A        |

On the right, the 'My Care Profile' section (8) features a 'Blue Button' icon and text: 'Learn how to get your health care profile electronically' and a 'Get Started »' button. At the bottom, a footer contains links for 'Important Information', 'Non-Discrimination Notice', 'Help', and 'Contact Us' (10, 11).

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.





BlueCross BlueShield of Illinois

# The BCBSIL App!



Stay connected with Blue Cross and Blue Shield of Illinois (BCBSIL) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits\*
- Get Push Notifications and access to Message Center\*

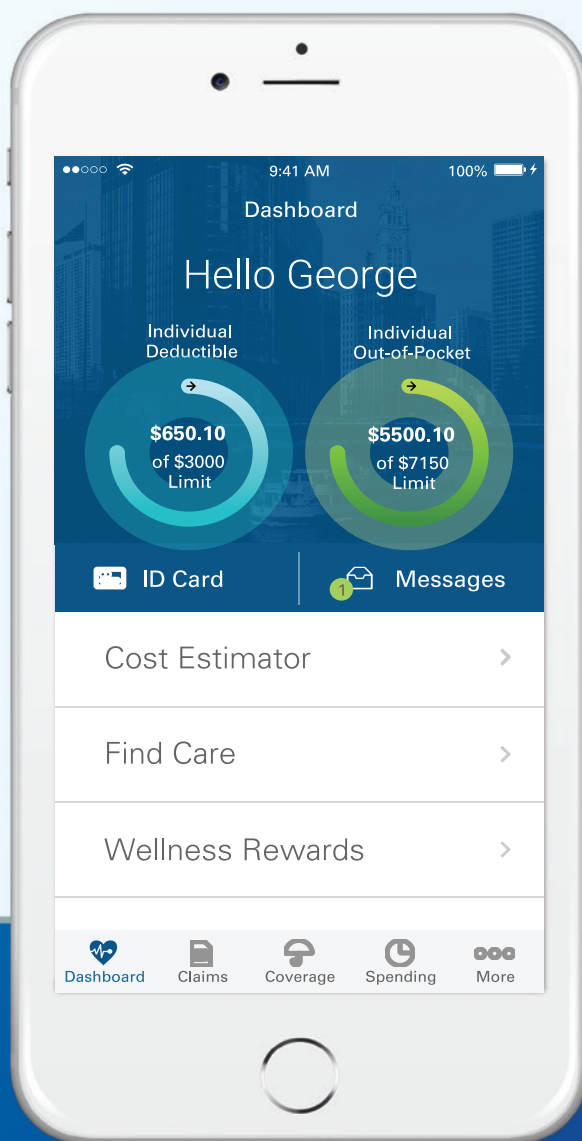
Text\*\* **BCBSILAPP** to **33633** to get the app.

\* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).



**Available in Spanish**



[bcbsil.com/mobile](http://bcbsil.com/mobile)





# Understanding Your Explanation of Benefits

**An Explanation of Benefits (EOB) is a notification provided to members when a health care benefits claim is processed by Blue Cross and Blue Shield of Illinois (BCBSIL). The EOB shows how the claim was processed. The EOB is not a bill. Your provider may bill you separately.**



## THE EOB HAS THREE MAJOR SECTIONS:

- **Subscriber Information and Total of Claim(s)** includes the member's name, address, member ID number and group name and number. The Total of Claims table shows you the amount billed, any applied discounts, reductions and payments and the amount you may owe the provider.
- **Service Detail** for each claim includes:
  - Patient and provider information
  - Claim number and when it was processed
  - Service dates and descriptions
  - The amount billed
  - The discounts or other reductions subtracted from amount billed
  - Total amount covered
  - The amount you may owe (your responsibility)
- **Summary** - Shows you what the plan covers for each claim and your responsibility including:
  - Plan Provisions**
    - The amount covered
    - Less any amounts you may owe, like deductible, copay and coinsurance
  - Your Responsibility**
    - Deductible and copay amount
    - Your share of coinsurance
    - Amount not covered, if any
    - Amount you may owe the provider. You may have paid some of this amount, like your copay, at the time you received the service.

## THE EOB MAY INCLUDE ADDITIONAL INFORMATION:

- **Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Out-of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Fraud Hotline** is a toll-free number to call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.
- **An explanation** of your right to appeal if your health plan doesn't cover a health care claim.

Available in English and Spanish

## Your EOBs Are Available Online!

Sign up for Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) at [bcbsil.com](https://bcbsil.com) for convenient and confidential access to your claim information and history. Choose to opt out of receiving EOBs by mail to save time and resources. Go to BAM and click on **Settings/Preferences** to change your preferences.

[bcbsil.com](https://bcbsil.com)

# Sample EOB



BlueCross BlueShield of Illinois

P.O. Box 660044  
Dallas, TX 75266-0044

**1** Jon Smith  
1234 Cedar Road  
APT #2  
Chicago, IL 60601

Sample

## EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**



Log in to Blue Access for Members<sup>SM</sup> at [bcbsil.com](http://bcbsil.com) to see plan and claim details or to contact us through our secure Message Center.



Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

### SUBSCRIBER INFORMATION

GROUP NAME HERE

**2** Member ID#: BCS88899977V Group #: 000012345

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

### **4** SERVICE DETAIL - CLAIM (1)

**5** PATIENT: JON SMITH  
SERVICE DATE: 04/04/2016

**6** PROVIDER: Ralph Johnston M.D.

**7** CLAIM # 012345687  
Processed: 06/20/2016

| 8 Service Description | 9 Amount billed   | 10 PLAN PROVISIONS       |                          | 11 YOUR RESPONSIBILITY      |                 |                    |
|-----------------------|-------------------|--------------------------|--------------------------|-----------------------------|-----------------|--------------------|
|                       |                   | Discounts and reductions | Amount covered (allowed) | Deductible and copay amount | Coinsurance     | Amount not covered |
| Surgical Charges      | 4,000.00          | (1) 1,800.00             | 2,200.00                 | 1,000.00                    | 240.00          |                    |
| Recovery Room         | 900.00            | (1) 410.00               | 490.00                   |                             | 98.00           |                    |
| Med/Surg Supplies     | 300.00            | (1) 140.00               | 160.00                   |                             | 32.00           |                    |
| Med/Surg Supplies     | 100.00            |                          |                          |                             |                 | (2) 100.00         |
| Laboratory Services   | 1,200.00          | (1) 820.00               | 380.00                   |                             | 76.00           |                    |
| Laboratory Services   | 200.00            | (1) 160.00               | 40.00                    |                             | 8.00            |                    |
| MRI Outpatient        | 850.00            | (1) 440.00               | 410.00                   |                             | 82.00           |                    |
| Drugs                 | 200.00            | (1) 110.00               | 90.00                    | 50.00                       |                 |                    |
| Muscle Manipulation   | 100.00            | (1) 50.00                | 50.00                    | 15.00                       |                 |                    |
| <b>CLAIM TOTALS</b>   | <b>\$7,850.00</b> | <b>\$3,930.00</b>        | <b>\$3,820.00</b>        | <b>\$1,065.00</b>           | <b>\$536.00</b> | <b>\$100.00</b>    |

\* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

<sup>1</sup> The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

<sup>2</sup> Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

### **12** SUMMARY - CLAIM (1)

| PLAN PROVISIONS             |                   | YOUR RESPONSIBILITY                      |                   |
|-----------------------------|-------------------|--|-------------------|
| Amount covered (allowed)*   | \$3,820.00        | Deductible and copay amount              | + \$1,065.00      |
| Deductible and copay amount | - \$1,065.00      | Coinsurance                              | + \$536.00        |
| Coinsurance                 | - \$536.00        | Amount not covered                       | + \$100.00        |
| <b>Total</b>                | <b>\$2,219.00</b> | <b>You may have to pay your provider</b> | <b>\$1,701.00</b> |

**14** Health Care Fraud Hotline: 800-543-0867

Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcbsil.com](http://bcbsil.com)

**13** Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

- Member's name and mailing address
- Member ID and group number
- Summary box for all claims including total billed by the provider, and discounts, reductions or payments made, and the amount you may owe
- Detailed claim information for each claim
- Patient name and service date
- Provider information
- Claim number and date the claim was processed
- Service description
- Amount billed for each service
- The amount covered (allowed) for each service and the discounts or reductions subtracted from the amount your provider billed
- Your share of the costs
- Claim summary with amount covered less your responsibility
- Deductible and/or out-of-pocket expense information
- Health Care Fraud Hotline

\* Please provide this information when contacting us about a claim.

