



2023 Enrollment Partners for Our Communities

Thursday, December 1, 2022

Welcome to Your Enrollment Period!

- ▶ POC is excited to offer Medical, Dental and Vision coverage to its employees.
- ▶ Employees who work an average of 30 hours or more a week are eligible to elect Medical, Dental and Vision coverage.
- ▶ Employees who work between 20-29 hours a week are eligible to elect voluntary Dental and voluntary vision coverage.
- ▶ The enrollment period is December 1 – December 9.
- ▶ Elections made during this time will be effective January 1, 2023.
- ▶ After the end of annual enrollment you can only make changes due to a Qualifying Event (e.g. loss of coverage, marriage, birth, adoption, divorce) NOTE: Qualifying events must be reported to HR within 30 days of the event or you will need to wait until the next annual enrollment period to make any changes.



Who Is Eligible & How to Enroll

Who is Eligible:

- ▶ If you are a full-time employee, you are eligible to enroll in the benefits described in this presentation. The following family members are eligible for benefits during annual enrollment:
- ▶ Spouses
- ▶ Children who are under 26 years old

How to Enroll:

- ▶ Review your current benefit coverage.
- ▶ Make your benefit elections. (Once you make benefit elections, you will not be able to change them until the next annual enrollment period, unless you have a qualified change of status).
- ▶ **All employees will need to complete enrollment forms. You will either make elections or waive coverage.**



Eligible Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. Qualified changes in status include:

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

Annual Enrollment Summary

- ▶ Medical Benefits (For employees working 30 hours or more)
 - ▶ 3 Medical Plans through BCBS of IL
 - ▶ Blue Precision HMO
 - ▶ Blue PPO
- ▶ Dental Benefits (For employees working 20 hours or more)
 - ▶ Voluntary PPO Dental through Principal
- ▶ Vision Benefits (For employees working 20 hours or more)
 - ▶ Voluntary Vision Copay Plan through Principal



BlueCross BlueShield
of Illinois





Medical Benefits Overview

2023 Health Plan Choices

HMO Plan Option

A managed care plan that typically has no deductible and rich in-network benefits.

The HMO plan requires the member to direct care through a Primary Care Physician to receive benefits. Referrals are required to see a Specialist. Should the network and plan structure work for you, this plan offers very rich benefits.

BCBS Blue Precision HMO NETWORK

Traditional PPO Plan Option

This is a PPO Plan with the freedom to select the doctor or hospital of your choice. Services at in network providers will have significantly higher benefits than if you were to go out of network. There are no referrals needed and no need to sign up with a doctor. This plan includes copays for physician office visits, emergency room visits and prescription drugs.

This has a larger network than the HMO plan.

BCBS Blue PPO NETWORK

HDHP with HSA Option

This is a PPO plan similar to the Traditional plan option but there is a higher deductible and there typically are no copayments until deductible is met.

This plan usually has lower payroll deductions than the Traditional PPO and allows you to pay down the larger deductible using pre-tax dollars from a Health Savings Account you establish.

This has the same network as the PPO .

BCBS Blue PPO NETWORK

Insurance Terms

Term	Definition
Deductibles	Amount you pay before insurance carrier makes a payment.
Copayments	Set payments for items like office visits and prescriptions.
Coinsurance	Shared costs with your insurance carrier.
Out-of-Pocket Maximum	The most you will pay for services during the plan year.

