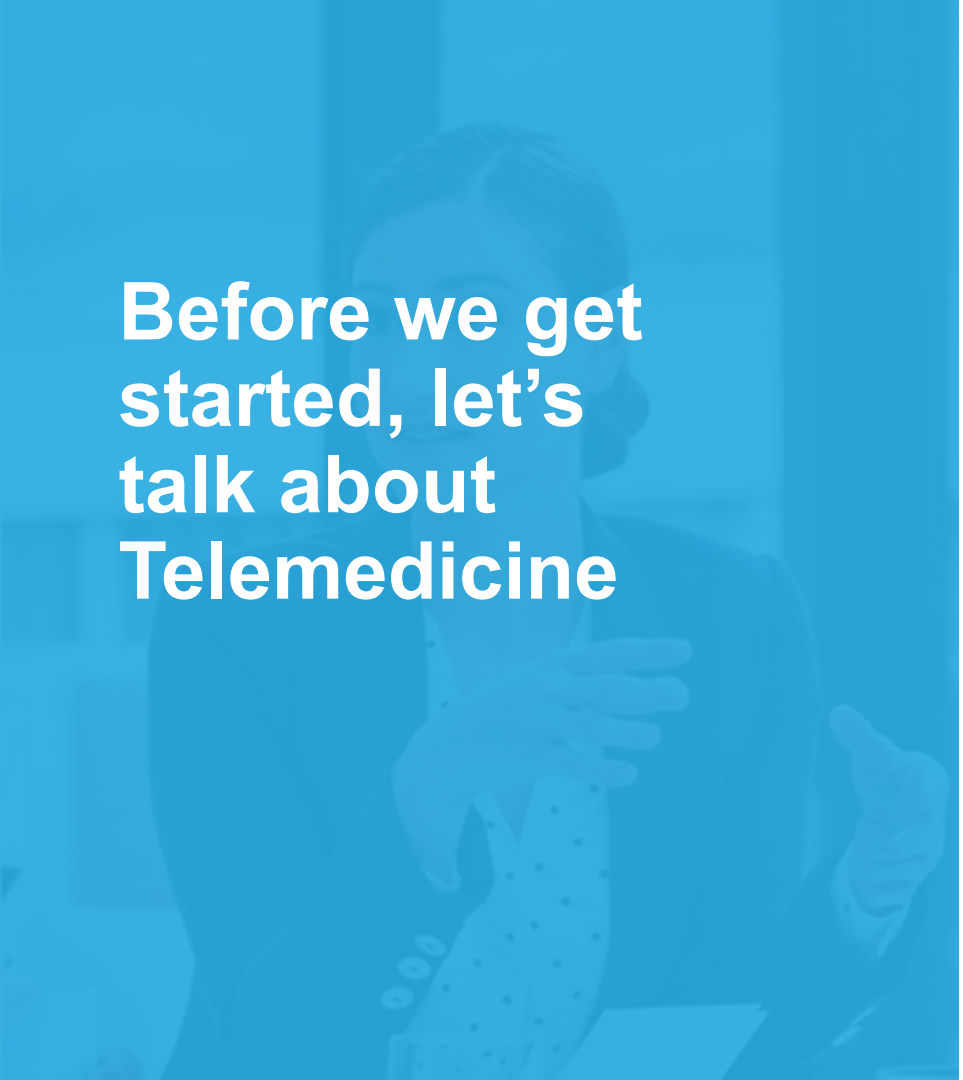
GCG
EMPLOYEE BENEFITS
INSURANCE
RISK MANAGEMENT
WEALTH MANAGEMENT
AN ALERA GROUP COMPANY