Not all EOBs are the same. The format and content of your EOB depends on your benefit plan and the services provided. Deductible and copayment amounts vary.

# Your Teladoc<sup>+</sup> 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](http://www.mydrconsult.com) to set up your personal account.

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

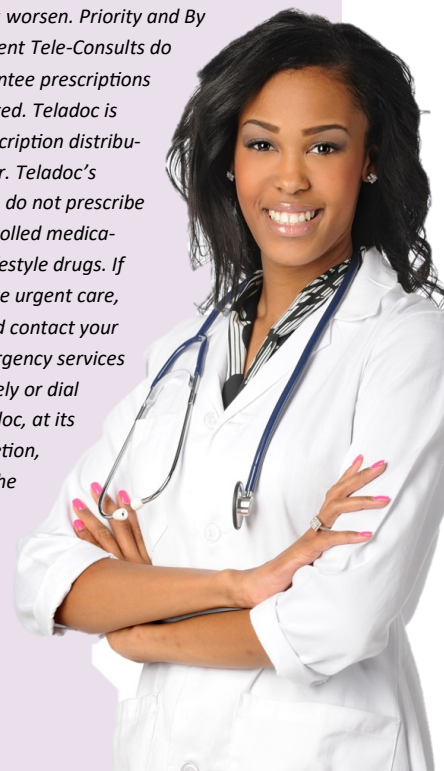
- **Health Library.** Research the latest health articles, then click to consult with a doctor.
- **Personal Health Record.** Store your consultation and medical history within a single, secure location. Share it with your primary care physician.
- **Symptom Checker.** User interactive tools, designed 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](http://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 Program

Prime Therapeutics, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit. Prime Therapeutics maintains the Balanced Drug List (also known as a prescription drug list) and manages a network of retail pharmacies. Prime Therapeutics, in consultation with the Plan, also provides related services that 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.

The Balanced Drug List is a list of drugs available to Blue Cross and Blue Shield of Illinois (BCBSIL) members. How much you pay out-of-pocket for prescription drugs is determined by whether your medication is on the list and the tier designation of the drug. Generally, if you choose a drug that is generic or preferred, your out-of-pocket costs will be less. Your doctor should consult the Balanced Drug List when prescribing drugs for you. This may help lower your out-of-pocket costs. This list can be found at <https://www.bcbsil.com/PDF/rx/rx-list-bal-il-2019.pdf> and is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market.

Some drugs are covered under your medical plan instead of your pharmacy benefits. These can include drugs that must be given to you by a health care provider. These drugs are often given to you in a hospital, doctor's office or health care setting. Examples of these drugs are contraceptive implants and chemo infusion. If you are taking or prescribed a drug that is not on the Balanced Drug List, call a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517 to see if the drug may be covered by your medical plan.

Certain medications are subject to limitations and may require prior authorization for continued use. Covered members may use either in-network retail pharmacies or the AllianceRx Walgreens Prime home delivery pharmacy service.



**BlueCross BlueShield  
of Illinois**

## 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 Prime network. At retail, you can get up to a 30-day supply, or a 90-day supply for most maintenance drugs. Most major chain pharmacies participate in the Prime network except CVS pharmacies. If you are using an independent drugstore, you should confirm whether it participates in the network. To find out, visit **[www.myprime.com](http://www.myprime.com)** or call a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517.

## Extended Supply Network (ESN) Retail Pharmacies

If you need medication on an ongoing basis you can ask your 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. You may buy your maintenance drugs at any Prime ESN retail pharmacy or through the AllianceRx Walgreens Prime home delivery service described below. As shown in the copay grid on page 18, copays are higher if you choose to use an ESN retail pharmacy instead of home delivery for maintenance drugs. To find Prime ESN pharmacies, visit **[www.myprime.com](http://www.myprime.com)** or call a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517.





## AllianceRx Walgreens Prime Home Delivery Service

The AllianceRx Walgreens Prime home delivery service is a convenient way to have your maintenance medications delivered to you and can save you money.

- Medications are shipped standard delivery at no additional cost.
- First-time orders are usually delivered within 10 days after we receive and confirm your order.
- You can receive notification by phone or email when your orders are shipped. You will be contacted, if needed, to complete your order.
- 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 ask for refills online or over the phone. You can also choose to receive refill reminder notices by phone or email.
- You can set all of your notification preferences when you register online at [www.alliancerxwp.com/home-delivery](http://www.alliancerxwp.com/home-delivery) or by calling them at 877-357-7463.
- Registered pharmacists are available around the clock for consultation.

To start using the home delivery pharmacy service, visit [www.alliancerxwp.com/home-delivery](http://www.alliancerxwp.com/home-delivery). Click “register now” to create an account and follow the steps. Or, you can call **877-357-7463** for assistance. Your doctor can send a new prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ) or fax the prescription to **800-332-9581** after you have created an account.

Note: If you have an existing account at [www.walgreens.com](http://www.walgreens.com), you can use the same log in information.

## AllianceRx Walgreens Prime Specialty Pharmacy

Specialty medications that are self-administered generally must be filled through the AllianceRx Walgreens Prime specialty pharmacy. You may have coverage for a first fill at some other pharmacy prior to being required to use AllianceRx Walgreens Prime. Specialty medications are limited to a 30-day supply.

- At no additional charge, you get one-on-one support in managing your therapy, including help dealing with any side effects you may feel.
- You have access to around-the-clock customer service and educational materials about your particular condition.
- Medications are delivered directly to you or your doctor’s office. Each shipment for self-injectable drugs also includes syringes, sharps containers and other supplies.
- You can register for online refills, if applicable, and sign up for email notifications at [www.alliancerxwp.com/specialty-pharmacy](http://www.alliancerxwp.com/specialty-pharmacy).

To start using the AllianceRx Walgreens Prime specialty pharmacy, call 877-627-6337, weekdays from 8 a.m. to 8 p.m. ET.







## Prescription Drug Program

# Questions & Answers

### Q: Will members receive a separate pharmacy identification card from Prime Therapeutics?

A: No, the BCBSIL member ID card should be used for both medical services and when filling a prescription.

### Q: What are my prescription copays?

A: Following are the copayments for the traditional plans (A, B, C, D, E, AB1) and M plans. In Plan D (HDHP), you must meet the calendar year deductible before these copayments apply, except for IRS-approved maintenance and preventive drugs. There are no prescription drug copayments in the H plans. Those plans have a 100 percent benefit for covered prescription drugs after the calendar year deductible and out-of-pocket amount is met

| Prescription Drug Copayments   | Retail 30 day supply | Retail 90 day supply Maintenance drugs after first 2 fills | Home Delivery up to 90 day supply |
|--|----------------------|--|-----------------------------------|
| Generic  | \$12                 | \$36   | \$30                              |
| Preferred Brand  | \$25                 | \$85   | \$55                              |
| Non-Preferred  | \$40                 | \$130  | \$100                             |
| Oral & Injectable Specialty Drugs  | Copay plus 3%        | Copay plus 3%  | Copay plus 3%                     |
| Most specialty drugs (oral and injectable) will have a maximum copay of \$150 per month. |                      |  |                                   |

### Q: Where can I view the Balanced Drug List?

A: The 2019 drug list can be found at <https://www.bcbsil.com/PDF/rx/rx-list-bal-il-2019.pdf>.