2023 Blue Precision HMO Medical Plan



	In-Network	Out-of-Network	
Network	Blue Precision HMO		
Deductible	None	Services received outside of the HMO network and/or services not referred by your PCP are not covered.	
Medical Out of Pocket Max	\$1,500 individual/\$4,500 family		
Adult & Child Wellness Visit	100% (no charge)		
Physician Office Visit Copays	\$10 PCP/\$45 Specialist		
Diagnostic Test (x-ray, blood work)	\$45 per test		
Imaging (CT, PET Scans, MRI)	\$250 per test		
Inpatient Hospital Services	\$150 copay, 100%		
Outpatient Surgery	\$100 copay, 100%		
Emergency Care Copay	\$300		
Prescription Copays	Generic \$10, Preferred Brand \$50, Non-Preferred Brand \$100		
Prescription – Specialty	Preferred Specialty \$150, Non-Preferred Specialty \$250		

2023 Blue PPO Medical Plan



	In-Network	Out-of-Network
Network	Blue PPO	
Deductible - Individual	\$500	\$1,000
Deductible – Family	\$1,500	\$3,000
Medical Out of Pocket Max - Ind	\$1,500	Unlimited
Medical Out of Pocket Max - Fam	\$4,500	
Adult & Child Wellness Visit	Paid at 100% (no charge)	40% after deductible
Physician Office Visit	\$20 PCP/\$40 Specialist	40% after deductible
Diagnostic Tests and Imaging	10% after deductible	40% after deductible
Inpatient Hospital Services	\$200 per visit then 10% after deductible	40% after deductible
Outpatient Surgery	\$150 then ded/coinsurance	40% after deductible
Emergency Room Copay	\$400, then deductible/10% coinsurance	
Urgent Care	\$75 per visit, no deductible	40% after deductible
Prescriptions (at Participating Pharmacy)	Preferred Generic \$0, Non-Preferred Generic \$10, Preferred Brand \$50, Non-Preferred Brand \$100 Preferred Specialty \$150, Non-Preferred Specialty \$250	

2023 Blue PPO HDHP Medical Plan



	In-Network	Out-of-Network
Network	Blue PPO	
Deductible - Individual	\$3,000	\$6,000
Deductible – Family	\$9,000	\$18,000
Medical Out of Pocket Max - Ind	\$3,600	Unlimited
Medical Out of Pocket Max - Fam	\$10,800	
Adult & Child Wellness Visit	Paid at 100% (no charge)	40% after deductible
Physician Office Visit	10% after deductible	40% after deductible
Diagnostic Tests and Imaging	10% after deductible	40% after deductible
Inpatient Hospital Services	10% after deductible	40% after deductible
Outpatient Surgery	10% after deductible	40% after deductible
Emergency Room Copay	10% after deductible	
Urgent Care	10% after deductible	40% after deductible
Prescriptions (at Participating Pharmacy)	Preferred Generic and Non-Preferred Generic – 10% after deductible Preferred Brand – 20% after deductible Non-Preferred Brand - 30% after deductible Preferred Specialty 40% after deductible Non-Preferred Specialty 50% after deductible	

High Deductible Health Plan

Single Deductible or Family Deductible?

- If one person enrolls in the high deductible plan, the plan will apply the single deductible of \$3,000.
- If more than one person is listed on the enrollment form, the plan will apply the family deductible of \$9,000. This can be met by one person or a combination of charges by different family members.
- Please Note: Preventive care is always payable at 100%, no deductible when using an in-network provider. This includes well baby care, routine physicals, immunizations and routine screening such as mammograms, colonoscopies or PSA tests when there are no signs or symptoms.
- IMPORTANT to remember: Lab tests related to a condition such as diabetes or asthma are not considered preventive and are subject to the deductible.

BCBS Pharmacy Reminders

- ▶ CVS and CVS/Target are no longer participating pharmacies for PPO options
- ▶ Standard Pharmacy Clinical Programs apply for all plan options
 - Prior Authorization
 - Step Therapy
 - Dispensing Limits
 - Member Pays the Difference
- ▶ Certain Categories of Drugs are Excluded from Coverage for all plan options
 - Weight loss drugs
 - Brand Name PPIs (This class of drugs, is used to treat conditions such as acid reflux and ulcers, is readily available over-the-counter, or as a prescription strength generic. Nexium is the most widely used PPI and is now available as a generic.)
 - Compound Medications
 - Non-FDA approved drugs
 - Non-sedating antihistamines
 - OTC equivalents

Find a BCBS Provider

Where do I find a Blue Precision or PPO providers?

