Egyptian Trust

# Connection

Egyptian Area Schools Benefit Plan | Fall 2026

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### Join us in welcoming these new districts to the Egyptian Trust:

- Litchfield CUSD #12
- Greenfield CUSD #10

## Egyptian Trust open enrollment ends September 30, 2026

If you have not made your benefit elections for the new plan year, please see your Human Resource representative immediately. The annual open enrollment period ends September 30, 2026. Benefit changes, new enrollments, or dropped coverage requests received after this date will not be accepted. Benefits elections for the new benefit plan year are irrevocable until the next open enrollment period unless there is a qualifying life event. During this open enrollment, it is imperative that you provide complete information, including dependents' Social Security numbers and dates of birth for all programs in which you enroll.

BlueCross BlueShield of Illinois

# Balanced-Biosimilar Drug List updates effective October 1, 2026

Blue Cross and Blue Shield of Illinois (BCBSIL) routinely reviews the Balanced-Biosimilar Drug List to determine which medications are both clinically effective and cost effective. Updates to the drug list – such as removing or adding drugs – are made based on these guidelines. We understand that members may be used to taking a certain drug; however, often there are other drugs on the list that treat the same condition at a lower cost. These quarterly updates help BCBSIL keep health care more affordable for members. BCBSIL has been sending targeted letters to any covered member taking a drug impacted by these upcoming changes.

**Updates being made to the Balanced-Biosimilar Drug List for October 1 include:**

- **Dispensing limits**: These drugs will have new dispensing or quantity limits. Dispensing limits help to ensure medicines are being used as intended. The limits may include how much can be covered per fill or over a certain period of time. If your doctor prescribes more than the allowed quantity, you can still get the drug but may have to pay the full cost of the prescription beyond what the plan allows.
- **New exclusions**: These drugs will not be covered by the plan beginning October 1, 2026. For each of the drugs listed, there is a generic equivalent or other preferred product available. Please work with your physician to have an alternative drug prescribed. If you choose to continue this medication, you will be responsible for the full cost of this excluded prescription.

| Dispensing limits | New exclusions |
|---|---|
| Lokelma | Briviact |
| Mesalamine DR | Farxiga |
| | Janumet |
| | Januvia |

There may be other changes to the drug formulary list such as updated prior authorization requirements or drug tier changes (i.e. preferred to non-preferred). We suggest you review the preferred drug list to confirm if any changes are applicable to drugs you currently use. The Balanced-Biosimilar Drug List will be updated by October 1 at this link: BCBS-IL 2026 Balanced-Biosimilar Drug List

If you are taking one of the drugs listed above but have not received a letter from BCBSIL, please reach out to the Benefits Value Advisors (BVA) at **1-855-686-8517** for additional information. You should also speak with your physician to determine if an alternative therapy is appropriate.

# An ounce of prevention…

There are two types of care you can receive when you go to the doctor–preventive care and medical care. The type of care is different, and your costs will be different too.

**So what is preventive care?**

Proper diet, exercise and healthy lifestyle can all help in avoiding certain health problems. Preventive care does the same thing. Preventive screenings can help catch problems early, before you have or notice symptoms.  Yearly preventive exams and screenings may include:

- A physical exam
- Screenings for things like blood pressure and cholesterol levels
- Vaccines necessary to prevent illness
- Mammogram screening
- Colon cancer screening
- Cervical cancer screening
- Diabetes screening

**Sometimes preventive care and medical care cross paths**

There are both “screening” and “diagnostic” versions of many tests, such as mammograms and colonoscopies. A screening version is considered preventive care. Preventive screenings are usually ordered at certain ages and at regular intervals when there is no reason to suspect a problem.

If a person has symptoms or anything looks unusual on a screening test, they may need a diagnostic test, which is considered medical care. Diagnostic tests take a closer look to see if disease is present.

The Egyptian Trust health plans cover most preventive health care services with no out-of-pocket costs when you go to an **in-network** primary care provider or medical group. You will pay no copay or coinsurance even if you haven’t met your deductible for these **preventive** health care services.

Find more details regarding covered preventive services in your plan’s schedule of benefits found on the Egyptian Trust website (egtrust.org/schedule-of-benefits). To make sure a doctor or clinic is in your plan’s network, use the Provider Finder® tool. Log in to Blue Access for Members℠ (BAM℠) and click **Find Care** to access Provider Finder.

# Monthly tips for healthy living

## October: Rest is not always the best

With mild to moderate pain, “motion is lotion” for joints and muscles. Gentle movements boost blood flow and bring nutrients to sore areas, which can help you feel better, not worse. Try simple activities like knee rocks in bed or gentle standing backbends when you wake up to prepare your body for the day and support your recovery.