### Q: How do I know if my medication is preferred or non-preferred on the Balanced Drug List?

A: Preferred brands are marked with a "P" in the Tier Designation column and shown in all CAPITAL letters. Non-preferred brands are marked with a "NP" in the Tier Designation column and shown in all CAPITAL letters.

Preferred Generics are marked with a "p" and shown in lower-case boldface type. Non-Preferred Generics are marked with a "np" and shown in lower-case boldface type.

Specialty medications are marked with a dot in the Specialty column.

### Q: What if my medication is not covered on the Balanced Drug List?

A: If your medication is not covered, ask your doctor about therapeutic alternatives. Your doctor can also request a drug list coverage exception from Blue Cross and Blue Shield of Illinois (unless you have a benefit exclusion). Your doctor can call **855-686-8517** to start this process.

### Q: CVS is not an in-network pharmacy. How will my prescriptions be paid if I choose to continue using CVS?

A: The benefits claim for the prescription will be rejected at the CVS pharmacy and you will be responsible for paying the entire cost of the drug at point of sale. You can access [www.myprime.com](http://www.myprime.com) to find a network pharmacy near you.

As always, treatment decisions are between you and your doctor. Coverage is based on the terms and limits of your health plan.



# A home-delivery pharmacy service you can trust.

AllianceRx Walgreens Prime delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

## Savings

- AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines.<sup>1</sup> This may reduce what you pay out of pocket, and includes free standard shipping.

## Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of long-term medicine at a time.<sup>1</sup>
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

## Service

- You can receive notification by phone or email — your choice — when your orders are shipped. You will be contacted, if needed, to complete your order. To select your notification preference, register online at [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery) or call **877-357-7463**.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.

You can choose how AllianceRx Walgreens Prime will notify you when your prescription ships and when it is due for a refill.

<sup>1</sup> Prescriptions of up to a 90-day supply, or the most amount allowed by your benefit plan.

# Getting Started with AllianceRx Walgreens Prime Home Delivery

## Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit [alliancerxwp.com/home-delivery](https://alliancerxwp.com/home-delivery). Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to [myprime.com](https://myprime.com) and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens.com account.

## Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

## Through the Mail

To send a prescription order through the mail, visit [bcbsil.com](https://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

## Talk to Your Doctor

Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.<sup>1</sup> You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (AllianceRx Walgreens Prime-MAIL AZ), or fax a prescription request to **800-332-9581**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

## Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have AllianceRx Walgreens Prime remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

## Questions?

Visit [bcbsil.com](https://bcbsil.com). Or call the phone number on the back of your member ID card.

Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.



Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.





# Do You Need Specialty Medications?



Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime\* to support members who need self-administered specialty medication and help them manage their therapy.

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.\*\*

## Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit [bcbuil.com](http://bcbuil.com) to see the up-to-date list of specialty drugs.

| Condition                             | Sample Medications***                      |
|---------------------------------------|--|
| <b>Osteoporosis</b>                   | Forteo, Tymlos                             |
| <b>Cancer (oral)</b>                  | Gleevec, Nexavar, Sprycel, Sutent, Tarceva |
| <b>Growth Hormones</b>                | Increlex, Omnitrope                        |
| <b>Hepatitis C</b>                    | Epclusa, Harvoni, Mavyret and Vosevi       |
| <b>Multiple Sclerosis</b>             | Betaseron, Copaxone, Rebif                 |
| <b>Rheumatoid Arthritis/Psoriasis</b> | Enbrel, Humira, Stelara                    |

## Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

## Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. **To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.**

Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.

**bcbsil.com**

**When switching pharmacies, have your ID card and be ready with your:**

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

## Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered\*\*\*\*
- Discuss any changes in your condition or answer any questions about your health\*\*\*\*

You can reach AllianceRx Walgreens Prime at 877-627-6337.



\*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.

\*\*The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for Members (BAM) account to find an in-network specialty pharmacy near you.

\*\*\*Third-party brand names are the property of their respective owners.

\*\*\*\*Treatment decisions are between you and your doctor.





## BlueCare Voluntary Dental Program



## BlueCross BlueShield of Illinois

Beginning September 1, 2019 Blue Cross Blue Shield of Illinois (BCBSIL) will become the administrator of the fully insured voluntary dental program. If you are currently enrolled in one of the Ameritas voluntary dental plans your enrollment information will be transferred to BCBSIL.

Dental services provided by your dentist that are billed with a date of service on or after September 1, 2019 are eligible for consideration under the new BCBSIL Plan.

- Members will receive credit for the 2019 deductible, annual maximum, and orthodontia lifetime maximum benefits paid under the Dental Plan previously administered by Ameritas.
- Members will receive credit with BCBSIL for Ameritas rewards accumulated up until the BCBSIL Plan begins on September 1, 2019. Ameritas rewards will expire on December 31, 2020 if not used for services before that date.
- Members will be eligible to receive their remaining benefit period maximum and/or orthodontia lifetime maximum, which is the

difference between what Ameritas previously paid and the applicable maximums under the BCBSIL dental plans.

Below is information on how your orthodontia benefits will be administered under the BCBSIL Plan, if your orthodontia treatment started prior to September 1, 2019.

- BCBSIL will prorate the remaining active treatment balance (at 50%), for services received on/after September 1, 2019
- BCBSIL will need a complete treatment plan, which includes: total case fee, down payment amount, number of months in treatment, and banding date.
- You and/or your orthodontist will need to submit a claim to be reimbursed for your monthly treatments.

If you have any questions about the transition from Ameritas to Blue Cross Blue Shield of Illinois (BCBSIL) call Customer Service at 800-367-6401 between 8 a.m. and 6 p.m. (CT) Monday through Friday.





BlueCross BlueShield  
of Illinois



## BlueCare Dental PPO<sup>SM</sup>

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO networks<sup>1</sup>. This network includes general and specialty dentists in Illinois as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

You can choose an out-of-network dentist, but he or she may have higher fees and charge you for amounts not covered by your insurance.

### Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsil.com** and use the Provider Finder<sup>®</sup> tool. You can search for a dentist near your home, school or office and easily download a map with driving directions.

### BlueCare Dental Connection<sup>SM</sup>

As an enhanced service, Blue Cross and Blue Shield of Illinois (BCBSIL) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center,<sup>\*</sup> which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist<sup>\*</sup>**
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor<sup>\*</sup>**
- Search the **Dental Dictionary<sup>\*</sup>** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure<sup>\*</sup>** tool

To access the Dental Wellness Center, log in to Blue Access for Members<sup>SM</sup> at **bcbsil.com** and click on the **My Health** tab.