- Go to BCBSIL.com
 - Choose Find Care then Choose Find a Doctor or Hospital
 - Search as Guest
 - Choose all plans/networks
 - Select Blue Precision HMO [BAV] from the drop-down menu
- OR
- Select Blue PPO [PPO] from the drop-down menu
 - Continue your search using Browse by Category or Search by provider Name
 - If Choosing HMO, click on provider name to find PCP #, Medical Group Name and #

Step 1



Providers in Your Network

- Find a Doctor or Hospital
- Find a Dentist
- Find a Vision Provider
- Virtual Visit
- Providers Outside of U.S.
- Breastfeeding Counseling

Step 2

Find a Doctor or Hospital

Search for doctors, hospitals, pharmacies, urgent care and more.



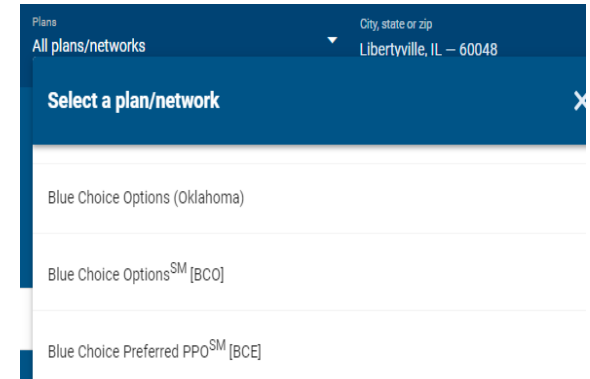
Guest Search

Even if you're not a member, you can search for doctors, hospitals and other providers. If you need help, we've created these helpful guides:

[Step-by-Step PDF](#)

[Search as a Guest](#)

Step 3





Health Savings Account Information

Medical Plan: Health Savings Account (HSA)

Eligibility:

- ▶ A Health Savings Account (HSA) is a tax-advantaged savings account for medical, dental, vision and other eligible expenses.
- ▶ Your contributions into an HSA account are tax-free, grows tax free and withdrawals are not taxed for qualified medical expenses.
- ▶ If you enroll in the High Deductible Health Plan, you can open a Health Savings Account (HSA)
- ▶ You MUST be enrolled in a HDHP HSA medical plan and may not have other medical coverage through your spouse that is not a high deductible health plan by definition.
- ▶ You may not be claimed as a dependent on another person's tax return.
- ▶ You may not be enrolled in Medicare*, Tricare or Medical FSA.

*An individual can be Medicare-eligible and have an HSA. However, once enrolled in Medicare, contributions to the HSA account must stop. The individual can keep any funds in the account prior to enrolling in Medicare and use those funds to pay for qualified medical expenses tax-free.

2023 Contribution Limits:

Single = 3,850

Family = \$7,750

55 & older = \$1,000 "catch up"
contribution annually

Account Basics:

- ▶ Contributions can be pre-tax through payroll deductions.
- ▶ Contributions can be changed any time during the year.
- ▶ IRS sets annual HSA limits.
- ▶ Members must have money in the account to use funds.
- ▶ Balances will roll over each year and will remain YOURS, even if you leave employment.
- ▶ If HSA dollars are used for ineligible expenses, a 20% penalty and taxes will be owed.

HSA: Tax-free account is yours to keep



- ▶ Your contributions are tax free*
- ▶ Money in the account earns interest, tax free
- ▶ Money used on eligible expenses isn't taxed
- ▶ Money rolls over from year to year
- ▶ You choose how and when to use your dollars
- ▶ You own your HSA – it goes wherever you go
- ▶ For more information on HSA plans – view the following link:
<https://vimeo.com/540774021/308374c194>

*Contributions are not tax deductible in all states (i.e. California)

How Does the High Deductible HSA Plan Work?