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## November: Adopt a ‘one thing’ mindset

Feeling overwhelmed by health goals amidst a busy holiday season schedule? Pick just one thing to prioritize. For instance, go to bed early consistently. Give yourself a few weeks to adapt before introducing another change like nutrition or exercise. This makes goals reasonable and achievable, leading to sustainable improvements in well-being.

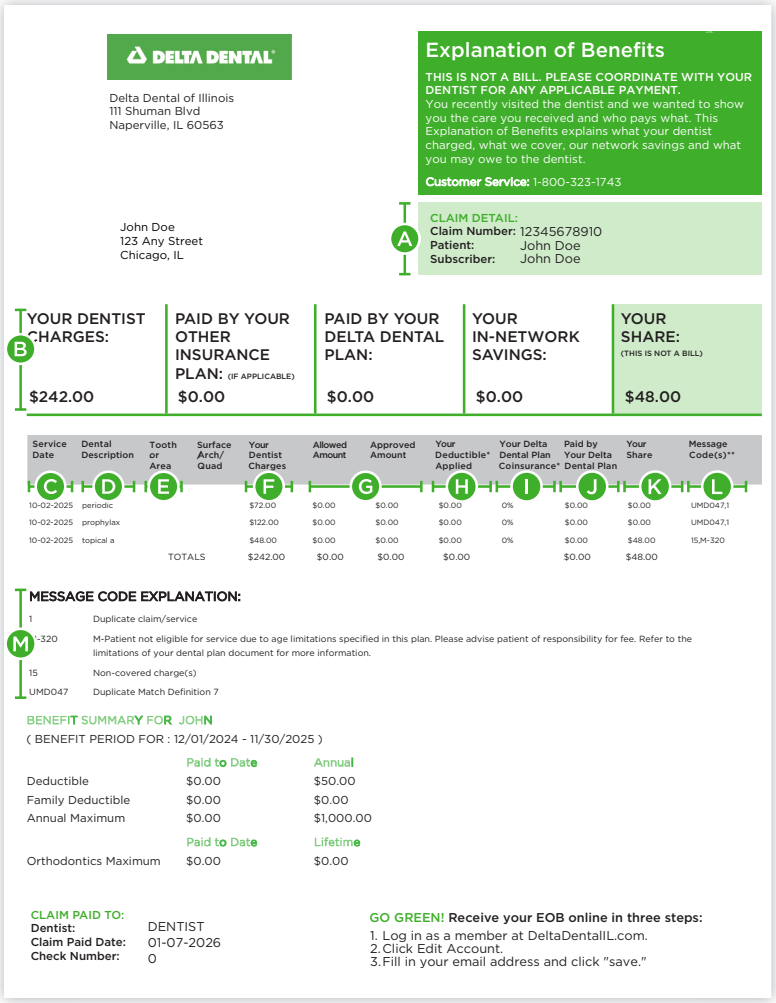
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## December: Your next position is your best position

Dealing with some aches and pains during long drives to see family and friends or time spent decorating, gift wrapping, or baking treats?  Prolonged static positions, whether sitting or standing, can leave your body feeling stiff. Make a conscious effort to change your posture frequently. Take quick breaks to stretch or simply adjust how you sit or stand every 20-30 minutes.

# Understanding Your Explanation of Benefits (EOB)

After a trip to the dentist's office, you'll likely receive an EOB from your dental benefits carrier explaining the procedures performed and what is covered by your dental plan.



DELTA DENTAL

Delta Dental of Illinois
111 Shuman Blvd
Naperville, IL 60563

**Explanation of Benefits**

**THIS IS NOT A BILL. PLEASE COORDINATE WITH YOUR DENTIST FOR ANY APPLICABLE PAYMENT.**
You recently visited the dentist and we wanted to show you the care you received and who pays what. This Explanation of Benefits explains what your dentist charged, what we cover, our network savings and what you may owe to the dentist.