### Dedicated to Customer Service

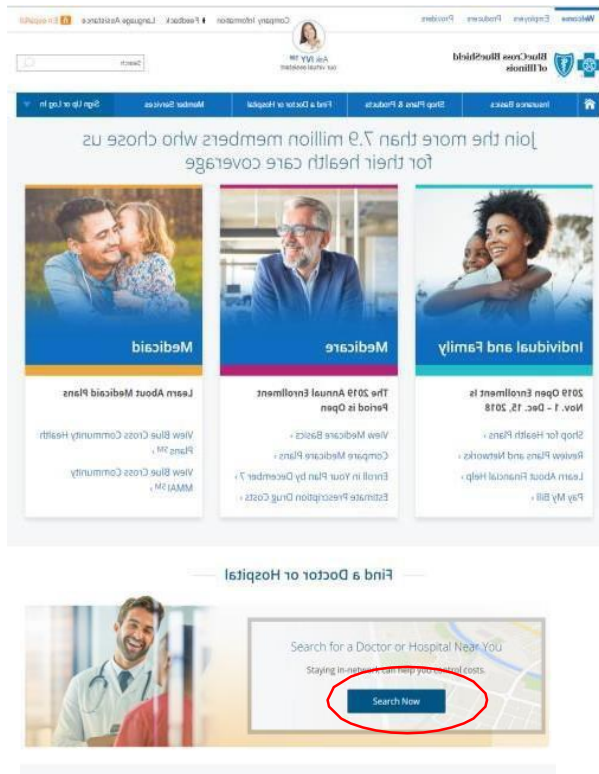
After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **800-367-6401** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at **bcbsil.com**.

<sup>1</sup> Dental Network of America, LLC. (DNoA), a separate company and the network manager providing access to the national network. Source: Netminder, February 2015

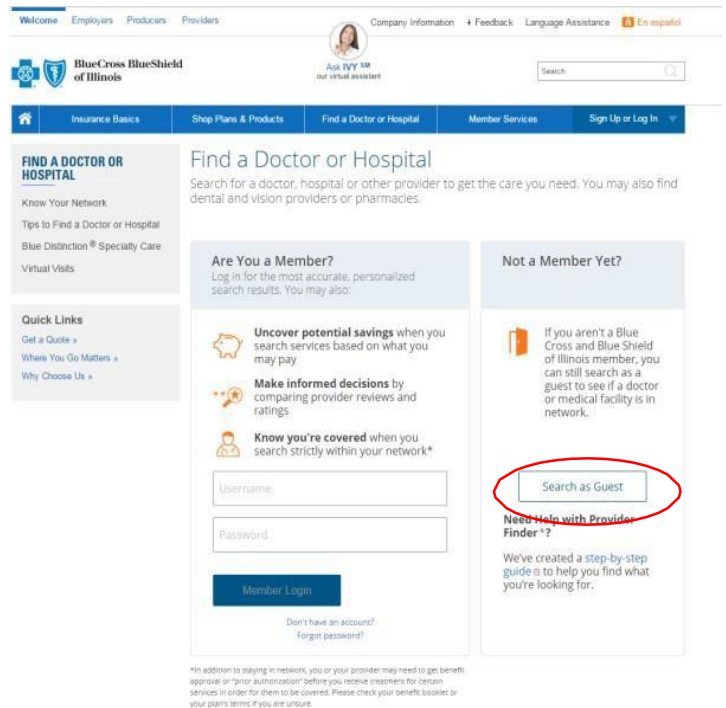
<sup>\*</sup> The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of Blue Cross and Blue Shield of Illinois dental programs. DNoA is solely responsible for the products or services it offers. BCBSIL assumes no liability or responsibility for damage or injury to persons or property arising from the use of any product, information, idea or instruction mentioned in DNoA's content.

# Find a Dentist – BCBSIL Provider Search Tool – 4 Steps

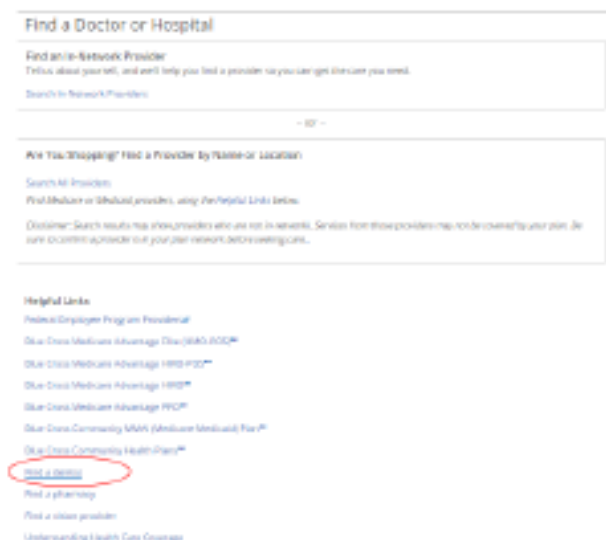
**Step 1:** Go to [www.bcbsil.com](http://www.bcbsil.com) and select Search Now



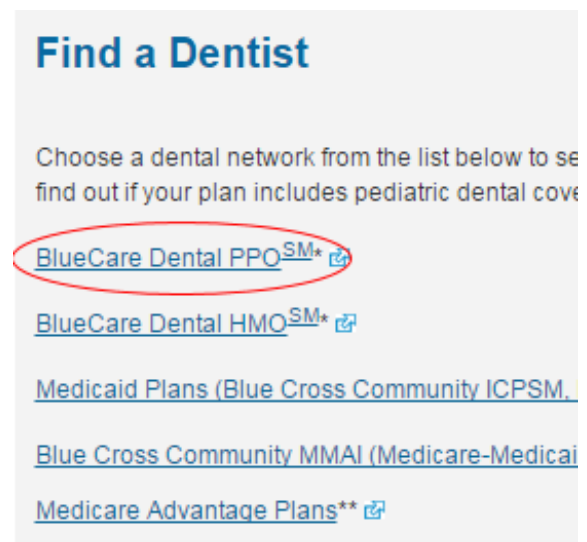
**Step 2:** Select Search as Guest



**Step 3:** Scroll down to Helpful Links and select Find a Dentist



**Step 4:** Select BlueCare Dental PPO and proceed to enter your search criteria





### Egyptian Area Schools Employee Benefit Trust High Plan

The following is a listing of common services available through your BlueCare Dental PPO network.  
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.  
This information only provides highlights of this program. Please refer to the BlueCare Dental Freedom Certificate for additional benefit information.

#### BENEFIT HIGHLIGHTS

##### Program Basics

##### Contracting Provider\*

##### Non-Contracting Provider\* <sup>90th</sup> U & C

##### Benefit Period Maximum

\$1,500 per benefit period

##### Deductible

\$50 per person per benefit period  
\$150 maximum per family

##### Dependent Coverage

Spouse and unmarried dependent children up to age 26

#### Services

##### Diagnostic & Preventive Services

Dental exams and Cleanings (limited to 2 per benefit period)  
Bitewing X-rays (limited to 2 sets per benefit period)  
Full mouth & Panoramic X-rays (limited to 1 every 36 months)  
Fluoride treatment (to age 19, 1 per benefit period)

100% of Maximum Allowance

100% of Usual and Customary

##### Miscellaneous Services

Sealants (covered to age 19)  
Space maintainers (covered to age 19)  
Labs & tests  
Emergency Care (treatment for the relief of pain)

80% of Maximum Allowance

80% of Usual and Customary

##### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

80% of Maximum Allowance

80% of Usual and Customary

##### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

80% of Maximum Allowance

80% of Usual and Customary

##### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

80% of Maximum Allowance

80% of Usual and Customary

##### Periodontic Services

Scaling & root planning (limited to one time per quadrant per benefit period)  
Gingivectomy / gingivoplasty  
Osseous surgery  
Periodontal Maintenance (limited to 2 per benefit period)

80% of Maximum Allowance

80% of Usual and Customary

##### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

80% of Maximum Allowance

80% of Usual and Customary

##### Crowns, Inlays / Onlays Services

Crowns, Inlays / onlays (limited to one per tooth every 60 months)  
Prefabricated posts and cores  
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance

50% of Usual and Customary

##### Prosthodontic Services

Bridges and dentures and implants (limited to one every 60 months)  
Reline / rebase of dentures (limited to once every 6 months)  
Addition of tooth or clasp  
Repair of bridges and dentures

50% of Maximum Allowance

50% of Usual and Customary

##### Orthodontics

Coverage for eligible dependent children to age 26

50%

50%

Lifetime Maximum

\$1,000

\$1,000

##### \* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



### Egyptian Area Schools Employee Benefit Trust Low Plan

The following is a listing of common services available through your BlueCare Dental PPO network.  
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.  
This information only provides highlights of this program. Please refer to the BlueCare Dental Freedom Certificate for additional benefit information.