2020 Annual Enrollment

Downers Grove Sanitary District

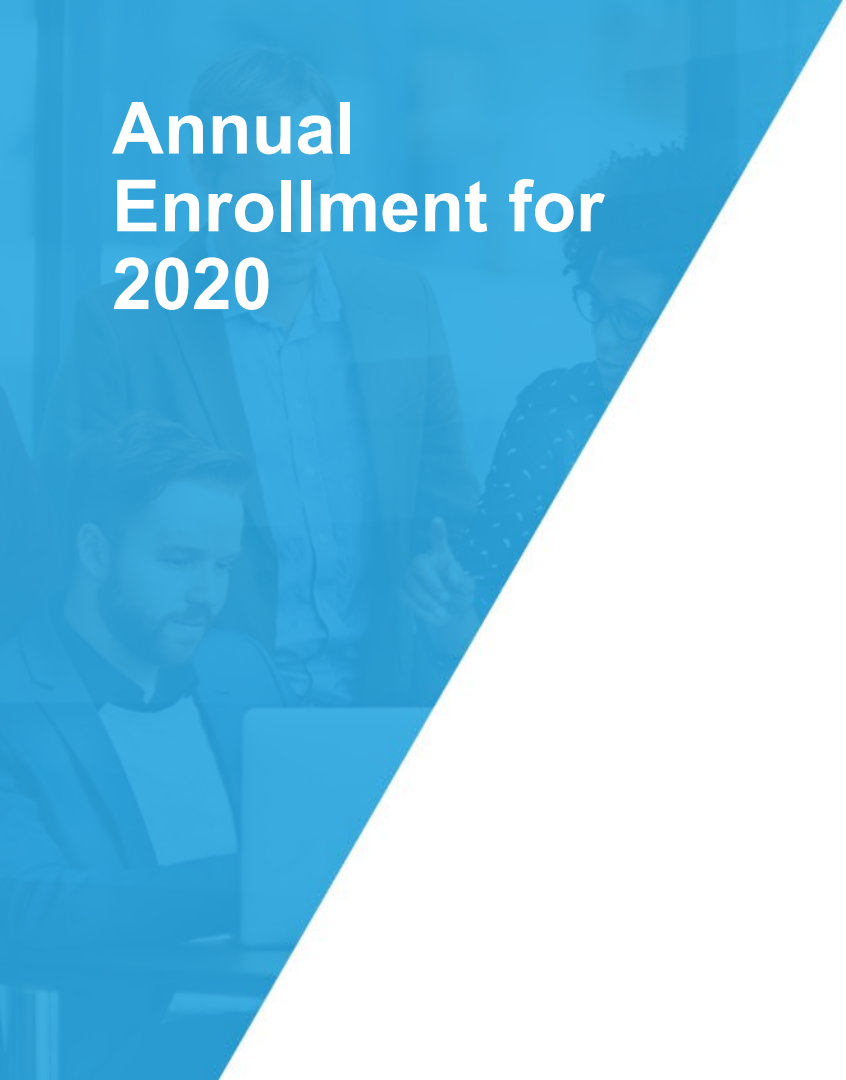
April 30, 2020

Before we get started, let's talk about Telemedicine



- During this COVID-19 pandemic, PPO plan members have two options for telemedicine.
- Virtual Visits through MD Live
  - This program allows you to consult with a doctor for non-emergency situations.
  - You can speak with the doctor by phone, mobile app or online video.
  - You can access MDLive at MDLIVE.com/bcbsil or go to Blue Access for Members
- Telemedicine with your provider
  - Blue Cross will temporarily cover telehealth services provided by Illinois in network providers, including behavioral health therapy.
- HMO plan members may only use telemedicine through their PCP and/or medical group.

Annual Enrollment for 2020



Annual enrollment is the one time of year when you can make a change to your benefit plan without experiencing a qualifying event. During annual enrollment:

- Individuals who have previously waived benefits are allowed to enroll in the plans
- Individuals who are currently covered on the plan may change plans or add or delete coverage for yourself of your dependents.
- Online enrollment begins May 1st and ends on May 31st. FSA enrollment period is April 21 – May 21.

Plan Eligibility Rules

Benefit selections/changes are allowed:

- Within 31 days from the date of hire.
- Within 31 days of a qualifying event. Qualifying events are:
  - **Birth**
  - **Adoption**
  - **Marriage**
  - **Divorce**
  - **Loss of employment or involuntary loss of coverage for any dependent with other coverage**

If you do not notify the business office within 31 days of the event, you will have to wait until the next annual enrollment to make your change and COBRA rights may be affected.

Reminder: Dependent Children to Age 26

Dependent children are eligible to stay on the plan to age 26. Coverage continues until the end of the month in which they turn 26.

A dependent up to 26 is eligible for coverage if they are:

- **unmarried or married**
- **employed or unemployed**
- **enrolled in college or working**
- *Dependents who are military veterans and reside in Illinois are eligible to stay on the plan up to age 31*.