**Customer Service:** 1-800-323-1743

John Doe
123 Any Street
Chicago, IL

A
CLAIM DETAIL:
**Claim Number:** 12345678910
**Patient:** John Doe
**Subscriber:** John Doe

B

| YOUR DENTIST CHARGES: | PAID BY YOUR OTHER INSURANCE PLAN: (IF APPLICABLE) | PAID BY YOUR DELTA DENTAL PLAN: | YOUR IN-NETWORK SAVINGS: | YOUR SHARE: (THIS IS NOT A BILL) |
|---|---|---|---|---|
| $242.00 | $0.00 | $0.00 | $0.00 | $48.00 |

| Service Date (C) | Dental Description (D) | Tooth or Area (E) | Surface Arch/ Quad | Your Dentist Charges (F) | Allowed Amount | Approved Amount (G) | Your Deductible* Applied (H) | Your Delta Dental Plan Coinsurance* (I) | Paid by Your Delta Dental Plan (J) | Your Share (K) | Message Code(s)** (L) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 10-02-2025 | periodic | | | $72.00 | $0.00 | $0.00 | $0.00 | 0% | $0.00 | $0.00 | UMD047,1 |
| 10-02-2025 | prophylax | | | $122.00 | $0.00 | $0.00 | $0.00 | 0% | $0.00 | $0.00 | UMD047,1 |
| 10-02-2025 | topical a | | | $48.00 | $0.00 | $0.00 | $0.00 | 0% | $0.00 | $48.00 | 15,M-320 |
| | TOTALS | | | $242.00 | $0.00 | $0.00 | $0.00 | | $0.00 | $48.00 | |

**MESSAGE CODE EXPLANATION:** (M)

| | |
|---|---|
| 1 | Duplicate claim/service |
| M-320 | M-Patient not eligible for service due to age limitations specified in this plan. Please advise patient of responsibility for fee. Refer to the limitations of your dental plan document for more information. |
| 15 | Non-covered charge(s) |
| UMD047 | Duplicate Match Definition 7 |

BENEFIT SUMMARY FOR JOHN
( BENEFIT PERIOD FOR : 12/01/2024 - 11/30/2025 )

| | Paid to Date | Annual |
|---|---|---|
| Deductible | $0.00 | $50.00 |
| Family Deductible | $0.00 | $0.00 |
| Annual Maximum | $0.00 | $1,000.00 |
| | **Paid to Date** | **Lifetime** |
| Orthodontics Maximum | $0.00 | $0.00 |

**CLAIM PAID TO:**
**Dentist:** DENTIST
**Claim Paid Date:** 01-07-2026
**Check Number:** 0

**GO GREEN! Receive your EOB online in three steps:**
1. Log in as a member at DeltaDentalIL.com.
2. Click Edit Account.
3. Fill in your email address and click "save."

**A** This section contains subscriber and patient identification information and the claim number, which you'll need to check on claims status or dispute a claim.

**B** This section is an overview of what the dentist charged for the services, what will be paid by your other insurance (if applicable), what will be paid by Delta Dental, and your share, which is the amount the patient owes the dentist.

**C** **Service Date**: the date service was provided to the patient.

**D** **Dental Description:** a brief description of the service.

**E** **Tooth or Area & Surface/Arch/Quadrant:** the tooth or areas of the mouth that were serviced, if applicable.

**F** **Your Dentist Charges:** the amount the dentist charged for the services.

**G** **Allowed Amount & Approved Amount:** the Approved Amount shows Delta Dental's contracted fees for each procedure. Allowed Amount is the amount determined by the dental benefit plan. These amounts are often the same. If they differ, it's because of provisions in the contract your employer purchased.

**H** **Your Deductible Applied:** if you have a procedure that is not completely covered by Delta Dental, the Deductible Applied is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab.

**I** **Your Delta Dental Plan Coinsurance:** the percentage of the Plan Allowance that Delta Dental pays.

**J** **Paid by Your Delta Dental Plan:** the amount Delta Dental paid your dentist for services rendered.

**K** **Your Share:** your share is the amount the patient owes the dentist. Your dentist should not bill you more than this amount.

**L** **Message Code:** the code that was used in processing the service.

**M** **Message Code Explanation:** an explanation of the processing policy codes.

Members will make the most of their benefits by using a Delta Dental network dentist. Even when a procedure is covered at 100%, a member may owe (have to pay out-of-pocket) when they use a non-Delta Dental network dentist because these dentists are not held to a network allowance and therefore, can balance bill members, charging them for any amount over the Delta Dental network maximum allowed fee and the dentist's usual fee for a given procedure.

Additionally, procedures covered at 100% generally apply to the annual maximum for many plans and is deducted accordingly following a member's specific plan.