1

Present ID card to *network* doctor or other medical provider

2

Provider sends claim to your carrier
Your carrier applies network discount and notifies you & provider of amount you may owe (deductible & coinsurance)

3

Provider bills you for payment

1. You can use your HSA to pay --OR--
2. You can choose to pay another way (cash, credit card) and reimburse yourself later

4

If you do not have enough money in your HSA, you can work with your provider to set up a payment plan

Except for prescriptions: You MUST Pay Rx upfront at time of pick-up (if you already met the deductible then your coinsurance would apply)



Smart Healthcare Consumers

Free Wellness Benefits – All Plan Choices

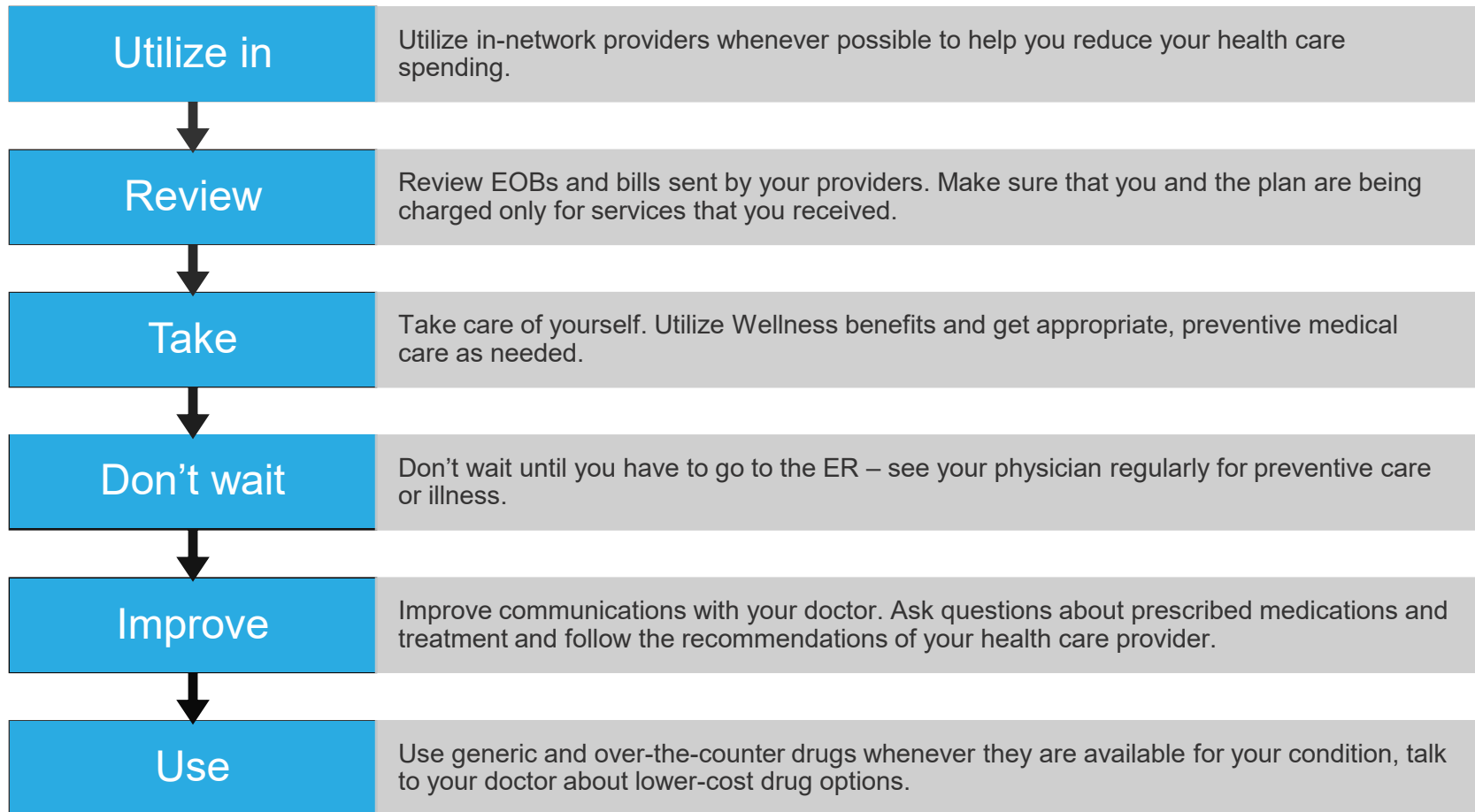
▶ What's covered?

