

Open Enrollment Ends September 30, 2020

If you have not made your benefits elections for the new plan year please see your Human Resource representative immediately. The annual open enrollment period ends September 30, 2020. Benefit changes, new enrollments, or terminations that are not requested by this date will not be accepted. Benefit elections for the new plan year are irrevocable until the next open enrollment period unless there is a qualifying life event. During this open enrollment, it is imperative you provide legible and complete information, including dependents' Social Security numbers for any programs in which you enroll. Incorrect or illegible information will delay your enrollment and ID card production.

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Quick Reference Source

Egyptian Trust

View information about the Egyptian Trust, programs offered by the Trust, Schedules of Benefits, Plan Comparisons, Enrollment Guide, forms, newsletters and more at www.egtrust.org.

Health Claims - Blue Cross Blue Shield of Illinois (BCBSIL)

Get information about your health benefits anytime, anywhere. Use your computer, phone or tablet to access the secure member website, Blue Access for Members (BAM). To get started visit <https://www.bcbsil.com/>

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
- Request a new ID card – or print a temporary card

Benefits Value Advisor (BVA) Customer Service: 855-686-8517

Prescription Drug Program - Prime Therapeutics

Securely view your prescription drug claims history and more on www.myprime.com. You may access the site via the single sign on feature from Blue Access for Members (BAM). To get started visit <https://www.bcbsil.com>.

Optional Dental - BlueCare Dental

Visit the Dental Wellness Center for dental services by logging in to Blue Access for Members (BAM) at <https://www.bcbsil.com/> and click on the My Health tab. Dental Customer Service: 1-800-367-6401.

Vision Plan – EyeMed

Find a network provider, view your protected claims, eligibility and more at www.eyemed.com, or contact Member Services at 1-866-804-0982.

Basic and Optional Life Insurance – Blue Cross Blue Shield

For assistance with claims, travel and beneficiary resources, portability or conversion policies, you may contact Member Services at 1-877-442-4207.

Prescription Drug Program Changes

Effective October 1, 2020



The BCBS/Prime Therapeutics Balanced Drug List is routinely reviewed to determine which medications are safe, clinically effective and most cost effective. There are often drugs on the list that can be used to treat the same condition. To keep health care more affordable for members, BCBS's pharmacy team will add or remove drugs from the list to ensure cost and treatment efficacy. In August, BCBS sent letters to any covered member who recently filled a prescription for one of the drugs impacted by the upcoming changes. **It is important you review this information to determine what action must be taken to avoid a denied claim or increased copayment.**

Updates being made to the Balanced Drug List as of October 1st include the following:

- **New Exclusions:** These are drugs that will not be covered by the plan beginning 10/1/2020. Please work with your physician on having an alternative drug prescribed. If you choose to continue this medication, your physician can request an exception. This will be reviewed by BCBS. If BCBS denies the request, you will be responsible for the full cost for this excluded prescription.
- **Cost Share Changes:** Some drugs are being moved to a higher cost tier (i.e. preferred to non-preferred). While

these drugs are still eligible for coverage, you will pay a higher copay or coinsurance amount, based on your benefit plan.

- **UM Program Changes:** These drugs will have new Utilization Management program requirements, such as **Prior Authorization (PA)** or **Step Therapy (ST)** before dispensing. This typically applies to high cost drugs and those that can be misused. Your doctor will need to get approval from BCBS before a drug requiring PA or ST is covered under a Trust plan. Step Therapy requires that you have tried other alternative medications prior to prescribing one of these drugs.
- **Dispensing Limits:** Some drugs have new dispensing or quantity limits. Dispensing limits help to ensure medicines are being used as intended. The limits may include how much can be covered per fill or over a certain period of time. If your doctor prescribes an amount more than the allowed quantity, you can still get the drug but you may have to pay the full cost of the prescription beyond what the plan allows.