Hinge Health

# 2026 Hinge Health Member Webinar Series Calendar of Events

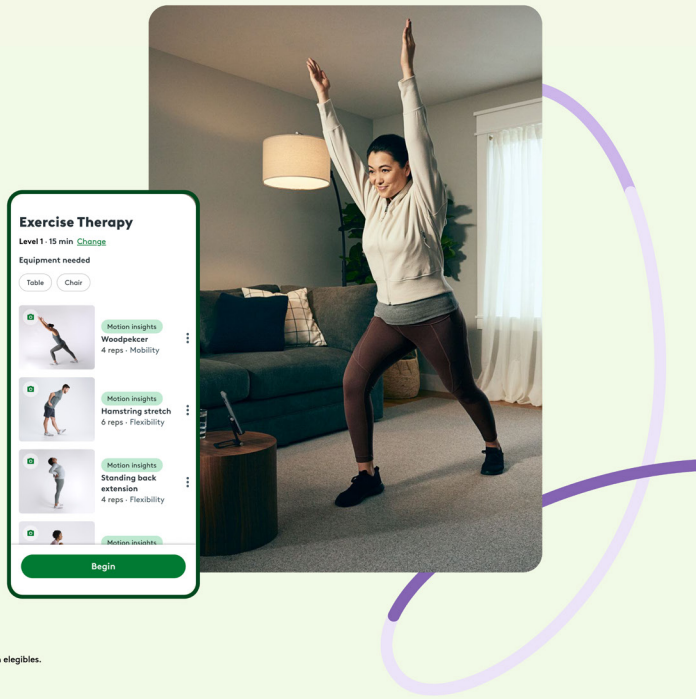
| Month | Topic | Date and Time | Registration Link |
|---|---|---|---|
| **October** | Weight Management and Pain: Healthy Lifestyle Tips to Make a Difference | October 7 | **hinge.health/ register-october2026** |
| | Hinge 101: Digital Therapy for Pain Relief | October 14 | **hinge.health/ october2026-register** |
| **November** | All About Back Pain: Causes, Tips and Exercises to Feel Better | November 11 | **hinge.health/ register-november2026** |
| | Hinge 101: Digital Therapy for Pain Relief | November 18 | **hinge.health/ november2026-register** |
| **December** | Science of Pain: Surprising Insights for Lasting Pain Relief | December 9 | **hinge.health/ register-december2026** |
| | Hinge 101: Digital Therapy for Pain Relief | December 16 | **hinge.health/ december2026-register** |

*All webinars start at 12 pm CT.*


Hinge Health

## Tap into pain relief anytime, anywhere

Get virtual physical therapy and more.




Scan the QR code or visit
hinge.health/egtrust-join

Please use the default camera on your device to scan the QR code, not a third party application. If you are directed to a site other than the URL listed above, do not proceed.

Employees and their eligible dependents 18+ enrolled in a Blue Cross Blue Shield of Illinois medical plan through Egyptian Trust are eligible.

Los empleados y sus dependientes elegibles mayores de 18 años inscritos en un plan médico de Blue Cross Blue Shield of Illinois a través de Egyptian Trust son elegibles.

Teladoc® HEALTH



**ATTENTION–**
Identify yourself as an Egyptian Trust member when registering for Teladoc. DO NOT indicate BCBS as your health insurance provider. This $0 copay Teladoc benefit is not provided through BCBS-IL.

# Save money. Feel better.




## Skip the trip to the ER or urgent care.

Save money, time and worry when you use Teladoc Health to talk with a doctor. Our doctors are available 24/7 from wherever you are to treat non-emergency issues.

## We treat:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergies
- Upset stomach
- And more

## Talk to a doctor for free

Visit TeladocHealth.com
Call 1-800-835-2362 | Download the app

*Teladoc Health is not available internationally.

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# Member Quick-Reference Source

1

## Egyptian Trust

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

2

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

Securely view claims, locate network providers, request ID cards, and more on Blue Access for Members (BAM) at **www.bcbsil.com**. For additional assistance, contact the Benefits Value Advisors (BVA).

**Benefits Value Advisor: 1-855-686-8517**

3

## Prescription Drug Program - Prime Therapeutics

Securely view prescription drug claims history and more on **www.myprime.com**. You may also access the site by logging in to Blue Access for Members (BAM) at **www.bcbsil.com** and selecting “Prescription Drugs” from Quick Links.

4

## Dental Plans – Delta

To review benefits, claims, or find providers, log in to **deltadentalil.com**.

**Dental Customer Service: 1-800-323-1743**

5

## Vision Plan – Delta

To review benefits, claims, or find providers, log in to **deltadentalil.com/deltavision**.

**Vision Customer Service: 1-866-723-0513**

6

## Basic and Optional Life Insurance – Blue Cross Blue Shield

For assistance with claims, travel and beneficiary resources, portability or conversion policies.

**Life Insurance Member Services: 1-877-442-4207**