



Egyptian Area Schools Employee Benefit Trust



2023-2024 BENEFIT ENROLLMENT GUIDE

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New Enrollee and Change Enrollment forms are available at the back of this Guide, including the separate MetLife Legal and Aura enrollment forms. All forms are perforated for easy removal.

Welcome to 2023-2024 Open Enrollment

This Benefit Enrollment guide contains information about medical, dental, vision, life and other programs available to you and your dependents. In the following pages you will find details about each benefit program including key points to consider, whether you are making first-time enrollment decisions or changes to current coverage elections.

Please check with your Employer for the plans and rates offered in your district. Benefit summaries for all plans offered by the Trust are available on the Egyptian Trust website (www.egtrust.org). See page 9 for examples of the medical plan summaries available and links to access them on the website. Voluntary dental, vision, life and other benefit summaries are included in the appropriate sections of this guide.

Review this guide carefully as you make your enrollment decisions and choose the plans that best meet the needs of you and your family. Keep the guide on hand to reference throughout the year. If you have questions about any program, please reach out to the proper contact as noted in the Member Communication Guide near the back of this book.

Here's to your health!

Egyptian Area Schools Employee Benefit Trust



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

BENEFIT PROGRAM CHANGES AS OF SEPTEMBER 1, 2023

Health Plan	Dependent maternity exclusion has been removed from all Trust health plans.
Hinge Health	This new program is available to Trust health plan members with new or ongoing joint or muscle pain. See page 14 for more information on Hinge Health.
Legal and Aura Plans	MetLife Legal and Aura (Identity Theft and Fraud Protection) plans are added to the voluntary benefit program. See pages 29-32 for more information on these new voluntary plan options. Enrollment forms for Legal and Aura are found at the back of this guide.

OPEN ENROLLMENT—WHAT YOU NEED TO DO



If you are a new employee and wish to enroll, complete the New Enrollee Form at the back of this guide and return it to your Employer to complete the enrollment process.



If you are a new employee and wish to waive coverage, you will need to complete the New Enrollee Form at the back of this guide and return it to your Employer. You will not be able to enroll until the next Open Enrollment unless you have a qualifying life event.



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 current coverage will remain in effect until the next Open Enrollment period.



If you are currently enrolled and wish to make changes to your current plan elections, complete the Change Enrollment Form at the back of this guide and return it to your Employer to complete the enrollment process.

Enrollment forms are available:

- At the back of this guide,
- From your Employer, and
- On the Trust website at www.egtrust.org



OPEN ENROLLMENT AUGUST 1—SEPTEMBER 30!

Open Enrollment takes place **August 1—September 30, 2023**. That is when you will be able to select or make changes to health, dental, and vision plans for you and your family. Elections made during Open Enrollment are irrevocable until the next Open Enrollment period unless there is a qualifying life event. The effective date of your changes will either be September 1 or October 1 as determined by your Employer.

When you submit 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.

Note: New supplemental life insurance elections or volume increases (except for newly eligible employees who enroll at the guarantee issue amount) are subject to Evidence of Insurability (EOI). Approval must be received before any new life insurance or increased volume will be put into effect. *See the Life Insurance section of this guide for more information.*

General Plan Information

When can you enroll or make changes?

NEW ACTIVE EMPLOYEES

New active employees need to enroll in health, dental, vision, life insurance and other voluntary 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.*

CURRENT ACTIVE EMPLOYEES

All current 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: Supplemental Life Insurance elections or volume increases for current active employees are subject to Evidence of Insurability (EOI). See the *Life Insurance* section of this guide for more information.

SPECIAL ENROLLMENT DUE TO A QUALIFYING EVENT

If you experience a Qualifying Life Event, you may be eligible for Special Enrollment allowing you to change your previous benefit elections. Your requested change must be consistent with the life event which has occurred. You must notify your Employer within **31 days** of your qualifying life event to add, drop, or change your benefit elections. If you do not provide timely notification of the qualifying event, you must wait until the next Open Enrollment period to change your benefit elections.

Exception: Employees or dependents who gain or lose eligibility for Medicaid or SCHIP coverage must notify their Employer within **60 days** of that event to be eligible for a Special Enrollment opportunity.

*QUALIFYING LIFE EVENTS

- Marriage
- Divorce or termination of civil union
- Birth or adoption of a child
- Changes in a child's dependent status
- Death of a 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



MEDICAL BENEFITS



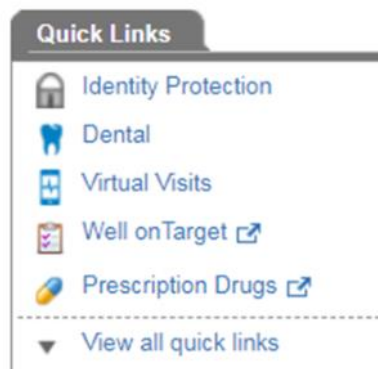
BlueCross BlueShield
of Illinois



Benefits Value Advisors (BVA)

BVA customer service representatives are available to assist you with questions about claims, benefit coverage, finding network providers, navigating digital tools and resources, getting cost estimates, and even scheduling appointments.

If you have questions or need assistance, they are available 24/7. Contact the BVA at 855-686-8517.



The Egyptian Trust offers a variety of medical plan options. All plan options cover the same services, including prescription drugs. Blue Cross Blue Shield (BCBSIL) is the health claims administrator. Prime Therapeutics is the pharmacy benefit manager. The plans provide discounted rates when you obtain medical care from network participating hospitals, doctors, and other healthcare providers. However, you have the flexibility to use any provider you choose. If you use a non-network provider, deductibles and out of pocket amounts are increased, and there is larger out of pocket responsibility for the patient.

PPO NETWORK

Trust health plan members are enrolled in the **Blue Choice Select (BCS)** PPO Network. Because the BCS Network includes only providers located in the state of Illinois, the larger **Blue PPO** network is used for services received from providers outside Illinois (i.e. Indiana, Missouri, etc.).

Due to BCS network limitations, the following exceptions apply for certain Trust members:

1. Employees whose home residence is not in Illinois will be enrolled in the Blue PPO network.
2. Employees with a home zip code in Sangamon, Wabash, or Lawrence counties will be enrolled in the Blue PPO network.
3. Employees of Red Hill CUSD 10 or Wabash CUSD 348 will be enrolled in the Blue PPO network.

BLUE ACCESS FOR MEMBERS (BAM)

Once you have your BCBSIL Member ID card, go to <https://www.bcbsil.com> to register for Blue Access for Members (BAM). Current members will use the same ID card. All covered individuals age 18 and older can create a BAM account. Use this secure website from your desktop or mobile device to:

- View or print Explanation of Benefits (EOB) statements
- View prescriptions history using Quick Links
- Request or print your ID card
- Use the Provider Finder tool to search for providers

PREAUTHORIZATION/ PRE-CERTIFICATION

Preauthorization is required for certain services to ensure the treatment meets medical necessity criteria. Failure to pre-certify will result in a benefit reduction up to \$250.

PREDETERMINATION

Predetermination is a **written request** for verification of benefits prior to receiving treatment. This is recommended when the treatment may be considered experimental or investigational in nature. You may ask your provider to request a predetermination for any proposed treatment. Approvals or denials will be based on BCBSIL medical policies.

Preauthorization and predetermination do not guarantee payment of benefits. Coverage is always subject to other requirements of the plan, such as medical necessity, limitations and exclusions, payment of contributions, and eligibility at the time services are provided.

Please share this list with your health care provider as 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 (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

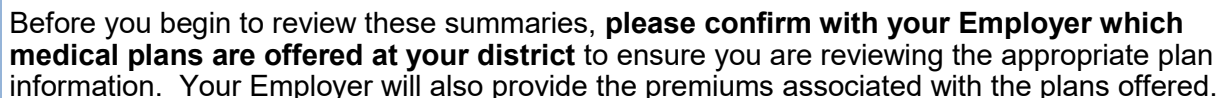
- Non-emergency fixed-wing ambulance transportation

Behavioral Health

- Inpatient (acute and rehab)
- Residential
- Partial hospital confinement
- Intensive outpatient
- Repetitive Transcranial Magnetic Stimulation (rTMS)
- Electroconvulsive Therapy (ECT)
- Applied Behavioral Analysis (ABA)

List of services requiring preauthorization is subject to change.