Dependent children who come off the plan can only be added back on the plan at two times:

- **during annual enrollment**
- **within 31 days of loss of other coverage. (i.e. loss of coverage due to loss of a job, layoff, etc.**

Annual Enrollment Changes for 6/1/20

- Medical Insurance will stay with BlueCross BlueShield of Illinois.
  - Four plan options
    - **Blue Care Direct Platinum HMO – Advocate**
    - **Blue Precision Platinum HMO**
    - **Blue Options PPO**
    - **Blue Choice Preferred Platinum PPO**
- Dental Insurance will remain with Principal
- Vision Insurance will remain with Eyemed
- Life Insurance will remain with Kansas City Life
- Flexible Spending accounts will remain with Mid America

Medical Plans

Plan Choice #1
BlueCare Direct Platinum HMO

- This plan requires you to select a primary care physician who will direct all your care.
- The primary care physicians (and ob/gyn) must be chosen in advance from the Blue Care Direct HMO network. (**Advocate Providers Only)**
- Specialist physician needs are accessed through referrals from the PCP.
- This plan has a six tier pharmacy copay structure.

BlueCare Direct HMO – Medical Benefits

	In-Network	Out-of-Network
Network	BlueCare Direct HMO (Advocate Only)	
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	
Inpatient Hospital Services	100% after $150 copay per visit	
Imaging and Diagnostic Tests	100% after $45 copay per test	
Outpatient Surgery	100% after $100 facility copay and $45 physician copay	
Emergency Care Copay	$300	
Prescription Copays	$0/$10/$50/$100/$150/$250	

Plan Choice #2 Blue Precision Platinum HMO

- This plan requires you to select a primary care physician who will direct all your care.
- The primary care physicians (and ob/gyn) must be chosen in advance from the Blue Precision HMO network.
- Specialist physician needs are accessed through referrals from the PCP.
- This plan has a six tier pharmacy copay structure.

Blue Precision HMO – Medical Benefits

	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	
Inpatient Hospital Services	100% after $150 copay per visit	
Imaging and Diagnostic Tests	100% after $45 copay per test	
Outpatient Surgery	100% after $100 facility copay and $45 physician copay	
Emergency Care Copay	$300	
Prescription Copays	$0/$10/$50/$100/$150/$250	

Plan Choice #3
Blue Options Gold PPO

- This plan provides the flexibility to see any provider. There are no referrals needed to access any network or non-network physician.
- The plan has lower deductibles and copays if you utilize Tier One providers in the Blue Choice network.
- Providers in the PPO network are also available but the deductibles and copays are higher than Tier One providers.
- This plan includes copays for in-network physician visits, emergency room and prescription drugs.

Blue Options Gold Print PPO – Medical Benefits

	In-Network	In-Network	Out-of-Network
Network	Blue Choice	PPO	
Deductible - Individual Deductible – Family	**$750** **$2,250**	**$1,750** **$5,250**	**$3,500** **$10,500**
Out of Pocket Max - Ind Out of Pocket Max – Fam	**$4,450** **$13,350**	**$6,250** **$16,300**	Unlimited
Adult & Child Wellness Visit	Paid at 100% (no charge)	Paid at 100% (no charge)	Deductible/50%
Office Visit Copays	$30 PCP/$60 Spec	$60 PCP/$100 Spec	Deductible/50%
Inpatient Hospital Services	Deductible/20% Plus $250 per visit	Deductible/30% Plus $500 per visit	Deductible/50% plus $600 copay
Outpatient Surgery	Deductible/20% plus $200	Deductible/30% plus $400	Deductible/50% plus $500
Emergency Care Copay	Deductible/20% plus **$500** per visit $75 urgent care copay for Blue Choice and PPO Providers		

Blue Options Gold PPO Prescription Drug Copays

- Preferred Pharmacy Network includes Walgreens and Osco. Network Pharmacies can also be found on www.bcbsil.com under Member Services/Prescription Drug Plan Information.
- CVS and CVS Pharmacies at Target stores are not covered.

Category	Preferred Pharmacy Copay	Non Preferred Pharmacy Copay
Preferred Generic	$0	$10
Non Preferred Generic	$10	$20
Preferred Brand	$35	$55
Non Preferred Brand	$75	$95
Preferred Specialty	$150	
Non Preferred Specialty	$250	

Plan Choice #4
Blue Choice Preferred Platinum

- This plan provides the flexibility to see any provider. There are no referrals needed to access any network or non-network physician.
- The plan has lower deductibles and copays than the Blue Choice Options plan.
- The network is the Blue Choice network. Any providers not in this network will be paid at out of network benefits.
- This plan includes copays for in-network physician visits, emergency room and prescription drugs.