- **Recommended routine gender- and age-specific preventive care and screenings** — including yearly general wellness exams, recommended vaccines and screenings for things like diabetes, cancer and depression — both facility and professional services.
 - Coverage provided **in-network at 100%** with no copay, no deductible. Out-of-network benefits may vary.
- ▶ **IMPORTANT to remember:** Lab tests related to a condition such as diabetes or asthma – are not considered preventive and are covered under applicable deductible and coinsurance levels.

Stay Healthy by Getting Regular Check-ups



How You Can Be a Smarter Consumer



Become a Better Health Care Consumer

- **Rx Savings Opportunities**
- Ask your doctor for samples.
- Wal-Mart and Target offer low cost Generic fills.
- Some pharmacies offer free antibiotics.
- Be creative—spend a few minutes shopping on the phone or on the Internet.
- Look for “coupons” from the manufacturer.
- Your Insurance Company offers you flexibility, choice and resources in finding the right medication and price at www.bcbsil.com
- For more information on Managing Prescription Drug Costs view this video:
<https://vimeo.com/554347681/bd3d29552c>

Deciding Where To Go ...



For more information on Options For Care view this video:

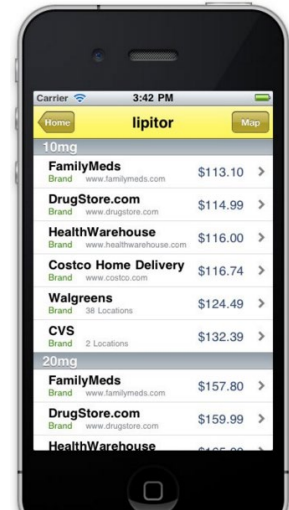
<https://vimeo.com/575526270/c66d47a887>

GoodRx - www.goodrx.com

GoodRx

How to use GoodRx

- ▶ Access goodrx.com or download the mobile app.
- ▶ Enter your prescription drug's name.
- ▶ “Click” the “Find the Lowest Price” button.
- ▶ GoodRx will produce a “coupon” that you can print or show on your mobile phone to present to the pharmacy.
- ▶ If cost is not run through the health plan, no deductible or out of pocket credit is applied.



GoodRx SEARCH MENU

Stop paying too much for your prescriptions

Compare prices and save up to 80% with free GoodRx coupons

A comparison of drug prices at Target and Walgreens. Target's estimated cash price is \$170.41, which drops to \$15.80 with a GoodRx coupon. Walgreens' estimated cash price is \$146.99, which drops to \$24.70 with a GoodRx coupon. A blue button labeled 'SEARCH DRUG PRICES' is overlaid on a map background.

Pharmacy	Est cash price	with GoodRx coupon
Target	\$170.41	\$15.80
Walgreens	\$146.99	\$24.70

Drug prices are different at every pharmacy

ALERA GROUP

A three-step process for using GoodRx. Step 1: Compare prices. Step 2: Print free coupons. Step 3: Save up to 80%. Each step includes an icon and a brief description.

- 1**
Compare prices
GoodRx collects prices & discounts from over 60,000 U.S. pharmacies
- 2**
Print free coupons
Or send coupons to your phone by email or text message
- 3**
Save up to 80%
Show the coupon to your pharmacist for massive savings on your meds

BCBS Virtual Visits by MD Live



MDLIVE[®]

Virtual Care, Anywhere.