The Trust has a variety of summary documents available that explain each of the medical plans offered. All plan benefit summaries can be found on the Trust website at <https://www.egtrust.org/>.



These side-by-side comparisons have multiple health plans in each document. The comparisons include key plan details, such as deductible, out of pocket maximum, ACA cost share maximum, office visit and prescription drug copays, etc.

RECAPT AREA SCHOOLS EMPLOYEE BENEFIT TRUST
SUMMARY BENEFIT SCHEDULE AS OF SEPTEMBER 1, 2023
 Not all plans are available for all employees. Please contact HR for more information.

	Plan A KIPSA Group 100, 2001	Plan B KIPSA Group 100, 2001	Plan C KIPSA Group 100, 2001	Plan D KIPSA Group 100, 2001	Plan E KIPSA Group 100, 2001	Plan F KIPSA Group 100, 2001	Plan G KIPSA Group 100, 2001	Plan H KIPSA Group 100, 2001	Plan I KIPSA Group 100, 2001	Plan J KIPSA Group 100, 2001	Plan K KIPSA Group 100, 2001	Plan L KIPSA Group 100, 2001
Medical Insurance	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured	Self-Insured
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
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Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Dependent Children	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Individual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$1				

Each Schedule of Benefits document is a handy reference guide that outlines a **single** health plan. This schedule includes key plan details, such as deductible, out of pocket maximum, and ACA cost share maximum. In addition, the SOB provides expanded explanations of plan coverage based on common medical procedures, supplies, and services.

Each 8-page document provides an easy to read summary to compare coverage and expected patient out of pocket expense for a **single** health plan. The SBC explains key plan details like deductible, out of pocket maximum, and limitations or excep-tions which may apply. In addition, the SBC provides coverage examples using three common claims.

9



Health care at your fingertips.

Blue Cross and Blue Shield of Illinois (BCBSIL) helps you get the most from your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

It's easy to get started.

Use your member ID card to create a BAM account at **bcbsil.com**, or text* **BCBSILAPP** to **33633** to download our mobile app.



Scan this QR code to visit **bcbsil.com**.

*Message and data rates may apply.

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

9100073.0522



Need a New Doctor?

Use Provider Finder®

Find a provider and manage medical expenses all in one place. To access Provider Finder member can create an account on Blue Access for Members (BAM) at bcbsil.com. Provider Finder's improved search results helps you easily find in-network physicians, specialists and other health care providers. Below is a step-by-step guide to aid you in navigating Provider Finder.

Getting Started

Click on this link: [Provider Finder](#)

If your computer is logged in to Blue Access for Members (BAM), please logout at this time to proceed as this will not allow you to edit the Plan/Network for your search.

Enter your Plan and Location into Provider Finder

1. Select PLAN - **Blue Choice Select (BCS) PPO**
 - a. *If looking for a provider **outside** the state of Illinois, select **Blue PPO***

2. Enter your **City, State** or **Zip**

3. Enter a **Provider Name** or **Specialty**

Refine your Search or View Results

4. Revise the **Category** to search for other Provider Types
5. Enter the **Distance**
6. View your **Provider Results**



Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics

- Confirm your policy ID.
- Learn how to download the mobile app and access your claims online.
- Find helpful contacts and a glossary.



BlueCross BlueShield of Illinois

PO Box 7344
Chicago, IL 60680-7344

John Smith
1234 Cedar Road
APT #2
Any Town, IL 76065

Sample

EXPLANATION OF BENEFITS

- Log into **Blue Access for MembersSM** at bcbuil.com
 - View plan and claim details
 - Contact us through our secure Message Center
 - Sign up for digital health plan info
 - Search for health care providers
- Text* **BCBSILAPP** to 33633 to download the mobile app.
- Have questions about this EOB? Customer Advocates are here to help! XXX-XXX-XXXX

SUBSCRIBER INFORMATION

GROUP NAME
Member ID#: XXXXXXXXX777V Group #: 000012345

Dear John Smith,

An Explanation of Benefits (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.**

HELPFUL INFORMATION

Want Your Health Care Info Digitally?

To get this EOB and other health care info on our mobile app, text* BCBSILAPP to 33633 to download the app. You can also go digital by logging in at bcbuil.com/member. Go to My Account and choose Profile and Preferences, then click Go Paperless.

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 (BCBSIL), 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 bcbuil.com.

GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.

Amount Billed: The amount your provider billed for the service(s) rendered.

Amount Covered (Allowed): Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

Coinsurance: The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

Copay Amount (Also known as Copayment): The set fee you pay each time you receive a certain service. Some plans do not have copayments.

Deductible: The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

Non-Participating Provider: An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit (Maximum): Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider: An in-network or out-of-network provider who accepts agreed-upon rates for services.

Your Total Costs: This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

*Message and data rates may apply. Terms & Conditions and Privacy Policy bcbuil.com/member/account-access/mobile/text-messaging. Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

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

CLAIM DETAIL (1 OF 1)
PATIENT: JOHN SMITH **D**
PROVIDER: RALPH JOHNSTON **E**
CLAIM # XXXXXXXXXXXXX

Sample

DATE PROCESSED: 06/20/2022

F SUBSCRIBER INFORMATION
GROUP NAME

Member ID#: XXXXXXXX777V Group #: 000012345

Customer Advocates are here to help! XXX-XXX-XXXX

O² Amount Billed	\$7,850.00
Discounts and Reductions	- \$3,930.00
Health Plan Responsibility	- \$2,219.00
O³ Paid from your HCA Account	- \$0.00
You may owe your health care provider for these services	\$1,701.00

		YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
Service Description	Service Dates	G Amount Billed	H Discounts and Reductions	I Amount Covered (Allowed)	J Health Plan Responsibility	K Deductible Amount	L Copay Amount	M Coinsurance	N Amount Not Covered	O Your Total Costs
Surgical Charges	04/04/2022	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2022	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2022	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2022	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2022	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2022	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2022	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
CLAIM TOTALS		\$7,850.00	\$3,930.00	\$3,820.00	\$2,219.00	\$1,000.00	\$65.00	\$536.00	\$100.00	\$1,701.00

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-22. **J²**
Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

- (1) 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.
- (2) 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.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met \$2,900.00 of her/his \$2,900.00 Out-of-pocket Expense.

Benefit Period: 01-01-22 Through 12-31-22 To date \$3,870.78 of the Family \$5,800.00 Out-of-pocket Expense has been met.

On Page Two You Can:

At a glance, confirm the:

D. Patient **E.** Provider **F.** Policy Information

Get the Details

YOUR BENEFITS APPLIED – This section shows your list of services and how they're covered.

- G.** Amount Billed is the total amount your provider billed for the services.
- I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).
- J.** Health Plan Responsibility is the portion we paid to your provider.

See Your Cost Share

YOUR RESPONSIBILITY – This section shows your member cost-share amounts, including:

K. Deductible **L.** Copays **M.** Coinsurance

Sign up to get your EOBs online on **Blue Access for MembersSM** or text* **BCBSILAPP to 33633** to download the mobile app.

* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbasil.com/member/account-access/mobile/text-messaging](https://www.bcbasil.com/member/account-access/mobile/text-messaging).

- O.** Your Total Costs details the amount shown in O², and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments up front. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O³). HCAs and HSAs do not apply to all benefit plans.

Get More Information

Your EOB may include a little more information about:

- J².** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).
- P.** See discounts and reductions (H), and any amounts that aren't covered (N).
- Q.** Track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.