Below is a list of the prescription drugs that are affected by the changes being made for October 1st:

New Exclusions	Cost Share Change	UM Program Change	Dispensing Limit
ACZONE	CARBINOXAMINE MALEATE	AMLODIPINE BENZOATE	CLINDAMYCIN PHOSPHATE
AFINITOR	CLOZAPINE ODT	BACLOFEN	ECONAZOLE NITRATE
AMICAR	CROTAN	CHLOROTHIAZIDE	IMBRUVICA
APRISO	DIDANOSINE	CIMETIDINE HCL	ISTURISA
BUTALBITAL/ACETAMINOPHEN	DILT-XR	DIGOXIN	KISQALI
CARAFATE	ERY	DIURIL	KISQALI FEMARA
DEPEN TITRATABS	GAVILYTE-C	ENALAPRIL MALEATE	NEXLETOL
EVZIO	LEVOBUNOLOL HCL	EPANED	RYBELSUS
FIRAZYR	LIDOCAINE HCL JELLY	FUROSEMIDE ORAL SOLN	TOBRAMYCIN
ISORDIL TITRADOSE	METHSCOPOLAMINE BROMIDE	GLYCOPYRROLATE ORAL SOLN	VANCOMYCIN HYDROCHLORIDE
JADENU	NEVIRAPINE ER	KATERZIA	
K-TAB	NITROGLYCERIN ER	LISINOPRIL ORAL SOLN	
MOXEZA	NITRO-TIME	METFORMIN HYDROCHLORIDE	
NAFTIN	ONDANSETRON HCL	NIZATIDINE	
NEBUPENT	PAROMOMYCIN SULFATE	PROPRANOLOL ORAL SOLN	
OCTREOTIDE ACETATE	PROMETHEGAN	RIOMET	
ORFADIN	SAVELLA	SOTALOL HCL ORAL SOLN	
SILENOR	TESTOSTERONE ENANTHATE		
TRAVATAN Z	THEOPHYLLINE (CR, ER, SR)		
	VERAPAMIL HCL ER		

The full Balanced Drug List can be viewed by clicking this link: <https://www.bcbstil.com/PDF/rx/rx-list-bal-il-2020.pdf>. The list available at this link will be updated by 10/1/2020.

If you are taking one of the drugs listed but did not receive a letter from BCBS, feel free to reach out to the BCBS Benefits Value Advisors (BVA) at 855-686-8517, Monday through Friday from 8:00 a.m. to 6:00 p.m. CST for additional information and to answer any questions. You should also speak with your physician to determine if an alternative therapy is appropriate.



Hearing Instrument Benefit Update - Effective September 1, 2020

Coverage of hearing instruments and related service are being extended to all covered individuals enrolled in a Trust health plan. Services and devices must be prescribed by a hearing care professional. Benefits are subject to normal plan deductibles, copays and coinsurance with the following limitations:

- Children to age 18 -- One hearing instrument for each ear every 36 months.
- Adults (age 18 and over) -- \$2,500 per hearing instrument (each ear) every 24 months.

This should not be confused with the EyeMed Hearing Aid Discount Program that is available to members who have enrolled in the voluntary EyeMed Vision plan also described in this newsletter.

COVID-19 Benefit Extensions:

Treatment for COVID-19 - Effective April 1-October 23, 2020 (unless extended)

All COVID-19 treatment received April 1-October 23, 2020 (unless extended) from a BCBSIL PPO network provider, or as a non-network emergency, is covered with no member cost share. Your normal cost share, such as copays or deductible and coinsurance will be waived for COVID-19 services received during this timeframe.

BCBSIL Network Telehealth Benefit - Effective March 18-December 31, 2020 (unless extended)

Telehealth visits with a BCBSIL PPO network provider, including behavioral health services, are covered with no member cost share if received March 18-December 31, 2020 (unless extended). Telehealth visits are services provided via phone call or video conference, replacing in-person office visits with your medical provider. Normal cost share, such as office visit copays or deductible and coinsurance will be waived during this period. This should not be confused with the Teladoc program which continues to be available to those with health plan coverage or participants who voluntarily enrolled.