#### BENEFITHIGHLIGHTS

##### Program Basics

##### Contracting Provider\*

##### Non-Contracting Provider\* 90th U & C

##### Benefit Period Maximum

\$750 per benefit period

##### Deductible

\$50 per person per benefit period  
\$150 maximum per family

##### Dependent Coverage

Spouse and unmarried dependent up to age 26

##### Services

##### Diagnostic & Preventive Services

Dental exams and Cleanings (limited to 2 per benefit period)  
Bitewing X-rays (limited to 2 sets per benefit period)  
Full mouth & Panoramic X-rays (limited to 1 every 36 months)  
Fluoride treatment (to age 19, 1 per benefit period)

80% of Maximum Allowance

80% of Usual and Customary

##### Miscellaneous Services

Sealants (covered to age 19)  
Space maintainers (covered to age 19)  
Labs & tests  
Emergency Care (treatment for the relief of pain)

70% of Maximum Allowance

70% of Usual and Customary

##### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

70% of Maximum Allowance

70% of Usual and Customary

##### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

70% of Maximum Allowance

70% of Usual and Customary

##### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

70% of Maximum Allowance

70% of Usual and Customary

##### Periodontic Services

Scaling & root planning (limited to one time per quadrant per benefit period)  
Gingivectomy / gingivoplasty  
Osseous surgery  
Periodontal Maintenance (limited to 2 per benefit period)

70% of Maximum Allowance

70% of Usual and Customary

##### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

70% of Maximum Allowance

70% of Usual and Customary

##### Crowns, Inlays / Onlays Services

Crowns, Inlays / onlays (limited to one per tooth every 60 months)  
Prefabricated posts and cores  
Repair and recementation of crown, inlays / onlays

Not Covered

Not Covered

##### Prosthetic Services

Bridges and dentures and implants (limited to one every 60 months)  
Reline / rebase of dentures (limited to once every 6 months)  
Addition of tooth or clasp  
Repair of bridges and dentures

Not Covered

Not Covered

##### Orthodontics

Not Covered

Not Covered

Not Covered

##### \* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Single Rate: \$16.42

Single +1 Rate: \$32.04

Family Rate: \$61.66

# 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 29 and 30.**



# 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 32 and 33.**





# 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](http://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 |
|--|--|------------------------------|
| <b>Exam With Dilation as Necessary</b>   | \$15 Co-pay  | Up to \$45                   |
| <b>Retinal Imaging</b>   | Up to \$39   | N/A                          |
| <b>Frames</b>  | \$0 Co-pay, \$130 Allowance, 20% off balance over \$130                    | Up to \$91                   |
| <b>Standard Plastic Lenses</b>   |  |                              |
| 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 <sup>A</sup>  | \$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                   |
| <b>Lens Options</b>  |  |                              |
| 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 <sup>A</sup>   | \$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                          |
| <b>Contact Lens Fit and Follow-Up</b> (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                          |
| <b>Contact Lenses</b> (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                  |
| <b>Laser Vision Correction</b>   |  |                              |
| LASIK or PRK from U.S. Laser Network   | 15% off the retail price or 5% off the promotional price                   | N/A                          |
| <b>Hearing Care</b>  |  |                              |
| Hearing Health Care from Amplifon Hearing Network  | 40% off hearing exams and a low price guarantee on discounted hearing aids | N/A                          |
| <b>Frequency</b>   |  |                              |
| Examination  | Once every 12 months   |                              |
| Lenses or Contact Lenses   | Once every 12 months   |                              |
| Frame  | Once every 24 months   |                              |
| <b>Premiums—Monthly</b>  |  |                              |
| 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. <sup>A</sup>Premium 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)<br>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<br><u>-\$130 Allowance</u><br>\$33<br><u>-\$6.60 (20% discount off balance)</u><br>\$26.40 | Frame               | \$163  |
| Lens        | \$15 Co-pay<br>\$15 UV treatment add-on<br><u>+\$15 scratch coating add-on</u><br>\$45           | Lens                | \$78<br>\$23 UV treatment add-on<br><u>+\$25 scratch coating add-on</u><br>\$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](http://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 actively at work.   |
| Group Term Life/AD&D Benefit: Employee Options  | 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<br>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 reduced by the ADB. |
| 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 increases in insurance, and it will be provided at your own expense.                       |
| 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 documents.   |
| 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 Internet.   |
| Exclusions  | One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.  |

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.

**Employee Supplemental Life/AD&D Insurance**

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



| Employee & Spouse<br>Supplemental Life/AD&D<br>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 |

| Benefit          | Employee's Attained Age |        |        |         |         |         |         |         |         |         |          |
|------------------|-------------------------|--------|--------|---------|---------|---------|---------|---------|---------|---------|----------|
|                  |                         | <25    | 25-29  | 30-34   | 35-39   | 40-44   | 45-49   | 50-54   | 55-59   | 60-64   | 65+      |
| <b>\$10,000</b>  |                         | \$0.85 | \$0.95 | \$1.05  | \$1.35  | \$1.95  | \$3.05  | \$4.95  | \$7.95  | \$9.85  | \$16.85  |
| <b>\$25,000</b>  |                         | \$2.13 | \$2.38 | \$2.63  | \$3.38  | \$4.88  | \$7.63  | \$12.38 | \$19.88 | \$24.63 | \$42.13  |
| <b>\$50,000</b>  |                         | \$4.25 | \$4.75 | \$5.25  | \$6.75  | \$9.75  | \$15.25 | \$24.75 | \$39.75 | \$49.25 | \$84.25  |
| <b>\$75,000</b>  |                         | \$6.38 | \$7.13 | \$7.88  | \$10.13 | \$14.63 | \$22.88 | \$37.13 | \$59.63 | \$73.88 | \$126.38 |
| <b>\$100,000</b> |                         | \$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+     |
| <b>\$5,000</b>  |                         | \$0.43 | \$0.48 | \$0.53 | \$0.68 | \$0.98 | \$1.53  | \$2.48  | \$3.98  | \$4.93  | \$8.43  |
| <b>\$10,000</b> |                         | \$0.85 | \$0.95 | \$1.05 | \$1.35 | \$1.95 | \$3.05  | \$4.95  | \$7.95  | \$9.85  | \$16.85 |
| <b>\$25,000</b> |                         | \$2.13 | \$2.38 | \$2.63 | \$3.38 | \$4.88 | \$7.63  | \$12.38 | \$19.88 | \$24.63 | \$42.13 |
| <b>\$30,000</b> |                         | \$2.55 | \$2.85 | \$3.15 | \$4.05 | \$5.85 | \$9.15  | \$14.85 | \$23.85 | \$29.55 | \$50.55 |
| <b>\$35,000</b> |                         | \$2.98 | \$3.33 | \$3.68 | \$4.73 | \$6.83 | \$10.68 | \$17.33 | \$27.83 | \$34.48 | \$58.98 |
| <b>\$37,500</b> |                         | \$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.