20154.0523



The Trust is excited to announce this new program effective September 1, 2023 for all health plan members. From preventing an injury to addressing acute or chronic pain to providing rehabilitation support after surgery, Hinge Health can help by providing a Physical Therapist (PT) and a Health Coach

who will both partner with you to tailor the program to your needs. Program includes video visits, wearable pain management technology, customized exercise therapy, and educational support on lifestyle, condition, and pain management. Watch for more information regarding this program coming soon!

PRESCRIPTION DRUG BENEFITS

Prime Therapeutics, the Pharmacy Benefit Manager (PBM), manages your prescription drug benefit. Prime Therapeutics maintains the Balanced Drug List (also known as a preferred 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 prescription benefits, such as review for possible excessive use, recognized and recommended dosage regimens, drug interactions and other safety measures.

DRUG LIST

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/docs/rx-drugs/drug-lists/il/rx-list-bal-il-2023.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 prescription benefits. These can include drugs that must be administered 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.

RETAIL PHARMACIES (30-DAY SUPPLY)

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 Advantage network. At retail, you can receive up to a 30-day supply of prescription 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 or call a Benefits Value Advisor (BVA) at **855-686-8517**.

If you need medication on a long-term basis, you should ask your physician to prescribe a 90-day supply, plus refills if appropriate. Examples include ongoing therapies to treat diabetes, high cholesterol, high blood pressure, and asthma. **90-Day supplies are available only through the Home Delivery (or Mail Order) service.**



EXPRESS SCRIPTS (ESI) HOME DELIVERY/MAIL ORDER

The Trust requires that all 90-day maintenance **Brand**¹ name drugs be filled through Home Delivery, also known as Mail Order. To determine if your prescription is subject to the mandatory mail order requirement, please check the [Rx90 Maintenance Drug List](#) (also linked on the Trust website). Brand name drugs listed in all CAPITAL letters on the list must be filled using mail order.

Home Delivery service is a convenient way to have your maintenance medications delivered to you and can save you money.

- Medications are shipped in discreet packaging via standard delivery at no additional cost.
- First-time orders are usually delivered within 10 days after receipt and confirmation of 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 request refills online or over the phone. You can also choose to receive refill reminder notices by phone or email.
- Copayments for 90-day home delivery are less than three 30-day retail fills.

To start using ESI home delivery pharmacy services, visit <https://www.express-scripts.com/rx> and follow the instructions to register and create a profile. Once you have registered, your doctor can send new 90-day prescriptions electronically to the pharmacy.

You may fill the first two months of a newly prescribed **Brand** name maintenance medication at a Prime network retail pharmacy. Subsequent fills **MUST** be obtained through Home Delivery/Mail Order (90-day supply).



ACCREDITO SPECIALTY PHARMACY

Specialty medications that are self-administered generally must be filled through the in-network specialty pharmacy. You may have coverage for a first fill at some other pharmacy prior to being required to use an in-network option. 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 experience.
- You have access to around-the-clock customer service and educational materials about your particular diagnosis.
- 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.

To start using the Accredo Specialty Pharmacy, call **833-721-1619**. An Accredo representative will work with your doctor on the rest. Once registered, you can manage your prescriptions on [accredo.com](https://www.accredo.com) or through their mobile app.



¹ **Generic maintenance medications** are available for ongoing 30-day retail fill or 90-day fill through mail order. There is no 90-day retail option.



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. H plans have a 100 % benefit for covered prescription drugs after the calendar year deductible and out-of-pocket amount is met.

Prescription Drug Copayments	Retail 30 day supply	Home Delivery up to 90 day supply
Generic	\$12	\$30
Preferred Brand	\$25	\$55
Non-Preferred	\$40	\$100
Oral & Injectable Specialty Drugs	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 2023 drug list can be found at <https://www.bcbsil.com/docs/rx-drugs/drug-lists/il/rx-list-bal-il-2023.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 BCBSIL (unless there is a benefit exclusion). Your doctor can call **855-686-8517** to start this process.

Q: CVS is not a network pharmacy. How will my prescriptions be paid if I choose to use CVS?

A: 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 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 (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy 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 and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

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

- Visit **express-scripts.com/rx**. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to **myprime.com** and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. 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** and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

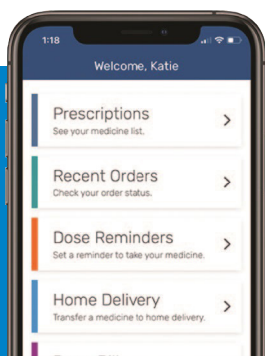
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start 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 Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit **bcbsil.com**. Or call the phone number listed on your member ID card.



Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

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

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Illinois. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Illinois is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

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. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

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



Do You Need Specialty Medications?



Blue Cross and Blue Shield of Illinois (BCBSIL) supports members who need self-administered specialty medication and helps them manage their therapy. Accredo® is the specialty pharmacy chosen to do just that.¹

Specialty drugs are often prescribed to treat complex and/or chronic conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis.

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 only be stocked by select pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the 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 plan. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit plan. 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 Accredo or another in-network pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.² Your doctor may also order select specialty drugs that must be given to you by a health professional through a contracted specialty pharmacy.

Do You Need Specialty Medications?

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 bcbsil.com to see the up-to-date list of specialty drugs.

Condition	Sample Medications ³
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Sprycel, Imbruvica, Kisqali, Ibrance, Xtandi
Growth Hormones	Norditropin Flexpro, Genotropin
Hepatitis C	Epclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Rebif, Aubagio

Support in Managing Your Condition: Accredo

Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web⁴
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine⁴
- Free standard shipping
- 24/7 support

Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. **To start using Accredo, call 833-721-1619.**

An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on accredo.com or through the Accredo mobile app.

Receiving Specialty Medications

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

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

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered⁵
- Discuss any changes in your condition or answer any questions about your health⁵

One-on-One Support

Accredo has 15 Therapeutic Resource Centers® (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits 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 customer service number listed on your ID card with questions.

1. 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.

2. The BCBSIL specialty pharmacy network includes Accredo as well as other in-network specialty pharmacies for select specialty drugs. 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 MembersSM (BAMSM) account to find an in-network specialty pharmacy near you.

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

4. Not all medicines can be refilled on the app, by text or email.

5. Treatment decisions are between you and your doctor.

Accredo is contracted to provide services for BCBSIL. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Your Teladoc⁺ Program

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

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

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

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

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

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

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

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

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

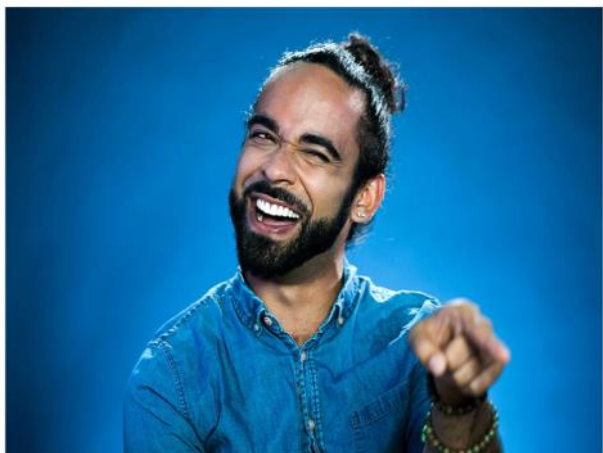
Common conditions treated

- 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.*



VOLUNTARY DENTAL PROGRAM



Met Life is the administrator of the fully insured voluntary dental program. The Egyptian Trust offers two dental plan options. Benefit highlights for the High and Low dental plans begin on the next page.

Why dental insurance makes sense?

Dental problems can be unpredictable and expensive. For example, did you know that a crown can cost more than \$1,500? With MetLife Dental Insurance, you can reduce your out of pocket expenses and maintain your smile with preventive care. When your preventive care is covered, you're more likely to go for cleanings and checkups — this can help you avoid problems before they become too costly or complicated.

Frequently asked questions

Q: *How do I find a participating dentist?*

A: There are thousands of general dentists and specialists to choose from nationwide. Look for a list of participating dentists online at www.metlife.com. Select "Find a Dentist". Next, choose the **PDP Plus** network, and enter your City, State, or Zip.