Blue Options Gold Print PPO – Medical Benefits

	In-Network	Out-of-Network
Network	Blue Choice	
Deductible - Individual Deductible – Family	$500 $1,500	$1,000 $3,000
Out of Pocket Max - Ind Out of Pocket Max – Fam	$1,500 $4,500	Unlimited
Adult & Child Wellness Visit	Paid at 100% (no charge)	Deductible/40%
Office Visit Copays	$20 PCP/$40 Spec	Deductible/40%
Inpatient Hospital Services	Deductible/10% Plus $200 per visit	Deductible/40% plus $300 copay
Outpatient Surgery	Deductible/10% plus $150	Deductible/40% plus $250
Emergency Care Copay	Deductible/10% plus $400 per visit $75 urgent care copay for Blue Choice providers	

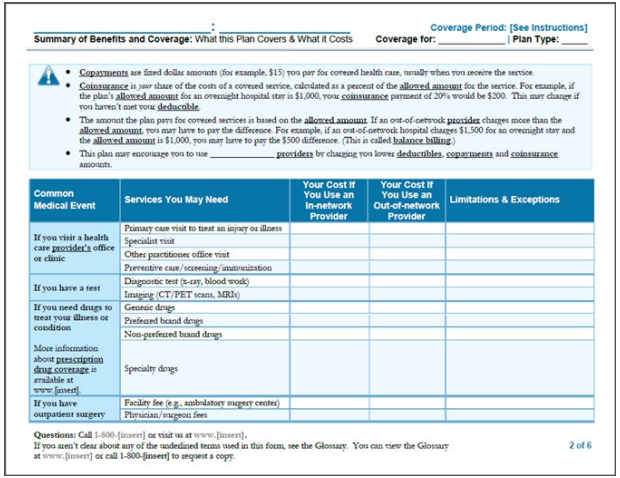
Blue Options Gold PPO Prescription Drug Copays

- Preferred Pharmacy Network includes Walgreens and Osco. Network Pharmacies can also be found on www.bcbsil.com under Member Services/Prescription Drug Plan Information.
- CVS and CVS Pharmacies at Target stores are not covered.

Category	Preferred Pharmacy Copay	Non Preferred Pharmacy Copay
Preferred Generic	$0	$10
Non Preferred Generic	$10	$20
Preferred Brand	$50	$70
Non Preferred Brand	$100	$120
Preferred Specialty	$150	
Non Preferred Specialty	$250	

Summary of Benefits and Coverage (SBC)

- The SBC is a highlight sheet required by the Affordable Care Act. It uses a government established template to show benefits for your medical plan. The purpose is to allow you to compare your plan to your spouse's plan side by side.
- The SBC for your plan is available from the business office.



_____: _____ Coverage Period: [See Instructions]

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** _____ | **Plan Type:** _____

- Copayments are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- Coinsurance is *your* share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is $1,000, your coinsurance payment of 20% would be $200. This may change if you haven't met your deductible.
- The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the allowed amount is $1,000, you may have to pay the $500 difference. (This is called balance billing.)
- This plan may encourage you to use _____ providers by charging you lower deductibles, copayments and coinsurance amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness			
	Specialist visit			
	Other practitioner office visit			
	Preventive care/screening/immunization			
If you have a test	Diagnostic test (x-ray, blood work)			
	Imaging (CT/PET scans, MRIs)			
If you need drugs to treat your illness or condition	Generic drugs			
	Preferred brand drugs			
	Non-preferred brand drugs			
More information about prescription drug coverage is available at www.[insert].	Specialty drugs			
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)			
	Physician/surgeon fees			

Questions: Call 1-800-[insert] or visit us at www.[insert].
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-[insert] to request a copy.