## Egyptian Area Schools Employee Benefit Trust Plans A, B, and C

### Summary Benefit Schedules as of September 1, 2019

Check with your employer for plans offered and monthly premiums.

|  | Plan A                                   |  |                                | Plan B                                   |  |                                | Plan C                                   |  |                                |       |
|--|--|--|--------------------------------|--|--|--------------------------------|--|--|--------------------------------|-------|
| Description of Services  | BCBS Group No. 240874                    |  |                                | BCBS Group No. 240875                    |  |                                | BCBS Group No. 240876                    |  |                                |       |
|  | NETWORK                                  | NON-NETWORK                              |                                | NETWORK                                  | NON-NETWORK                              |                                | NETWORK                                  | NON-NETWORK                              |                                |       |
| <b>Deductible</b>  |  |  |                                |  |  |                                |  |  |                                |       |
| Individual   | \$400                                    | \$800                                    |                                | \$600                                    | \$1,200                                  |                                | \$1,100                                  | \$2,200                                  |                                |       |
| Family   | \$1,200                                  | \$4,400                                  |                                | \$1,800                                  | \$3,600                                  |                                | \$3,300                                  | \$6,600                                  |                                |       |
| <b>Out of Pocket Maximum</b>                                     |  |  |                                |  |  |                                |  |  |                                |       |
| Individual   | \$1,200                                  | \$3,700                                  |                                | \$1,300                                  | \$4,100                                  |                                | \$2,300                                  | \$6,900                                  |                                |       |
| Family   | \$2,400                                  | \$11,100                                 |                                | \$3,900                                  | \$12,300                                 |                                | \$6,900                                  | \$20,700                                 |                                |       |
| <b>Cost Share Maximum</b>  |  |  |                                |  |  |                                |  |  |                                |       |
| Individual   | \$6,600                                  | N/A                                      |                                | \$6,600                                  | N/A                                      |                                | \$6,600                                  | N/A                                      |                                |       |
| Family   | \$13,200                                 | N/A                                      |                                | \$13,200                                 | N/A                                      |                                | \$13,200                                 | N/A                                      |                                |       |
| <b>Lifetime Maximum</b>  | Unlimited                                | Unlimited                                |                                | Unlimited                                | Unlimited                                |                                | Unlimited                                | Unlimited                                |                                |       |
| <b>Reimbursement</b>   | 90%                                      | 70%                                      |                                | 85%                                      | 65%                                      |                                | 80%                                      | 60%                                      |                                |       |
| <b>Inpatient Hospital<br/>(Illness or Injury)</b>                | \$250 Copay<br>Then 90%                  | \$550 Copay<br>Then 70%                  |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                | \$250 Copay<br>Then 80%                  | \$550 Copay<br>Then 60%                  |                                |       |
| <b>Outpatient Surgery</b>  | \$250 Copay<br>Then 90%                  | \$550 Copay<br>Then 70%                  |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                | \$250 Copay<br>Then 80%                  | \$550 Copay<br>Then 60%                  |                                |       |
| <b>Primary Doctor (PCP)<br/>Office Visit</b>                     | \$25 Copay<br>Then 100%<br>No deductible | 70%                                      |                                | \$25 Copay<br>Then 100%<br>No deductible | 65%                                      |                                | \$25 Copay<br>Then 100%<br>No deductible | 60%                                      |                                |       |
| <b>Specialist Office Visit</b>                                   | \$30 Copay<br>Then 100%<br>No deductible | 70%                                      |                                | \$30 Copay<br>Then 100%<br>No deductible | 65%                                      |                                | \$30 Copay<br>Then 100%<br>No deductible | 60%                                      |                                |       |
| <b>Services other than<br/>Office Visit at time of<br/>visit</b> | 90%                                      | 70%                                      |                                | 85%                                      | 65%                                      |                                | 80%                                      | 60%                                      |                                |       |
| <b>Emergency Room</b>  | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible |                                | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible |                                | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible |                                |       |
| <b>Urgent Care Facility</b>                                      | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  |                                | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  |                                | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  |                                |       |
| <b>Drug Card</b>   | <b>Retail 90-day Maintenance</b>         |  |                                | <b>Retail 90-day Maintenance</b>         |  |                                | <b>Retail 90-day Maintenance</b>         |  |                                |       |
|  | Retail<br>30 days                        | Drug after<br>first 2 fills              | Home Delivery<br>up to 90 days | Retail<br>30 days                        | Drug after<br>first 2 fills              | Home Delivery<br>up to 90 days | Retail<br>30 days                        | Drug after<br>first 2 fills              | Home Delivery<br>up to 90 days |       |
|  | Generic                                  | \$12                                     | \$36                           | \$30                                     | \$12                                     | \$36                           | \$30                                     | \$12                                     | \$36                           | \$30  |
|  | Formulary                                | \$25                                     | \$85                           | \$55                                     | \$25                                     | \$85                           | \$55                                     | \$25                                     | \$85                           | \$55  |
|  | Non-Formulary                            | \$40                                     | \$130                          | \$100                                    | \$40                                     | \$130                          | \$100                                    | \$40                                     | \$130                          | \$100 |



## Egyptian Area Schools Employee Benefit Trust Plans D, E, and AB1

### Summary Benefit Schedules as of September 1, 2019

Check with your employer for plans offered and monthly premiums.

|   | Plan D*                   |                             |                                | Plan E                                   |  |                                | Plan AB1                                 |  |                                |       |
|---|---------------------------|-----------------------------|--------------------------------|--|--|--------------------------------|--|--|--------------------------------|-------|
| Description of Services                           | BCBS Group No. 240877     |                             |                                | BCBS Group No. 240878                    |  |                                | BCBS Group No. 240879                    |  |                                |       |
|   | NETWORK                   | NON-NETWORK                 |                                | NETWORK                                  | NON-NETWORK                              |                                | NETWORK                                  | NON-NETWORK                              |                                |       |
| Deductible  |                           |                             |                                |  |  |                                |  |  |                                |       |
| Individual  | \$1,350                   | \$2,700                     |                                | \$1,100                                  | \$2,200                                  |                                | \$400                                    | \$1,200                                  |                                |       |
| Family  | \$2,700                   | \$5,400                     |                                | \$3,300                                  | \$6,600                                  |                                | \$1,200                                  | \$3,600                                  |                                |       |
| Out of Pocket Maximum                             |                           |                             |                                |  |  |                                |  |  |                                |       |
| Individual  | \$4,050                   | \$7,900                     |                                | \$1,800                                  | \$5,100                                  |                                | \$1,300                                  | \$4,100                                  |                                |       |
| Family  | \$8,100                   | \$15,800                    |                                | \$5,400                                  | \$15,300                                 |                                | \$3,900                                  | \$12,300                                 |                                |       |
| Cost Share Maximum                                |                           |                             |                                |  |  |                                |  |  |                                |       |
| Individual  | \$6,550                   | N/A                         |                                | \$6,600                                  | N/A                                      |                                | \$6,600                                  | N/A                                      |                                |       |
| Family  | \$13,100                  | N/A                         |                                | \$13,200                                 | N/A                                      |                                | \$13,200                                 | N/A                                      |                                |       |
| Lifetime Maximum                                  | Unlimited                 | Unlimited                   |                                | Unlimited                                | Unlimited                                |                                | Unlimited                                | Unlimited                                |                                |       |
| Reimbursement                                     | 80%                       | 60%                         |                                | 85%                                      | 65%                                      |                                | 85%                                      | 65%                                      |                                |       |
| Inpatient Hospital (Illness or Injury)            | \$250 Copay<br>Then 80%   | \$550 Copay<br>Then 60%     |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                |       |
| Outpatient Surgery                                | \$250 Copay<br>Then 80%   | \$550 Copay<br>Then 60%     |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                | \$250 Copay<br>Then 85%                  | \$550 Copay<br>Then 65%                  |                                |       |
| Primary Doctor (PCP) Office Visit                 | \$25 Copay<br>Then 80%    | 60%                         |                                | \$25 Copay<br>Then 100%<br>No deductible | 65%                                      |                                | \$25 Copay<br>Then 100%<br>No deductible | 65%                                      |                                |       |
| Specialist Office Visit                           | \$30 Copay<br>Then 80%    | 60%                         |                                | \$30 Copay<br>Then 100%<br>No deductible | 65%                                      |                                | \$30 Copay<br>Then 100%<br>No deductible | 65%                                      |                                |       |
| Services other than Office Visit at time of visit | 80%                       | 60%                         |                                | 85%                                      | 65%                                      |                                | 85%                                      | 65%                                      |                                |       |
| Emergency Room                                    | \$300 Copay<br>Then 80%   | \$300 Copay<br>Then 80%     |                                | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible |                                | \$300 Copay<br>Then 85%<br>No deductible | \$300 Copay<br>Then 85%<br>No deductible |                                |       |
| Urgent Care Facility                              | \$40 Copay<br>Then 80%    | \$40 Copay<br>Then 80%      |                                | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  |                                | \$40 Copay<br>Then 90%<br>No deductible  | \$40 Copay<br>Then 90%<br>No deductible  |                                |       |
| Drug Card   | Retail 90-day Maintenance |                             |                                | Retail 90-day Maintenance                |  |                                | Retail 90-day Maintenance                |  |                                |       |
|   | Retail<br>30 days         | Drug after<br>first 2 fills | Home Delivery<br>up to 90 days | Retail<br>30 days                        | Drug after<br>first 2 fills              | Home Delivery<br>up to 90 days | Retail<br>30 days                        | Drug after<br>first 2 fills              | Home Delivery<br>up to 90 days |       |
|   | Generic                   | \$12                        | \$36                           | \$30                                     | \$12                                     | \$36                           | \$30                                     | \$12                                     | \$36                           | \$30  |
|   | Formulary                 | \$25                        | \$85                           | \$55                                     | \$25                                     | \$85                           | \$55                                     | \$25                                     | \$85                           | \$55  |
|   | Non-Formulary             | \$40                        | \$130                          | \$100                                    | \$40                                     | \$130                          | \$100                                    | \$40                                     | \$130                          | \$100 |