Q: *May I choose a non-participating dentist?*

A: You are always free to select any general dentist or specialist. However you usually save when you visit a participating dentist. Participating dentists have agreed to accept negotiated fees as payment in full for covered services. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for similar services. Non-participating dentists have not agreed to accept these negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and the plan's benefit payment.

Q: *What types of services do the dental plans cover?*

A: These dental plans cover exams and cleanings, X-rays, fillings, root canals, and more. See the detailed High and Low plan summaries on the following pages for more details.

Q: *How does a dental plan save me money?*

A: Think about this: Having a good dental plan in place can help you save money every year on your preventive dental services. You also get protection against costly emergency dental treatments that may run into the hundreds of dollars. See the detailed High and Low plan summaries for specifics on covered services.

Q: *Will I receive a dental ID card?*

A: Dental ID cards can be downloaded or printed from metlife.com/mybenefits. In the **Access MyBenefits** box (see example) enter **Egyptian Area Schools Employee Benefit Trust** to login or register.

Access MyBenefits

Type and select your organization.

☐ Remember my selection

Next

If you have any questions about the MetLife dental benefits, call Customer Service at
1-800-ASK-4MET
(1-800-275-4638)
Monday through Friday
7:00 AM to 10:00 PM (CT)

Dental - High Plan Summary*

Metropolitan Life Insurance Company

Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2023

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum - Ortho applies to Child Only	Up to dependent age limit	
	\$1000 per Person	\$1000 per Person

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

³ Applies to Type B and C services only.

⁴ Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:

- the dentist's actual charge (the 'Actual Charge'),
- the dentist's usual charge for the same or similar services (the 'Usual Charge') or
- the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

We're here to help

Find a Dental provider at
www.metlife.com/dental

For general questions go to
www.metlife.com/mybenefits or
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$38.96
Employee + 1 Dependent	\$73.58
Employee + 2 or more Dependents	\$107.90

Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2024.

*This information provides highlights of this dental program only. Full benefit details are available at:
<http://www.egtrust.org/voluntary-benefits/dental/>

DN-GCERT-GOLD GCERT Voluntary Dental Benefit Summary

200 Park Ave., New York, NY 10166
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Dental - Low Plan Summary*

Metropolitan Life Insurance Company

Plan Design for: Egyptian Area Schools Employee Benefit Trust Coverage Effective: September 1, 2023

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver affordable protection for a healthier smile and a healthier you.

Coverage Type:	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of R&C Fee ⁴
Type A - Preventive	80%	80%
Type B - Basic Restorative	70%	70%
Type C - Major Restorative	Not Covered	Not Covered
Deductible³		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit:		
Per Individual	\$750	\$750

- "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.
- Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
- Applies to Type B and C services only.
- Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:
 - the dentist's actual charge (the 'Actual Charge'),
 - the dentist's usual charge for the same or similar services (the 'Usual Charge') or
 - the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 90th percentile. Services must be necessary in terms of generally accepted dental standards.

We're here to help

Find a Dental provider at
www.metlife.com/dental

For general questions go to
www.metlife.com/mybenefits or
call 1-800-275-4638

Monthly Premium Payment	
Employee	\$16.00
Employee + 1 Dependent	\$31.24
Employee + 2 or more Dependents	\$60.14

Note: The monthly rates above have been adjusted by the Egyptian Trust as approved by the Board of Managers. These rates will remain in effect for dental participants through August 31, 2024.

*This information provides highlights of this dental program only. Full benefit details are available at:
<http://www.egtrust.org/voluntary-benefits/dental/>

Selected Covered Services and Frequency Limitations*

Type A - Preventive (HIGH & LOW PLAN)

How Many/How Often:

Oral Examinations	2 in a year
Full Mouth X-rays	1 in 36 months
Bitewing X-rays (Adult/Child)	2 in a year
Prophylaxis - Cleanings	2 in a year
Topical Fluoride Applications	1 in a year - Children to age 19

Type B - Basic Restorative (HIGH & LOW PLAN)

How Many/How Often:

Sealants	1 in 60 months - Children to age 19
Space Maintainers	1 per lifetime per tooth area - Children up to age 19
Amalgam and Composite Fillings	1 in 12 months
Prefabricated Crowns	1 per tooth in 60 months
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 12 months per quadrant
Periodontal Scaling & Root Planing	1 in 12 months per quadrant
Periodontal Maintenance	2 in 1 year, includes 2 cleanings
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	
Consultations	1 in 12 months

Type C - Major Restorative (HIGH PLAN ONLY)

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 60 months
Repairs	1 in 12 months
Bridges	1 in 60 months
Dentures	1 in 60 months
Implant Services	1 service per tooth in 60 months - 1 repair per 12 months

Type D – Orthodontia (HIGH PLAN ONLY)

- Dependent children up to age 26. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

VOLUNTARY VISION PROGRAM

Met Life is the administrator of the fully insured voluntary vision program. Vision plan highlights begin on the next page.



Why is having a good vision plan so important?

Because taking good care of your eyes can help you take better care of your body. Regular visits to your eye care professional do more than just protect your eyesight. They can help protect your overall health. Through a routine exam, eye doctors can spot serious health problems like diabetes, high blood pressure, heart disease, certain cancers and other conditions.

That's why, even if you have perfect vision, yearly exams are important. Don't let preventable health and vision problems sneak up on you. Vision benefits are there to help you stay on top of your care.

Frequently asked questions

Q: *Can I choose my own eye care professional?*

A: You can go to any licensed eye care professional. Choose an ophthalmologist, optometrist or optician in private practice or use popular retail locations like Costco® Optical, America's Best, Cohen's Fashion Optical, Eyeglass World, For Eyes Optical, Walmart and Sam's Club, Visionworks and more.

Q: *How do I find participating providers?*

A: Look for participating locations online at www.metlife.com. Select "Find a Vision Provider". Next, choose the **MetLife Vision PPO** network, and enter your City, State, or Zip.

Q: *How does a vision plan save me money?*

A: Eyeglasses and routine eye exams can be more expensive than you may think. With MetLife's low copays, you can save up to 60% on vision wear and services. Lens options like polycarbonate (shatter-resistant) lenses for children up to age 18, ultraviolet (UV) coating, progressive standard and scratch-resistant coatings are covered in full after a flat dollar eyewear copay. You also enjoy fixed copays for many other lens enhancements.

Q: *Will I receive a vision ID card?*

A: Vision ID cards are not required to be presented at time of service. You can download or print an ID card from metlife.com/mybenefits. In the **Access MyBenefits** box (see example) enter **Egyptian Area Schools Employee Benefit Trust** to login or register.



Access MyBenefits

Type and select your organization.

Egyptian Area Schools Employee Benefit Tr

☐ Remember my selection

Next

If you have any questions about the MetLife vision benefits, call Customer Service at
1-855-MET-EYE1 (1-855-638-3931)

Monday-Friday
7:00 AM - 4:00 PM (CT)
and Saturday-Sunday
9:00 AM - 3:00 PM (CT)

Vision Plan Summary*

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

VI-STAND Vision Benefit Summary

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Eye exam

Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$15 copay.
- Retinal imaging: Up to a \$39 copay on routine retinal screening when performed by a private practice provider.

Frame

Once every 24 months

- Allowance: \$130 after \$15 eyewear copay.
- Costco, Walmart and Sam's Club: \$70 allowance after \$15 eyewear copay. You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard corrective lenses

Once every 12 months

- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$15 eyewear copay.

Standard lens enhancements*

Once every 12 months

- Polycarbonate (child up to age 18), Ultraviolet (UV) coating, Progressive Standard and Scratch-resistant coatings: Covered in full after \$15 eyewear copay.
- Progressive Premium/Custom, Polycarbonate (adult), Photochromic, Anti-reflective and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.