- Whether you're at home or traveling, access to an independently contracted, board-certified doctor is available 24/7.
- You can speak to an MDLIVE doctor immediately or schedule an appointment based on your availability.
- Virtual visits can also be a better alternative than going to the emergency room or urgent care center.
- Doctors can help treat many non-emergency conditions.



CONNECT

Access where mobile app, online video or telephone service is available



INTERACT

Real-time consultation with a board-certified doctor or therapist



DIAGNOSE

Prescriptions set to a pharmacy of your choice (when appropriate)

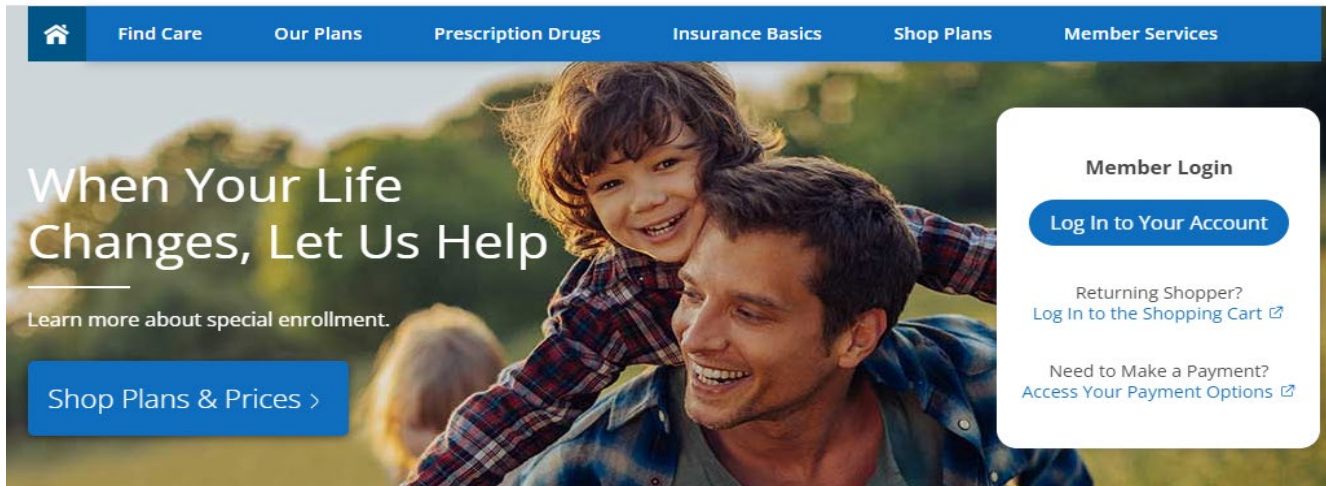
MD Live medical virtual visits are the primary care copay on the PPO Plans or a \$40-\$65 charge on the HDHP plan depending on length of call and/or diagnosis. MD Live not available for HMO.

Any prescriptions prescribed through MD Live are subject to your pharmacy plan's copays.

BAM - Blue Access for MembersSM



BlueCross BlueShield
of Illinois



- Convenient.
- Safe.
- Secure.

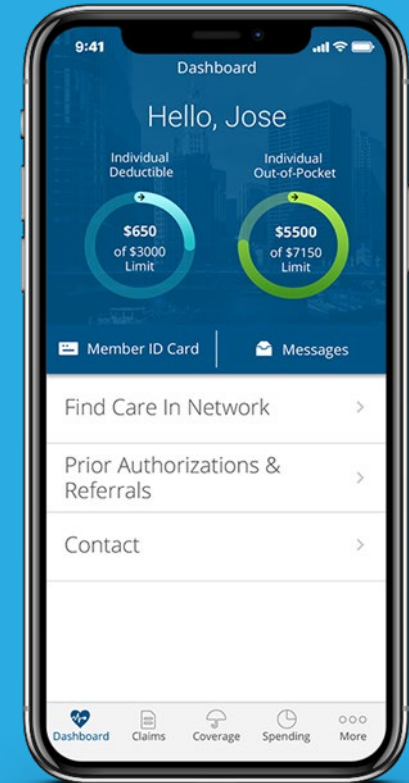


Save time using self-service support tools:

- ▶ Log on www.bcbsil.com to register (you will need ID #) and access site
- ▶ Confirm your coverage and eligibility information
- ▶ Search for network **providers; use Integrated Provider Finder**
- ▶ Request an **ID Card** (or print a temporary ID)
- ▶ Review your claims and view an Explanation of Benefits (**EOBs**)
- ▶ Sign up to receive email claim notifications or turn off paper
- ▶ Links to health tools, the Health Risk Assessment, a medical encyclopedia, **Well onTarget Health Portal (earn points and redeem for merchandise)** Find information on the **discounts** available through **Blue365**
- ▶ AND SO MUCH MORE!

BCBS - Blue Access Mobile

- ▶ Find an in-network doctor, hospital or urgent care facility
- ▶ Access your claims, coverage and deductible information
- ▶ Access temporary digital member ID card
- ▶ View or print your member ID card
- ▶ Secure login with Face ID (iOS only) and Fingerprint ID
- ▶ View your Explanation of Benefits on your Iphone
- ▶ Available in Spanish



To download the app,
go to Google Play,
the App Store or text
BCBSIL to 33633



BCBS IL Digital Health Partners

- ▶ **Live to Learn:** A next generation behavioral health tech company. It will provide a valuable opportunity for those who otherwise might not receive treatment to access convenient and effective mental health care. Experience begins with a comprehensive assessment and recommendations for programs to complete. There are on-line programs for stress, anxiety, depression, insomnia, social anxiety and substance abuse. This program is available to Non-HMO members; engagement is member driven.
- ▶ **Hinge Health:** A consumer digital health company providing a musculoskeletal program that takes established, proven, non-surgical care guidelines and turns them into a digital, 12-week, coach-led program delivered remotely using mobile and wearable technology. This program is available to Non-HMO members; claims trigger engagement.
- ▶ **Livongo:** A consumer digital health company providing a diabetes management end-to-end solution as well as a hypertension management solution. The diabetes management solution combines a connected glucose meter with personal support by Certified Diabetes Educators. The hypertension management solution combines a connected blood pressure cuff and personal support. Claims come through as a preventive service. This program is available to Non-HMO members; claims trigger engagement.
- ▶ **Wondr Health (formerly Naturally Slim):** An online mindful eating behavior modification program proven to deliver sustainable weight loss and reverse obesity, pre-diabetes, and Metabolic Syndrome. Wondr Health is an in-network provider and services are billed through claims and meet ACA requirements covered as preventive at no cost share to member for intensive behavioral counseling services for prevention of diabetes, obesity and cardiovascular diseases. This program is available to PPO and HMO members; BCBS outreach triggers engagement.

Well onTarget Fitness Program

- ▶ Flexible, budget-friendly fitness program from Tivity Health™
- ▶ Offered to members of participating Blue Cross and Blue Shield of Illinois plans and their dependents
- ▶ Unique program designed to promote health, wellness and activity for adults 18+*
- ▶ Access to multiple fitness locations, nationwide, where members live, work and travel
- ▶ Search locations via the Wellness Tab then Fitness Program section through Blue Access for MembersSM (BAMSM) or through the Well onTarget Fitness Program mobile app.
- ▶ Easy online enrollment (or by phone 888-762-BLUE) plus fitness location finder

Individuals must be 18 years old to purchase a membership. Dependents, 16 -17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations



Multiple gyms



No contracts



Flexible Plans

Flexible Gym Network

A choice of gym networks to fit budgets and preferences.*

Plan Options	Digital	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym* Facility Network Size	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee					

- ▶ **Studio Class Network:** Boutique-style classes and specialty gyms are pay-as-you-go with 30% off every 10th class.
- ▶ **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- ▶ **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice. Taxes may apply. Individuals must be at least 18 years old to purchase a membership.