**Notes:** Network and Non-Network deductibles and out of pockets will accumulate separately.

\*Plan D is a High Deductible Health Plan, designed to qualify for use with a Health Savings Account (HSA). All benefits except benefits for preventive care (as defined under IRS rules) are subject to the Calendar Year Deductible. If you enrolled for Employee Only health coverage, you must pay 100% of the discounted charge for each covered service until you satisfy the Individual Calendar Year Deductible. If you are enrolled for Employee + Spouse, Employee + Child(ren) or Family health coverage you must pay 100% of the discounted charge until your covered family members satisfy the Family Calendar Year Deductible. After you satisfy the applicable Calendar Year Deductible, you will pay the copayments/coinsurance shown in the above table until your out of pocket expenses satisfy the appropriate Calendar Year Out of Pocket Maximum. The Plan will then pay 100% of the cost of your covered charges for the remainder of the year.

# 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.

|  |  |
|--|--|
| Claims status, ID cards, EOB copies  | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   |
| Enrollment Guide 2019  | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Finding a Provider   | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   |
| Forms: <ul style="list-style-type: none"><li>• Authorization for Release of Protected Health Information (PHI)</li><li>• Enrollment Form</li><li>• Changes to Enrollment Form</li><li>• Medical Claim Form</li><li>• Prescription Drug Mail Order Form</li></ul> | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Prescription Drug Program  | <a href="http://www.myprime.com">www.myprime.com</a> |
| Schedule of Benefits   | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Summary of Benefits and Coverage (SBC)   | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Summary Plan Descriptions  | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Teladoc information  | <a href="http://www.egtrust.org">www.egtrust.org</a> |
| Voluntary Benefits information   | <a href="http://www.egtrust.org">www.egtrust.org</a> |



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

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

|                        |      |               |    |   |               |  |                        |
|------------------------|------|---------------|----|---|---------------|--|------------------------|
| Employee Name          | Last | First         | MI | Sex<br><input type="checkbox"/> M<br><input type="checkbox"/> F | Date of Birth | Marital Status<br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Civil Union<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced | 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<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually  |                        |

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

**EMPLOYEES: Check all boxes that apply:**

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

|  |   |               |               |   |   |
|--|---|---------------|---------------|---|---|
| List Full Name of Your Eligible Dependents | Relation To Employee<br>1-Spouse<br>2-Child<br>3-Stepchild<br>4-Other | Sex<br>M or F | Date of Birth | Dependent Social Security Number<br>(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

|  |  |       |      |  |     |   |
|--|--|-------|------|--|-----|---|
| <b>BASIC LIFE – Beneficiary Information</b>  |  |       |      |  |     |   |
| 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 |   |
| <b>OPTIONAL LIFE – Beneficiary Information</b>   |  |       |      |  |     |   |
| 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 |   |
| <b>Note:</b> 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.   |  |       |      |  |     |   |
| <b>REQUEST FOR COVERAGE (BASIC AND OPTIONAL LIFE)</b>  |  |       |      | <b>Dearborn National</b>                                   |     |   |
| 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"/> <b>"I APPLY FOR THE BASIC GROUP LIFE BENEFITS</b> 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."           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself in the BASIC GROUP LIFE Program.</b> 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"/> <b>"I APPLY FOR THE OPTIONAL GROUP LIFE BENEFITS</b> 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."           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself in the OPTIONAL GROUP LIFE Program.</b> 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."           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll my dependents in the OPTIONAL GROUP LIFE Program.</b> 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.  |  |       |      |  |     |   |
| <b>REQUEST FOR COVERAGE (MEDICAL)</b>  |  |       |      | <b>Administered By: Blue Cross Blue Shield of Illinois</b> |     |   |
| 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"/> <b>"I APPLY FOR THE GROUP BENEFITS</b> indicated above and, if my application is approved by my employer, 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."           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Health Program.</b> 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>  |  |       |      |  |     |   |
| <b>REQUEST FOR COVERAGE (VOLUNTARY TELADOC)</b>  |  |       |      |  |     |   |
| 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"/> <b>"I APPLY FOR THE GROUP BENEFITS</b> indicated above and, I authorize deductions from my pay for any required contributions.           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself in the Teladoc Program.</b> </div> <div style="width: 48%;"></div> </div>   |  |       |      |  |     |   |
| <b>REQUEST FOR COVERAGE (VOLUNTARY DENTAL)</b>   |  |       |      | <b>Blue Cross Blue Shield of Illinois</b>                  |     |   |
| <b>Select Coverage.</b> 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"/> <b>"I APPLY FOR THE GROUP BENEFITS</b> indicated above and, if my application is approved by my employer, 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."           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Dental Program.</b> 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>  |  |       |      |  |     |   |
| <b>REQUEST FOR COVERAGE (VOLUNTARY VISION)</b>   |  |       |      | <b>EyeMed</b>  |     |   |
| 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"/> <b>"I APPLY FOR THE GROUP BENEFITS</b> indicated above and, if my application is approved by EyeMed I authorize deductions from my pay for any required contributions.           <br/><br/> <input type="checkbox"/> <b>"WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Vision Program."</b> </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.

|                             |              |
|-----------------------------|--------------|
| <b>Employee's Signature</b> | <b>Date:</b> |
|-----------------------------|--------------|