Contact lenses instead of eye glasses

Once every 12 months

- Contact fitting and evaluation: Covered in full with a maximum copay of \$40.
- Elective lenses: \$130 allowance.
- Necessary lenses: Covered in full after eyewear copay.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

- | | |
|-------------------------|-------------------------------------|
| • Eye exam: up to \$45 | • Single vision lenses: up to \$30 |
| • Frames: up to \$70 | • Lined bifocal lenses: up to \$50 |
| • Contact lenses: | • Lined trifocal lenses: up to \$65 |
| • Elective up to \$105 | • Lenticular lenses: up to \$100 |
| • Necessary up to \$210 | • Progressive lenses: up to \$50 |

Monthly Premium Payment	
Employee	\$ 8.02
Employee + 1 Dependent	\$11.54
Employee + 2 or more Dependents	\$20.84

*This information provides highlights of this vision program only. Full benefit details are available at: <http://www.egtrust.org/voluntary-benefits/vision/>

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Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments:

Services and Eyewear

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your Dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.

- Services and materials obtained while outside the United States, except for emergency vision care.
- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
- Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the Group Policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program, or coverage provided by a government as an employer or Medicare.
- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

Treatments

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

Medications

- Prescription and non-prescription medication

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco, Walmart and Sam's Club to confirm availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M130D-15/15-C/E

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.



Why a Legal Plan matters

Lawyers are expensive—and rightly so. To have an expert in your back pocket who will advocate for your best interests feels like a luxury. But it doesn't have to be. MetLife Legal Plans makes access to qualified and experienced attorneys a reality for everyone. Plan benefits include:

- A cost-effective plan providing access to more than 18,000+ experienced network attorneys.
- Zero co-pays or deductibles.
- Unlimited use of network attorneys for covered issues.
- Assistance for a wide range of legal needs, including money matters, home and real estate, family and personal matters, civil lawsuits, elder care issues, and vehicles and driving.
- Online digital estate planning tool—create wills and trusts, healthcare proxys, and power of attorney documents from the comfort of home.

We've made finding legal help easy for you! Our network attorneys are available in person, by phone or by email. We also offer access to online tools to complete your estate planning documents or download self-help legal forms. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.



The cost of MetLife Legal Plans coverage for the whole year is less than the average attorney's hourly fee of \$391.

Legal Plan	Monthly Premium
EE / Family	\$15.74

Full benefit details are available at: <http://egtrust.org/voluntary-benefits/legal/>

Enroll in MetLife Legal Plan during annual enrollment

Why should I enroll?

- Full coverage, from advice and consultation to representation, for many common legal matters
- Online tools to complete estate planning documents, download self-help legal forms and send questions to attorneys
- No copays, deductibles or claim forms when using a network attorney for a covered matter

Legal Plan Frequently Asked Questions

Q. How does the plan work?

A. Getting started is easy. You simply choose an attorney from our network, which is available online or by calling our Client Service Center. Call the attorney you select and schedule a time to talk or meet. It's that simple. You can also choose an attorney outside of our network and be reimbursed according to a set fee reimbursement schedule.¹

You can speak to our network attorneys face to face, by phone or you can submit questions online to our Law Firm E-Panel® — whatever works best for you. And for certain legal matters, your attorney can represent you in court without you having to make an appearance.

Q. Can I get help finding the right attorney for my needs?

A. Yes, our Client Service Center representatives are here to help you find the right attorney for your legal matter, whatever that might be. We're committed to ensuring you receive the expert legal help you need, when you need it.

Q. How are attorneys selected for the network? What are their qualifications?

A. We only select attorneys who meet our selection criteria and agree to our Attorney Code of Excellence. Attorneys in the network have an average of 25 years experience in the practice of law, have graduated from an accredited law school and must maintain valid state licensure. Additionally, the attorneys must agree to provide superior customer service to all legal plan members. We routinely monitor our attorneys to ensure our members' needs are being met and conduct regular re-credentialing audit that looks at legal activity, member feedback, verification of malpractice insurance and more.

Q. Can I use an attorney who is not in the network?

A. Yes, you can use any attorney you'd like. If you choose an attorney outside of our network, we'll reimburse you for services based on a set fee reimbursement schedule.¹

Q. Can I use an attorney more than once?

A. Yes, you have unlimited access to our attorneys for all legal matters covered under the plan.

Q. How much will it cost?

A. Less than you might think. For less than a dollar a day, you can have our legal experts on your side, for as long as you need them.

Q. How do I pay for my coverage?

A. It's easy. Your premium is paid through payroll deductions, so you don't have to worry about writing any checks or missing payments.

Q. Are my spouse and family members also covered by my plan?

A. Most plans cover your spouse and dependent children; please see the details of your plan. You can confirm the details of your coverage online. If your dependents are included, you can grant online access in account settings.

Q. Are claim forms required when using the legal plan?

A. No. We make using your plan easy. When you use a network attorney, there is nothing for you to do. Plan services are covered in full, and billing is between us and the network attorney. There are no waiting periods, no copays, no deductibles and no claim forms.

Q. I just need a simple document, do you have any examples?

A. Yes! You have access to a library of legal documents whether your enrolled or not. Our library consists of over 1,700 self-help documents with variations by state.



To learn more about your coverages, view our attorney network or grant your dependents access, create an account at **members.legalplans.com** or call **800.821.6400** Monday – Friday 8:00 am to 8:00 pm (ET).

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.

2. Average hourly rate of \$391.00 based on years of legal experience, National Law Journal and ALM Legal Intelligence, Survey of Law Firm Economics (2021).

3. CARAVAN survey conducted by ENGINE on behalf of MetLife Legal Plans, January 2020.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.



Make the internet a safer place for you and your family.

All-in-one security solution that helps protect the things you care about most.

Fraud Protection **Digital Security** **Identity Theft Protection**

Why Identity & Fraud Protection matters

We're doing more online than ever before – making us more vulnerable to fraud and online threats. MetLife Identity & Fraud Protection powered by Aura helps safeguard the things that matter to you most: your identity, money and assets, family, reputation, and privacy.

Advantages of Identity & Fraud Protection powered by Aura



Identity Theft Protection

Keep your identity secure with proactive monitoring and alerts if threats to your personal info—like your bank accounts, credit, Social Security Number, IDs, and more—are detected.



Financial Fraud Protection

Get alerted to new inquiries to your credit, suspicious transactions on your bank accounts, and changes to your home or car title.



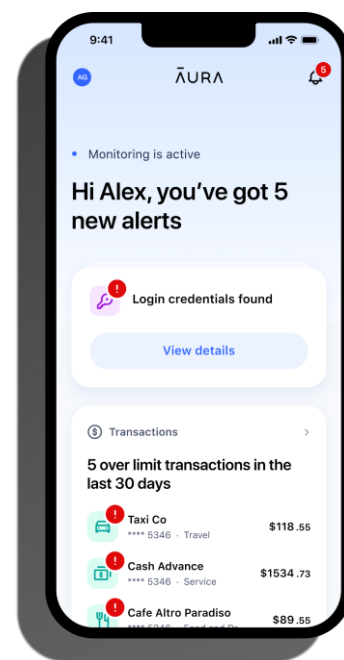
Privacy & Device Protection

Shop, bank, and work online more safely and privately with safety tools including VPN/Wi-Fi security, antivirus, and password manager. Aura also requests removal of your personal info from data broker lists to help reduce spam like robocalls, robotexts, and more.



Customer Service

Get \$5 million identity theft insurance⁶ per adult member and 24/7 customer support to answer account, technical, or billing questions. Plus, resolution specialists provide white glove case management services to victims of fraud.



The Aura app keeps all your digital security solutions in one place

Enroll in Identity & Fraud Protection during annual enrollment

Questions & Answers

Q. Who is eligible to enroll for this Identity and Fraud Protection benefit?

A. This product is available for Individual (Employee only) or Family coverage. Individual covers the employee only; Family covers the employee and up to 10 additional adults and unlimited minors.

- For Family plans, you may add up to 10 additional adult members to your plan, no matter their age or whether they live at the same address. Each adult member will have their own account and enjoy the same features. Each adult's info is kept private from other adults on the plan.