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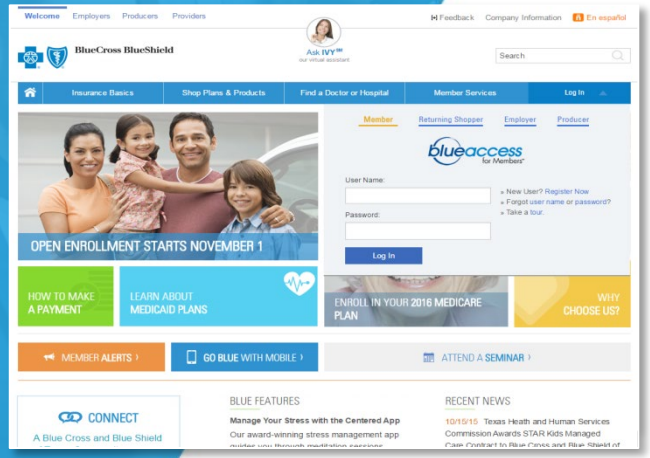
Health Reimbursement Account Option

- Do you or your spouse have access to other coverage?
- Employees and/or spouses who obtain health insurance through a non-district plan will be eligible to obtain a reimbursement through a Health Reimbursement Account (HRA)
- The district will reimburse $100 per month for a spouse who obtains their coverage through a non-district plan. The district will also reimburse $100 per month for an employee who obtains coverage through a non-district plan.
- Mid America will administer the plan. Funds must be used for premiums or qualified medical expenses and you will be required to provide supporting documentation.
- Most plans will not allow mid year changes so you may have to wait until your spouse has open enrollment to make a change.

Blue Access for Members



Save time with self-service support tools and health and wellness resources on a convenient and secure online site

- Check claims and claims history
- View, save or print Explanation of Benefits (EOBs)
- Sign up for electronic EOBs, and turn off paper
- View benefits and covered dependents
- Check coverage details and Rx benefit information
- Manage mobile and texting preferences
- Request new ID cards or print temporary ID cards
- Access health and wellness information and guides
- Get details on wellness, discounts, 24/7 Nurseline

… and more

Dental and Vision Plans

Dental and Vision Plan Information

- Dental Insurance is offered by Principal.
- The dental network is Principal Plan PPO. To find a dental provider, go to www.principal.com/dentist.
- Vision Insurance is offered by EyeMed.
- The vision network is the Select network. To find a vision provider, go to www.eyemed.com.

Principal®

eyeMed

Principal Dental– Benefits

Principal PPO	In-Network	Out-of-Network
Deductible - Individual Deductible – Family	$50 $150	
Preventive Services	100%, no deductible	80%
Basic Services	Deductible then 80%	Deductible then 60%
Major Services	Deductible then 50%	Deductible then 50%
Annual Plan Maximum	$1,500	
Orthodontia (Children only)	50%	50%
Orthodontia Lifetime Maximum	$1,000	

Deductibles and annual maximums are based on the calendar year

EyeMed Vision–Benefits

Select Network	In-Network	Out of network allowance
Frequency Limitations - Eye Exam - Lenses/Contacts - Frames	Once every 12 months	
Eye Exam	$10 copay	Up to $30 reimbursement
Lenses – Single, Bifocal or Trifocal	$10 copay	$25, $40 or $60 allowance depending on lens type
Frames	$130 Allowance	Up to $65 reimbursement
Contact Lenses	Up to $130 Reimbursement	Up to $104
Laser Vision Corrections	Discount Only	N/A

Life Insurance and Flexible Spending Accounts

Group Life/AD&D Insurance

- Life and AD&D insurance is provided through Kansas City Life, through National Insurance Services. All full time employees have $50,000 of life insurance. The district pays 100% of this premium.
- The plans do contain an age reduction formula and the policy is reduced at age 65.
- If you have had any changes in the past year, be sure to complete a new beneficiary form.

Flexible Spending Accounts - FSA

- Your Flexible Spending Account (FSA) program is administered by Mid America
- FSAs are payroll deducted pre-tax dollars set aside for qualified dependent care and health care expenses.
- You must re-enroll every year. The deadline for enrollment is May 21st.
- FSA's are "use it or lose it". If you do not use the funds prior to the end of plan year, you will forfeit the money.
- The plan year is June 1 to May 31st but the plan has a 2 ½ month grace period extension. Expenses must be incurred by August 14th and submitted by October 27th.