Visit the Trust website at www.egtrust.org for all updates regarding COVID-19. You may also contact a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517 weekdays from 8 a.m. to 6 p.m. CST with any questions about any of the health plans.

Medical Claims with Dates of Service Prior to March 1, 2019



800-397-9598

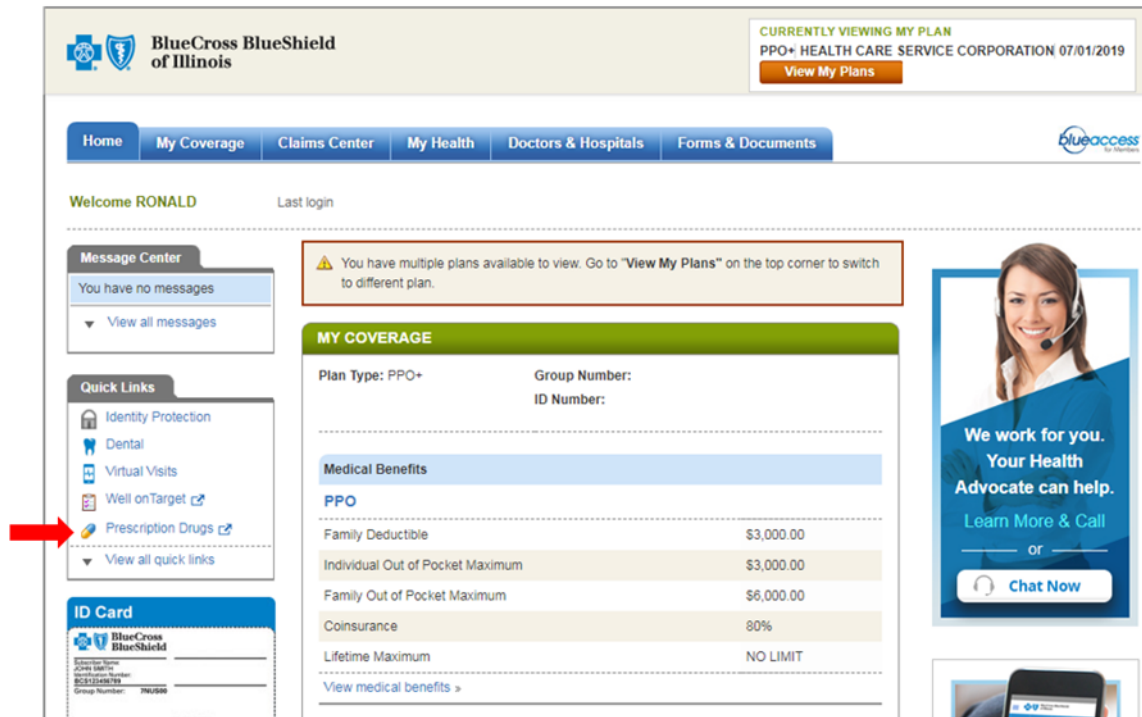
Efforts are being made to finalize all medical claims with dates of service prior to March 1, 2019, during which time HealthSCOPE Benefits was the Claims Administrator. HealthSCOPE will continue to process claims for services received prior to the move to BCBS but we need your help with this task. It is important you take the time necessary to review your Explanation of Benefits (EOB) and provider billing statements for all services you and your family members received prior to March 1, 2019. If you find charges that remain unprocessed, you think may have been incorrectly processed, or you are being balanced billed more than expected based on your benefit plan, please reach out to HealthSCOPE Benefits **immediately** at 800-397-9598 for assistance.

Note the deadline to respond is 12/31/2020.

How to Access Prescription Information and Claim History from Blue Access for Members:

It's easy to access your prescription information and claim history from Blue Access for Members (BAM). Follow these simple steps:

1. Log on to Blue Access for Members at www.bcbsil.com/member. If this is your first time logging in, you will need to click on [Register Now](#). Use the information on your BCBSIL ID card to complete the registration process.
2. Once you are in BAM, click on [Prescription Drugs](#) in the Quick Links box on the left side of the screen to be directed to MyPrime.