- For Minors, you may add up to unlimited minors (under 18 years old) to the plan. You must have parental guardianship rights over the minors. The minors' information and alerts will only be visible to you, the Account Owner.

Q. How are my finances protected?

A. Aura monitors your credit, financial accounts, home & auto titles and more. You'll get alerted to credit inquiries, like if someone tries to open a new credit card or bank account in your name.

Q. How is my identity protected?

A. Through extensive monitoring of your Social Security Number, driver's license, passport, ID, and more. Plus, Aura requests the removal of your data from broker lists to help reduce spam like robocalls and robotexts.

Aura Plan	Monthly Premium
EE	\$8.34
Family	\$13.24

Identity & Fraud Protection

Powered by **̄URA**

Q. How do I enroll?

A. **Enroll for coverage as you do for your other benefits.**

Q. How do I pay for my Identity and Fraud Protection?

A. **Fees will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your monthly fees via credit card payment on Aura's platform to keep your coverage in force. Your coverage will only end if you stop paying your fees or if your employer offers you similar coverage with a different carrier.

Q. Who do I call for assistance?

A. Contact Aura Customer Support at 844-931-2872 to answer account, technical, or bill questions.

Full benefit details are available at:
<http://egtrust.org/voluntary-benefits/aura>

No one can prevent all identity theft or monitor all transactions effectively.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC. is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.



MetLife Consumer Services, Inc. | 200 Park Avenue | New York, NY 10166

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LIFE INSURANCE AND AD&D COVERAGE



**BlueCross BlueShield
of Illinois**

Life insurance is the tool most people use to financially protect their families in the event of 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? The life insurance options offered through the Egyptian Trust provide that financial security for your family.

Life Insurance, Supplemental Life Insurance, and Accidental Death and Dismemberment (AD&D) plans are available from Blue Cross Blue Shield of Illinois (BCBSIL), previously Dearborn National. You may see either of these companies listed on various life insurance forms and documentation.

Helpful Tips For Your Life Insurance

Life insurance is one of those things that we purchase, file away, and often forget about it until we need it.

Here are some general life insurance tips and terminology to help you understand this important coverage. Remember to always refer to the certificate for actual terms and conditions. Your life insurance certificate is available at <https://www.egtrust.org>.

GUARANTEE ISSUE AMOUNT

For new entrants enrolled within 31 days of being eligible, the following guarantee issue amounts are available without Evidence of Insurability (EOI):

Employee: \$100,000 (under age 60); or \$25,000 (age 60-69)
Spouse: \$37,500 (under age 60)

EVIDENCE OF INSURABILITY (EOI)

EOI is an application process to provide information on the condition of your health or your dependent's health in order to be considered for life insurance coverage. The completed EOI application needs to be reviewed and approved by BCBSIL before coverage becomes effective. EOI is required if:

- 1) you apply for an amount of coverage higher than the guarantee issue amount,
- 2) you are currently enrolled and want to increase your insurance amount, or
- 3) you declined coverage previously.



WAIVER OF PREMIUM

The Life Insurance policy has a Waiver of Premium provision. If an employee is younger than age 60, becomes totally disabled and is unable to work for at least six months, the employee is no longer required to submit life insurance premium for the duration of the disability. A *Waiver of Premium claim form must be submitted to BCBSIL for review to determine if the employee meets the definition of total disability*. 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 terminates at the employee's Social Security Normal Retirement Age or when the employee is no longer considered totally disabled.

PORTABILITY

At termination of employment, an employee has the option to retain life insurance coverage through this Portability provision. Portability premiums must be submitted timely and 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. Portability application form must be completed and submitted to the carrier within 31 days of coverage termination. Rates are found on the Portability application.

CONVERSION

If an employee is terminating employment or if the Waiver of Premium benefit is ending, the employee can convert life insurance 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. Conversion application form must be completed and submitted to the carrier within 31 days of coverage termination. Rates are found on the Conversion application.

Where do I find Life Insurance forms?

All necessary life insurance forms and applications are available on the Egyptian Trust website at <https://www.egtrust.org/voluntary-benefits/life-insurance/>.

The image shows two sample forms from Blue Cross Blue Shield of Illinois. The first form is titled 'Coverage Election Summary for ROL' and contains sections for 'Employee Information', 'Coverage Information', and 'Election Information'. The second form is titled 'Request for Portability' and contains sections for 'Employee Information', 'Coverage Information', and 'Portability Information'. Both forms are filled out with sample data.

The image shows a sample application form from Dearborn Life Insurance Company. The form is titled 'Application to Convert Group Life Insurance' and contains sections for 'Employee Information', 'Coverage Information', and 'Conversion Information'. The form is filled out with sample data.

Many of these forms have portions to be completed by both the employer and the employee. Forms should be submitted to BCBSIL at the address or fax number indicated on the form.



BlueCross BlueShield
of Illinois

GROUP LIFE BENEFIT PROGRAM SUMMARY
For Egyptian Area Schools Employee Benefit Trust
Policy Number #F019133

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:	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.	Live Birth to 14 days: \$0 Age 15 days to Age 26: \$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, \$25,000 Ages 60-69
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 & Spouse 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 increase 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 piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



Egyptian Area Schools Employee Benefit Trust - #F019133

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 - \$250,000 in \$2,500 increments, but not to exceed 50% of the employee benefit.**

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

Child Coverage (Life Only)

Live Birth to 14 Days: \$0
 Age 15 days to Age 26: \$5,000 or \$10,000

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

Guarantee Issue: New Hires Only

Employee: **\$100,000 (Under age 60); \$25,000 (age 60-69)**
 Spouse: **\$37,500 (Under age 60)**

Supplemental Life/AD&D Insurance

Monthly Premium Cost (Based on 12 payroll deductions per year)

EMPLOYEE		EMPLOYEE ATTAINED AGE									
Benefit Amount		<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$10,000		\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85
\$25,000		\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13
\$50,000		\$4.25	\$4.75	\$5.25	\$6.75	\$9.75	\$15.25	\$24.75	\$39.75	\$49.25	\$84.25
\$75,000		\$6.38	\$7.13	\$7.88	\$10.13	\$14.63	\$22.88	\$37.13	\$59.63	\$73.88	\$126.38
\$100,000		\$8.50	\$9.50	\$10.50	\$13.50	\$19.50	\$30.50	\$49.50	\$79.50	\$98.50	\$168.50
SPOUSE (Employee Attained Age)											
Monthly Premium Cost (Based on 12 payroll deductions per year)											
\$5,000		\$0.43	\$0.48	\$0.53	\$0.68	\$0.98	\$1.53	\$2.48	\$3.98	\$4.93	\$8.43
\$10,000		\$0.85	\$0.95	\$1.05	\$1.35	\$1.95	\$3.05	\$4.95	\$7.95	\$9.85	\$16.85
\$25,000		\$2.13	\$2.38	\$2.63	\$3.38	\$4.88	\$7.63	\$12.38	\$19.88	\$24.63	\$42.13
\$30,000		\$2.55	\$2.85	\$3.15	\$4.05	\$5.85	\$9.15	\$14.85	\$23.85	\$29.55	\$50.55
\$35,000		\$2.98	\$3.33	\$3.68	\$4.73	\$6.83	\$10.68	\$17.33	\$27.83	\$34.48	\$58.98
\$37,500		\$3.19	\$3.56	\$3.94	\$5.06	\$7.31	\$11.44	\$18.56	\$29.81	\$36.94	\$63.19

**EMPLOYEE & SPOUSE
 Supplemental Life/AD&D**

Monthly rates per \$1,000

Age	Rates
Under 25	\$0.085
25-29	\$0.095
30-34	\$0.105
35-39	\$0.135
40-44	\$0.195
45-49	\$0.305
50-54	\$0.495
55-59	\$0.795
60-64	\$0.985
65+	\$1.685

Dependent Life (Children)

Monthly Premium per Family

Life	
\$5,000	\$0.47
\$10,000	\$0.94

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and 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.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

COVERED MEMBERS COMMUNICATION GUIDE



Important – Please read: Below 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.