**EMPLOYER: RETAIN ORIGINAL FOR YOUR FILE**





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<br>(When adding or terminating a dependent you must complete Dependent Section on the reverse side.)  |
| <input type="checkbox"/> Active<br><input type="checkbox"/> Lay Off<br><input type="checkbox"/> Death<br><input type="checkbox"/> Retired<br><input type="checkbox"/> Open Enrollment<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Reduction In Hours<br><input type="checkbox"/> Medicare Entitlement<br><input type="checkbox"/> Marriage<br><input type="checkbox"/> Civil Union<br><input type="checkbox"/> Leave of Absence<br><input type="checkbox"/> Terminate Employment<br><input type="checkbox"/> Divorce<br><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:**

|  |  |   |   |
|--|--|---|---|
| <b>Medical</b><br>Changes to health plan coverage may only be made during annual open enrollment period or within 31 days of a qualifying event.<br>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.<br><b>Enter Plan Name Here:</b><br>_____ | <b>Voluntary Teladoc</b>   | <b>Voluntary Dental</b><br>Changes to voluntary dental plan coverage may only be made during the annual enrollment period or within 31 days of a qualifying event.<br>TO: <input type="checkbox"/> High <input type="checkbox"/> Low            | <b>Voluntary Vision</b><br>Changes to voluntary vision plan coverage may only be made during the annual enrollment period or within 31 days of a qualifying event.<br>TO: _____   |
| <input type="checkbox"/> Employee Only<br><input type="checkbox"/> Employee + Spouse<br><input type="checkbox"/> Employee + Child or Children<br><input type="checkbox"/> Family<br><input type="checkbox"/> Terminate Medical<br><input type="checkbox"/> No Change Medical   | <input type="checkbox"/> Employee Only<br><input type="checkbox"/> Terminate<br><input type="checkbox"/> No Change | <input type="checkbox"/> Employee Only<br><input type="checkbox"/> Employee + 1 Dependent<br><input type="checkbox"/> Employee + 2 or more Dependents<br><input type="checkbox"/> Terminate Dental<br><input type="checkbox"/> No Change Dental | <input type="checkbox"/> Employee Only<br><input type="checkbox"/> Employee + 1 Dependent<br><input type="checkbox"/> Employee + 2 or more Dependents<br><input type="checkbox"/> Terminate Vision<br><input type="checkbox"/> No Change Vision |

|   |   |
|---|---|
| <b>Basic Life – All life insurance terminates upon employment termination or retirement.</b>  | <b>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 <a href="http://www.egtrust.org">www.egtrust.org</a>.</b>  |
| <input type="checkbox"/> Add Basic Life (Only available when employee is newly eligible.)<br><input type="checkbox"/> Term Basic Life<br><input type="checkbox"/> No Change | <b>EMPLOYEES: Check all boxes that apply:</b><br><input type="checkbox"/> Add Optional Employee (Evidence of Insurability REQUIRED)<br><input type="checkbox"/> Add Optional Spouse (Evidence of Insurability REQUIRED)<br><input type="checkbox"/> Add Optional Dependent (Evidence of Insurability REQUIRED)<br><input type="checkbox"/> Terminate Optional Employee<br><input type="checkbox"/> Terminate Optional Spouse<br><input type="checkbox"/> Terminate Optional Dependent<br><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<br>1-Spouse<br>2-Child<br>3-Stepchild<br>4-Other | Sex<br>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  |     |
| <b>BASIC LIFE – CHANGE Beneficiary Information</b>  |   |                             |               |   |  |     |
| 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 |
| <b>OPTIONAL LIFE – CHANGE Beneficiary</b>   |   |                             |               |   |  |     |
| 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 |
| <b>Note:</b> 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.  |   |                             |               |   |  |     |
| <b>OTHER INSURANCE COVERAGE</b>   |   |                             |               |   |  |     |
| Are you or any of your dependents covered by another group, medical, vision, or dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Effective Date _____ Phone: _____ Effective Date of other coverage: _____   |   |                             |               |   |  |     |
| <b>ADDITIONAL CHANGES – Please add any comments concerning your changes.</b>  |   |                             |               |   |  |     |
|   |   |                             |               |   |  |     |
|   |   |                             |               |   |  |     |
|   |   |                             |               |   |  |     |
|   |   |                             |               |   |  |     |
| <b>Please read, sign, and date the following Authorization &amp; Acknowledgement</b><br>♦ I have read and understand the information provided in the summary of benefits and other enrollment materials.<br>♦ 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.<br>♦ Are you declining any coverage due to coverage in another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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:  |     |

# 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. Failure to contact the appropriate vendor or carrier will result in a delay of services to the member.

| Program                           | Subject Matter   | Contact/<br>Partner Name                   | Phone        | Website  |
|-----------------------------------|--|--|--------------|--|
| Health Plans                      | Member questions concerning: <ul style="list-style-type: none"> <li>• Health Plan Benefits</li> <li>• Pre-certifying services</li> <li>• Request Health Plan ID cards</li> <li>• Find a network provider</li> <li>• Any other health plan-related questions</li> </ul>   | For Services prior to March 1, 2019        |              |  |
|                                   |  | <b>HealthSCOPE Benefits</b>                | 800-397-9598 | <a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a>   |
|                                   |  | For Services on or after March 1, 2019     |              |  |
|                                   |  | <b>BCBS of IL</b>                          | 855-686-8517 | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   |
| Pharmacy                          | Member questions concerning: <ul style="list-style-type: none"> <li>• <b>Any Pharmacy</b> questions including:                             <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Eligibility</li> <li>• Prescription Drug Plan</li> <li>• Claim questions</li> <li>• Find a network provider</li> </ul> </li> </ul> | For Services prior to March 1, 2019        |              |  |
|                                   |  | <b>Express Scripts</b>                     | 800-706-1754 | <a href="http://www.express-scripts.com">www.express-scripts.com</a>   |
|                                   |  | For Services on or after March 1, 2019     |              |  |
|                                   |  | <b>Accredo (specialty pharmacy)</b>        | 877-222-7336 |  |
|                                   |  | For Services on or after March 1, 2019     |              |  |
|                                   |  | <b>Prime Therapeutics</b>                  | 800-423-1973 | <a href="http://www.myprime.com">www.myprime.com</a>   |
| Voluntary Dental                  | Member questions concerning: <ul style="list-style-type: none"> <li>• <b>Any Dental</b> plan questions including:                             <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Eligibility</li> <li>• Claim questions</li> <li>• Find a network provider</li> </ul> </li> </ul>                                | For Services prior to September 1, 2019    |              |  |
|                                   |  | <b>Ameritas</b>                            | 800-487-5553 | <a href="http://www.ameritas.com/group/olbc/egyptianschooltrust">www.ameritas.com/group/olbc/egyptianschooltrust</a> |
|                                   |  | For Services on or after September 1, 2019 |              |  |
|                                   |  | <b>BCBS of IL</b>                          | 800-367-6401 | <a href="http://www.bcbsil.com">www.bcbsil.com</a>   |
| Voluntary Vision                  | Member questions concerning: <ul style="list-style-type: none"> <li>• <b>Any Vision</b> plan questions including:                             <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Eligibility</li> <li>• Claim questions</li> <li>• Find a network provider</li> </ul> </li> </ul>                                | <b>EyeMed</b>                              | 866-804-0982 | <a href="http://www.eyemed.com">www.eyemed.com</a>   |
| Basic or Voluntary Life Insurance | Member questions concerning: <ul style="list-style-type: none"> <li>• Portability or Conversion</li> <li>• Claim issues</li> <li>• Travel or Beneficiary Resources</li> </ul>  | <b>Dearborn National Life</b>              | 800-348-4512 | <a href="http://www.egtrust.org">www.egtrust.org</a>   |