3. From the MyPrime home page, you can click on [See Prescription History](#) to access your prescription drug claims without entering additional log-in credentials. BCBS and Prime have created Single Sign-On access so your BCBS credentials are recognized by MyPrime for direct access to your prescription claims and history.

You can also log-in to MyPrime directly at www.myprime.com/. If this is your first time logging in to MyPrime, click on [Register](#) to complete the registration process. If you previously registered, click [Sign In](#) to enter your Username and Password.



The Importance of Designating a Life Insurance Beneficiary

Your life insurance from Blue Cross and Blue Shield of Illinois (BCBSIL) financially protects your family. Who are you protecting? Do you have a beneficiary?

When you designate a beneficiary, **YOU** control who receives your life insurance benefits—and whose financial future you protect.

How long has it been since you've reviewed and updated your beneficiary designation?

It is important to designate your beneficiary to confirm that you are taking care of your loved ones. When naming a beneficiary, BCBSIL recommends not naming a minor as your beneficiary. If you name a minor as a beneficiary, the proceeds will be held in a trust or until a guardian can be appointed.

Make your intentions clear and fill out the Beneficiary Designation Form and always keep your beneficiary form updated.

If you wish to complete a new Beneficiary Designation Form visit <http://www.egtrust.org/wp-content/uploads/2020/05/anc-ben-designation-il.pdf>. You should retain a copy of the completed form for your file and submit to your Human Resources Dept.



Healthy Contact Lens Habits

More than 40 million Americans use contact lenses¹ and over 80% of them are guilty of at least one bad lens behavior². That's a lot of dirty contacts and a lot of potential risk for infections. Whether you are a contact lens wearing veteran or you just started wearing them last week, it is never too early for a reminder on what to do and not to do when it comes to your eye health.

Contact lens do's and don'ts

Follow these contact lens do's and don'ts to help protect your vision. Infections related to poor contact lens behavior are no joking matter and can even lead to vision loss. Stay on top of a good routine and don't forget to visit your eye doctor before your supply runs out.

Keep your contact lens care in check

Life gets busy and things happen. But that's no excuse to dabble in risky business. Your eye health is serious, and a few simple

tips can help keep your contacts and your eyes in tip-top shape.

1. Wash your hands
2. Keep contacts moist and clean
3. Don't use contacts dropped on the floor
4. Clean your case properly with solution, not tap water
5. Don't sleep in your contacts
6. Don't put contacts in your mouth. Ever.
7. Do carry a spare pair of glasses

Remember to schedule an eye exam

1. "Consumer Updates - Focusing on Contact Lens Safety." US FDA, 17 Aug. 2017, www.fda.gov/ForConsumers/ConsumerUpdates/ucm048893.htm. 2. "Morbidity and Mortality Weekly Report (MMWR)." Centers for Disease Control and Prevention, 17 Aug. 2017, www.cdc.gov/mmwr/volumes/66/wr/mm6632a2.htm#contribAff.

Hear all the sweet sounds of life

Hearing loss is more common than you might think. It affects 1 in 9 Americans¹ and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.¹

That's why we give you access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network – so you can enjoy all of life's sights and sounds to the fullest.

YOUR HEARING DISCOUNT THROUGH AMPLIFON INCLUDES:



40% off hearing exams at thousands of convenient locations nationwide



60-day hearing aid trial period with no restocking fees



Discounted, set pricing on thousands of hearing aids



Free batteries for 2 years with initial purchase



Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%



3-year warranty plus loss and damage coverage



Call 877.203.0675 to find a hearing care provider near you and schedule a hearing exam today.

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) today.