Note: Members **must** work with their district contacts to request enrollment or eligibility changes.

Program	Subject Matter	Vendor	Phone	Website
Health Plans	<ul style="list-style-type: none"> • Health Plan Benefits • Precertification/ Predetermination • Request Health Plan ID cards • Find a network provider 	BCBS of IL	1-855-686-8517	www.bcbsil.com
Prescription Drugs	<ul style="list-style-type: none"> • Prescription Drug Plan Benefits • Balanced Drug List • Claim or network questions 	Prime Therapeutics	1-800-423-1973	www.myprime.com
Teladoc	Health plan and voluntary Teladoc participants have 24/7 access to medical consults for common conditions.	Teladoc	1-800-DOC-CONSULT 1-800-362-2667	www.teladoc.com
Voluntary Dental	<ul style="list-style-type: none"> • Dental Plan Benefits • Eligibility • Claim questions • Find a network provider 	MetLife	1-800-ASK-4MET 1-800-275-4638	www.metlife.com
Voluntary Vision	<ul style="list-style-type: none"> • Vision Plan Benefits • Eligibility • Claim questions • Find a network provider 	MetLife	1-855-MET-EYE1 1-855-638-3931	www.metlife.com
Basic or Supplemental Life Insurance	Member questions concerning: <ul style="list-style-type: none"> • Portability or Conversion • Claim issues • Travel or Beneficiary Resources 	BCBS of IL	1-877-442-4207 Option 4	www.egtrust.org
Voluntary Legal	<ul style="list-style-type: none"> • Legal Plan Coverage • Attorney network • Set up dependent online access 	MetLife	1-800-821-6400	www.members.legalplans.com
Voluntary Aura (Identity & Fraud Protection)	<ul style="list-style-type: none"> • Questions on Coverage • Account Information • Technical Support 	MetLife	1-844-931-2872	*Provided after enrollment

If you need contact information for vendors who are not listed, please email us at egtrust@healthscopebenefits.com.

IMPORTANT LEGAL NOTICES

COBRA

Under certain circumstances, you and your enrolled dependents have the right to continue coverage under the medical, dental and vision plans, beyond the time coverage would have ordinarily ended. You may elect continuation coverage for yourself and your dependents if you lose coverage under the Trust plan(s) because of one of the following qualifying events:

- Termination (for reasons other than gross misconduct)
- Reduction in employment hours
- Retirement
- You become entitled to Medicare

Upon a qualifying event, a COBRA election packet will be mailed to your home address by our COBRA administrator.

In addition, continuation coverage may be available to your eligible dependents if:

- You die
- You and your spouse divorce or legally separate
- A covered child ceases to be an eligible dependent
- You become entitled to Medicare

To initiate a COBRA continuation coverage offer, you or a dependent must notify your Employer within 60 days of a qualifying life event. You and/or your dependents must pay the full cost of COBRA coverage. Under the law, COBRA must be offered to eligible individuals at group rates. These rates are subject to change annually.

The full General Notice of Continuation Coverage Rights under COBRA is available on the Egyptian Trust website at www.egtrust.org. You may also request a printed copy of this full notice by contacting:

Egyptian Trust

P.O. Box 2034

Loves Park, IL 61130

Email: egtrust@healthscopebenefits.com

Phone: 1-800-397-9598

HIPAA Privacy Notice

This summary notice is a reminder of how medical information about you may be used and disclosed and how you can get access to this information. You are receiving this Notice summary because you are eligible for benefit plans ("Health Plan") offered through the Egyptian Area Schools Employee Benefit Trust. The "Health Plan" includes medical, dental and vision programs. The Health Plan is committed to protecting the confidentiality of any health information it receives, maintains, uses or discloses. This notice describes how the Health Plan may use and disclose your "protected health information" (PHI). PHI is any health information that identifies the individual or may reasonably be used to identify the individual; that is created or received by a health care provider, health plan, employer or health care clearing house; and that relates to your past, present or future physical or mental health conditions, or provision of or payment for health care.

The Trust administers and manages this Health Plan and may use your PHI only for appropriate plan purposes (such as for payment of claims or health care plan operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes. The Trust and all business associates must comply with the same requirements that apply to the Health Plan to safeguard your PHI and protect the confidentiality of your PHI.

The Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide a notice explaining how the Health Plan may use your PHI. Copies of BCBSIL's Notice of Privacy Practices and the Trust's Notice of Privacy Practices are on the Trust website at [HIPAA Authorization Notice & Form | EG Trust](#).

Should you have questions about the Privacy Notices, if you want more information about the privacy practices of the Health Plan, or to request a printed copy of the Privacy Notice, please contact the Trust's Privacy Officer at:

Egyptian Trust Privacy Officer

P.O. Box 2034

Loves Park, IL 61130

Email: egtrust@healthscopebenefits.com

Phone: 1-800-397-9598

HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage);
- If you or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage. However, you must request enrollment within 60 days after the loss of such coverage; or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 60 days after you or your dependents become eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your Employer.

Essential Health Benefits Disclosure

Illinois employers, including school districts, are required to provide annual disclosure identifying Essential Health Benefits (EHB) covered by the health plan(s). This document, which applies to all Trust health plans, is available on the Trust website at: <https://www.egtrust.org/medical-benefits/essential-health-benefits-disclosure/>.

Newborns and Mothers Health Protection Act

Group health plans and health insurance issuers offering group insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth, for the mother or newborn child, to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of the above periods.

Women's Health & Cancer Rights Act

Group health plans that cover mastectomies must cover postmastectomy reconstructive breast surgery. Specifically, health plans must cover:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of all stages of mastectomy including lymphedemas.

Benefits required by law will be provided in consultation between the patient and attending physician. These benefits are subject to the health plan's regular plan provisions and benefits.



This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines or other markings present. The paper appears to be a standard sheet of notebook paper.



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

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

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

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

EMPLOYEES: Check all boxes that apply:

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

List Full Name of Your Eligible Dependents	Relation To Employee 1-Spouse 2-Child 3-Stepchild 4-Other	Sex M or F	Date of Birth	Dependent Social Security Number (Required when enrolling dependents.)	Please 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

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



RETURN THIS COMPLETED FORM TO YOUR EMPLOYER

Egyptian Area Schools Employee Benefit Trust

CHANGE ENROLLMENT FORM

EMPLOYER (OR PLAN SPONSOR) SECTION –

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

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

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

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

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

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

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

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

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

Basic Life – All life insurance terminates upon employment termination or retirement.

<input type="checkbox"/> Add Basic Life (Only available when employee is newly eligible.) <input type="checkbox"/> Term Basic Life <input type="checkbox"/> No Change

Optional Life – Changes in Optional Life coverage must be submitted using the BCBS Evidence of Insurability form unless you are terminating coverage. Form can be found at www.egtrust.org.

EMPLOYEES: Check all boxes that apply:	
<input type="checkbox"/> Add Optional Employee (Evidence of Insurability REQUIRED)	<input type="checkbox"/> Terminate Optional Employee
<input type="checkbox"/> Add Optional Spouse (Evidence of Insurability REQUIRED)	<input type="checkbox"/> Terminate Optional Spouse
<input type="checkbox"/> Add Optional Dependent (Evidence of Insurability REQUIRED)	<input type="checkbox"/> Terminate Optional Dependent
<input type="checkbox"/> No Change Optional Life	