Selecting Options

- You can select an option based on your preference. Once you pay, you'll have access to all locations within the purchased plan and those at the lower price too.
- The Elite plan will have the option to select one home elite gym and access to all other gyms.
- You have the option to change your elite home gym monthly.

BCBS – Health and Wellbeing Programs

Health and Wellbeing Programs Designed for “On the Go” Members

TO HELP YOU
FIT BETTER HEALTH
INTO YOUR SCHEDULE

- ▶ Log in at bcbsil.com
- ▶ Click the My Health tab



Well onTarget® helps you reach your health and wellness goals through online self-management programs and rewards.



Digital Mental Health supports your mental wellbeing with programs for stress, depression, sleep problems and substance use.



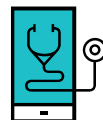
24/7 Nurseline conveniently answers your health questions.



Fitness Program gives you access to a network of gyms that fit your budget and lifestyle.



Women's and Family Health provides support for cycle tracking, pregnancy and parenting.



Digital programs help you manage your weight, diabetes, high blood pressure and joint and spine issues through digital coaching programs.

* Some of the programs mentioned above are not available to HMO members



Ancillary Benefits

2023 Voluntary PPO Dental Plan



	In-Network	Out-of-Network
Deductible - Individual		\$50
Deductible – Family		\$150
Preventive Services	100%, no deductible	100%, no deductible
Basic Services	Deductible then 20%	Deductible then 20%
Major Services	Deductible then 50%	Deductible then 50%
Annual Plan Maximum		\$1,000

- **PPO** dentists have agreed to charge less for their services and will never balance bill for amounts above the usual and customary pricing.
- **Out-of-Network** dentists can balance bill for what isn't covered by the carrier.

Refer to your SPD for a full listing of exclusions, limitations and age reduction schedules.

2023 Voluntary Vision Plan



	In-Network	Out of Network
Frequency Limitations - Eye Exam - Lenses/Contacts - Frames	12 months 12 months 24 months	
Eye Exam	\$10	Up to \$45
Lenses	\$25	Up to \$30, \$50 or \$65
Frames	\$150 Allowance then 20% discount	Up to \$105
Elective Contacts	\$150 Allowance	Up to \$105



Out-of-Network:

You pay upfront & submit a claim for reimbursement up to the allowances shown.

The Exam and Material copay is subtracted from the total charges & then you are reimbursed on the balance.

Refer to your SPD for a full listing of exclusions and limitations.



Contributions

Employee Contributions & What to Think About

PER MONTH	HMO	PPO	HDHP	Dental	Vision
Employee Only	\$132.69	\$203.88	\$167.13	\$38.91	\$9.09
Employee + Spouse	\$796.14	\$1,223.28	\$1,002.79	\$71.03	\$15.26
Employee + Child(ren)	\$696.62	\$1,070.37	\$877.44	\$99.70	\$19.87
Employee + Family	\$1,360.07	\$2,089.77	\$1,713.40	\$139.12	\$28.18



1

Provider availability – Will you be able to visit the doctors and hospitals facilities you want to?

2

Your costs – What is going to come out of your paycheck every month? What about for the whole year?

3

Benefit plan design – How much you will have to pay out of your pocket?

4

Medical services – Consider your health status and health care service needs



Next Steps

Questions?

What do you need to do during the Enrollment period?

- ▶ All employees will need to complete enrollment forms.
- ▶ If you decide to not enroll, please complete the enrollment form indicating you are declining the coverage.
- ▶ If you decide to enroll, your coverage will be effective January 1, 2023. ID cards will be sent at the end of December.

- ▶ If you have any questions, please call or email:

Amy Abell

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224-436-3367

Catherine Loney

Catherine.loney@aleragroup.com

847-508-5964





Thank You