Benefits Debit Card

Using Your Benefits Debit Card

How It Works

The Benefits Debit Card allows you to pay for eligible medical expenses with your card instead of paying out of pocket. Although payment will come directly from your Healthcare Flexible Spending Account (also known as a Healthcare FSA or HCFSAs), you must save all receipts*, as proof of the eligibility of the expense is required by the Internal Revenue Code (IRC) regulations.

Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to prove the eligibility of the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and it being reviewed, you will be able to view the status of your reimbursement within the app.

*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

Important Tips When Using Your Benefits Debit Card

- **Save all receipts!** Card transactions will require verification.
- Upload required receipts to your account using our mobile app, AFmobile®, or at americanfidelity.com.
- The card is for medical expenses only. Dependent Care Account expenses are not eligible.
- The card may not be used for over-the-counter drugs or medicines. You will need to file a manual claim for these types of expenses. A doctor's prescription is required for reimbursement of these expenses.

Create an Account

We offer two ways for you to access your personal account, online or through our mobile app.

- **MOBILE APP:** Download our mobile app, AFReimburse, in the Apple App Store or Google Play Store.
- **ONLINE:** Create an account at americanfidelity.com.

To create an account, you'll need to register with your email address and Social Security Number.

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americanfidelity.com

AMERICAN FIDELITY 
a different opinion



Parenting
is a 24/7 job.
**Pediatric care
should be too.**

Any parent knows their children don't get sick on a schedule. That's why Teladoc's® pediatric network provides 24/7/365 access to U.S. board-certified pediatricians, even if you need a doctor in the middle of the night.

WHAT IS TELADOC?

Teladoc gives you **24/7 access** to U.S. board-certified doctors who can treat many of your medical issues by phone or video. It is not insurance but an added medical benefit that gives you an **affordable alternative** to costly urgent care or ER visits.

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years experience
- Are credentialed every three years, meeting NCQA standards

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Respiratory infection
- Pink eye
- Skin problems
- And more!

Talk to a doctor anytime for free!



MyDrConsult.com



1-800-DOC-CONSULT (362-2667)



Available on the iPhone
App Store



ANDROID APP ON
Google play

Pediatric Frequently Asked Questions

What is Teladoc?

Teladoc provides 24/7 access to U.S. board-certified doctors by phone or video for many non-emergency illnesses, including flu, allergies, sinus infections, pink eye, and more.

Who are the Teladoc doctors?

Teladoc doctors are U.S. board-certified internists, family practitioners, and pediatricians. They average 20 years of experience and are licensed to practice in your state.

Does Teladoc replace my child's doctor?

No. Teladoc doesn't replace your primary care doctor. Teladoc should be used for non-emergency illnesses when it is not convenient to get to the doctor or it is outside of regular office hours.

How do I connect with a Teladoc doctor?

You can connect with a doctor via phone or video.

How do I set up my Teladoc account?

Visit the website listed below and click "Member Login." You can also download the mobile app or call the number below.

How do I request a consult?

Log in to your account online or via the app and click "Request a Consult." You can also request a consult by calling the number below.

Can Teladoc doctors write a prescription?

Yes, Teladoc doctors can prescribe medication when medically necessary.

Visit teladoc.com/prescription-policy.com for details.

What ages are covered by Teladoc?

Our pediatricians treat children of all ages—from newborns through age 17. We also have physicians who can care for patients who are older than 17.

Who can request a consult for a child?

A parent, guardian, or authorized consentor can request a consult for the child or minor. Dependents under the age of 18 cannot request a consult directly.

Who is an authorized consentor?

An authorized consentor is an individual the parent or guardian has previously assigned to speak with the doctor on the child's behalf in the parents' or guardian's absence. The authorized consentor must be appointed by the parent or guardian prior to any consult.

How is an authorized consentor assigned?

Log in to your account and click "My Family," or you can call Teladoc.

Can my child's pediatrician or primary care doctor receive a record of the Teladoc visit?

Yes, with your permission we will send an electronic health record to your child's pediatrician or primary care doctor.

Talk to a doctor for free

 MyDrConsult.com  1-800-DOC-CONSULT (362-2667)   Download the app