BASIC LIFE – Beneficiary Information						
Primary Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Primary Beneficiary's Social Security Number
Street Address			City		State	Zip
Contingent Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Contingent Beneficiary's Social Security Number
Street Address			City		State	Zip
OPTIONAL LIFE – Beneficiary Information						
Primary Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Primary Beneficiary's Social Security Number
Street Address			City		State	Zip
Contingent Beneficiary's Last Name		First	MI	Relationship of Beneficiary	DOB	Contingent Beneficiary's Social Security Number
Street Address			City		State	Zip
Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.						
REQUEST FOR COVERAGE (BASIC AND OPTIONAL LIFE)						Blue Cross Blue Shield of Illinois
<p>This coverage has been offered to me and after careful consideration of the benefits, I have decided to:</p> <div><div><input type="checkbox"/> APPLY FOR THE BASIC GROUP LIFE BENEFITS indicated above and, if my application is approved by BCBSIL, 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.</div><div><input type="checkbox"/> WAIVE COVERAGE: I do NOT want to enroll myself in the BASIC GROUP LIFE Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.</div></div> <div><div><input type="checkbox"/> APPLY FOR THE OPTIONAL GROUP LIFE BENEFITS indicated above and, if my application is approved by BCBSIL 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.</div><div><input type="checkbox"/> WAIVE COVERAGE: I do NOT want to enroll myself in the OPTIONAL GROUP LIFE Program. I understand that if I apply for coverage at a later date, and if a physical examination or further medical information is required, it will be at my own expense.</div><div><input type="checkbox"/> WAIVE COVERAGE: I do NOT want to enroll my dependents in the OPTIONAL GROUP LIFE Program. I understand that if I apply for coverage for my dependents at a later date, and if a physical examination or further medical information is required, it will be at my own expense.</div></div>						
<p>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.</p> <p>The insurance requested on this enrollment form will not be effective until approved by the Home Office of BCBS of IL, and the initial premium is paid to BCBS of IL. 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.</p>						
REQUEST FOR COVERAGE (MEDICAL)						Administered By: Blue Cross Blue Shield of Illinois
<p>This coverage has been offered to me and after careful consideration of the benefits, I have decided to:</p> <div><div><input type="checkbox"/> I APPLY FOR THE GROUP BENEFITS 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.</div><div><input type="checkbox"/> WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Health Program. I understand that if I apply for coverage at a later date all the rules of late enrollment will apply.</div></div>						
REQUEST FOR COVERAGE (VOLUNTARY TELADOC)						
<p>This coverage has been offered to me and after careful consideration of the benefits, I have decided to:</p> <div><div><input type="checkbox"/> I APPLY FOR THE GROUP BENEFITS indicated above and, I authorize deductions from my pay for any required contributions.</div><div><input type="checkbox"/> WAIVER OF COVERAGE: I do NOT want to enroll myself in the Voluntary Teladoc Program.</div></div>						
REQUEST FOR COVERAGE (VOLUNTARY DENTAL)						Met Life
<p>Select Coverage. Confirm the options available to you by reviewing your benefit plan description or checking with your employer. Note: Except for COBRA continuance, dependent coverage may be elected only if employee coverage is elected.</p> <p>This coverage has been offered to me and after careful consideration of the benefits, I have decided to:</p> <div><div><input type="checkbox"/> I APPLY FOR THE GROUP BENEFITS 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.</div><div><input type="checkbox"/> WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Dental Program. I understand that if I apply for coverage at a later date all the rules of late enrollment will apply.</div></div>						
REQUEST FOR COVERAGE (VOLUNTARY VISION)						Met Life
<p>This coverage has been offered to me and after careful consideration of the benefits, I have decided to:</p> <div><div><input type="checkbox"/> I APPLY FOR THE GROUP BENEFITS indicated above and, if my application is approved I authorize deductions from my pay for any required contributions.</div><div><input type="checkbox"/> WAIVER OF COVERAGE: I do NOT want to enroll myself or my dependents in the Vision Program.</div></div>						
<p>Please read, sign, and date the following Authorization & Acknowledgement</p> <ul style="list-style-type: none">I have read and understand the information provided in the summary of benefits and other enrollment materials.On behalf of myself and enrolling family members, I AUTHORIZE the release to or by Egyptian Area Schools, its administrators, or other insurance companies of information regarding school enrollment, medical history, employment, or other benefits as necessary to verify eligibility, adjudicate claims, or coordinate benefits, to the extent permitted by law.Are you declining any coverage due to coverage in another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the other coverage COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please Explain) _____ <p>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.</p>						
Employee's Signature					Date:	

Metlife Legal Plans

Metropolitan Life Insurance Company

**Things to know before you begin**

- Cost to Egyptian Area Schools Employee Benefit Trust
- Employee: only **\$15.74** per Month

SECTION 1: General information

Your hire date (mm/dd/yyyy) _____

Your name

First name

Middle name

Last name

Date of birth (mm/dd/yyyy)

Your Social Security number

Your home Address - Street

City

State

ZIP

Employee number (if applicable)

Dept. No./Div. code (if applicable)

I understand my plan is effective through (mm/dd/yyyy) **08/31/2024** and that I cannot cancel it before that date, except for termination of employment, retirement or leave of absence.

**Sign
Here**

Signature (Required for processing)

Date (mm/dd/yyyy)

SECTION 2: How to submit this form

After completion, make a copy for your records and return the original to your Employer.

For questions call 1-855-JOINMET

*No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matter in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details.

Group Legal Plans are provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island.



You are eligible to enroll in an Aura® identity protection and digital security service as an employee benefit. **Aura will protect the things that matter to you the most: your identity, money & assets, family & reputation, and privacy. Aura provides you and your loved ones with a digital security benefit that's simple so it's easy to stay safe online.** Before we can enroll you in the service, we need some additional information. Please fill out the form below and return this to your HR representative.

PROTECTION PLUS

The Protection Plus plan provides advanced protection for your identity, reputation, finances credit & devices.

Complete Financial Fraud & Identity Theft Protection

- Monitoring alerts within minutes
- Bank account opening & takeover monitoring
- High risk transaction monitoring
- Home title and address monitoring
- 3 bureau annual credit report & score
- Monthly credit score*
- SSN and personal ID monitoring
- Criminal record monitoring
- Credit and debit card monitoring
- Bank account transaction monitoring
- Stolen fund reimbursement
- 401(k) investment account monitoring
- 401(k) and HSA reimbursement
- Student loan activity alerts
- 3 bureau annual credit report & score
- \$5M identity theft insurance*
- Dark web monitoring
- Compromised credentials
- Medical ID monitoring
- Family plans include up to 10 additional adult accounts and cover unlimited minors

Complete Privacy and Device Protection

(Protects unlimited devices per adult)

- Anti-virus
- VPN (WiFi security)
- Anti-adware
- Robocall, robotext, and junk mail prevention
- Safe browsing software
- Password Manager
- E-mail solicitation prevention
- Device / cookie tracking
- Safe browsing software

Coverage	Monthly Fee
<input type="checkbox"/> Employee Only	\$ 8.34
<input type="checkbox"/> Employee + Family	\$ 13.24

ENROLLMENT INFORMATION

NAME:		EMAIL ADDRESS:	
ADDRESS:		CITY, STATE, ZIP:	
PHONE:	BIRTHDATE: (MM/DD/YYYY)	SOCIAL SECURITY NUMBER:	

I authorize Aura Sub, LLC ("Aura") to confirm my identity, obtain and monitor my credit information from the credit bureaus on a recurring basis in order to provide the Aura products and services I have ordered as long as I have an account with Aura. I also authorize Aura depending on the Aura products and services ordered, to retrieve and monitor my personal information, and motor vehicle and other records. I acknowledge that I may be required to activate certain services, including taking action to download, install, or provide additional information before obtaining access to the Aura products and services. By opting in, I confirm I have read, understood and agree to be bound by Aura's Terms of Service and acknowledge Aura's Privacy policy.

SIGNATURE:	DATE: (MM/DD/YYYY)
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This sheet is intended as a Summary, rather than a comprehensive description of Aura's benefits. Actual benefits may change at management's discretion, with or without notice. In the event of questions of conflicts concerning information presented in this Summary, all Company Policies and Plan Documents will govern.

* As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.**The score you receive with Identity Guard® is provided for educational purposes to help you understand your credit. They are calculated using the information contained in your TransUnion credit file. Lenders use many different credit scoring systems, and the scores you receive with Identity Guard are not the same scores used by lenders to evaluate your credit.

This election form will be maintained on file with Human Resources for the length of the Aura Employee Benefit Agreement with Aura plus three years after contract termination or expiration