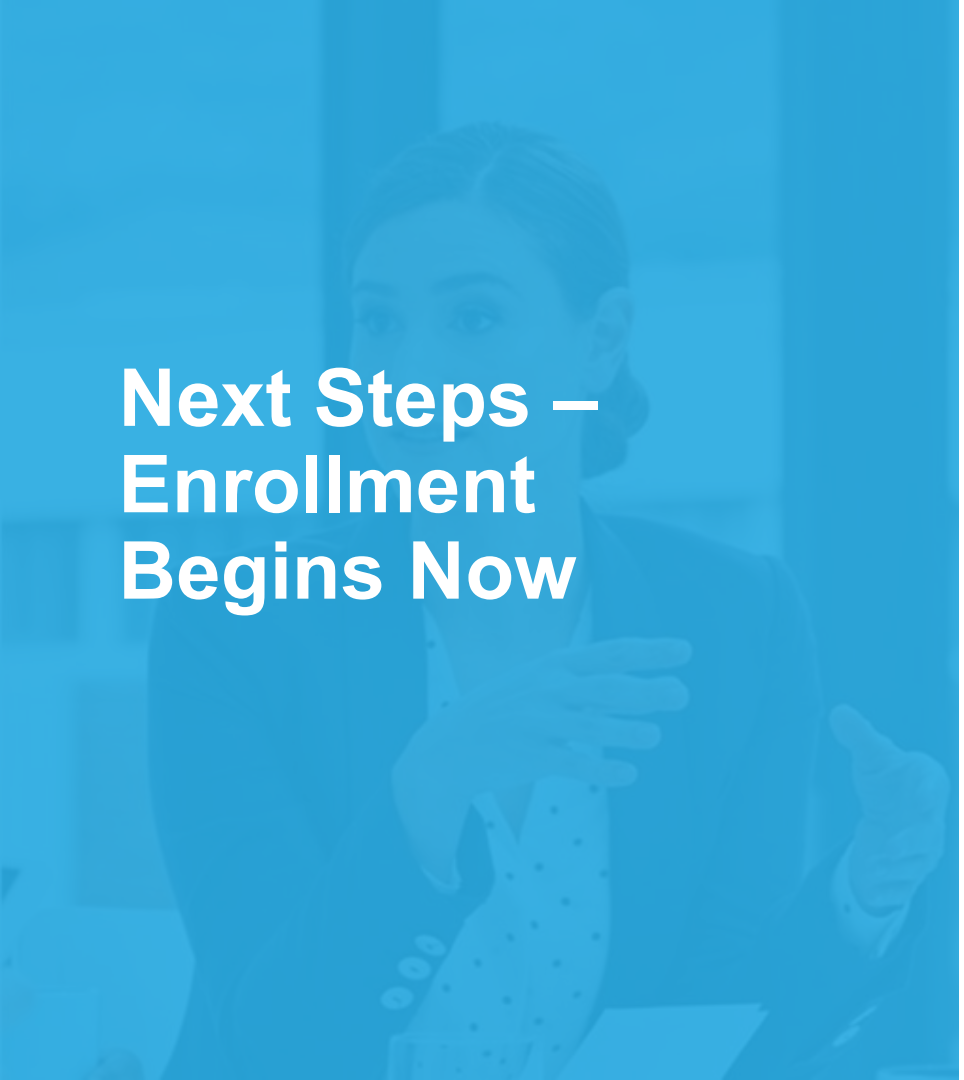
Flexible Spending Accounts - Healthcare

- Annual maximum contribution is $2,750
- Pays for qualified medical, dental and vision expenses
  - Deductibles and copays
  - Prescription drug co-payments
  - Dental, including braces
  - Glasses, contacts, lasik eye surgery
- Pays for services not paid for under the group health plan
- Full amount of your election is available at the beginning of the plan year.
- Debit card is available to access funds to pay for point of service purchases. Online claim submission is available reimbursement of out of pocket expenses

Flexible Spending Accounts – Dependent Care

- Annual maximum contribution is $5,000
- Pays for qualified day care expenses
  - Child daycare
  - Adult daycare services
  - Before and after school care
  - Summer camp (day camp only)
- Only the amount contributed is available for reimbursement
- Debit card is not available for dependent care.

Next Steps – Enrollment Begins Now



- All employees must complete the online enrollment process.
- Any election made during annual enrollment is binding for the year unless you have a change in status recognized by the IRS.
- Enrollment must be completed by Sunday, May 31st
- If you are making a plan change and wish to have your id card before June 1st, it is recommended you complete your enrollment as soon as possible.
- Call me or email me with questions
  - Amy Abell
    - 847-457-3099
    - Amy.abell@gcgfinancial.com