



Erikson Institute

Benefits Guide

2025 Full-Time Employees

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ELIGIBILITY

Who Is Eligible?

Erikson provides Health, Dental, Vision, Flexible Spending & Health Savings Accounts, a Commuter Savings Account, Term Life, Long Term Disability, Vision, and Voluntary Life to employees who are:

- Full-time employees regularly scheduled to work 30 hours per week.
- Part-time employees who are scheduled to work a minimum of 20 hours per week.

Employees' eligible dependents include:

- Your legal spouse, domestic partner, or your civil union partner
- Your dependent children to age 26
- Your unmarried dependent children of any age, if they depend on you for support due to a physical or mental disability (documentation required)

Note: If you do not enroll your dependents within thirty (30) days after you become eligible, you will not be able to enroll them until the next Open Enrollment unless you have a qualifying event in family status as defined by HIPAA.

Who Is Not Eligible?

- Seasonal, temporary employees and interns

When Does Coverage End?

Your Medical, Dental and Vision coverage will end:

- At the end of the month in which your employment ends

- When the group policy ends
- If you are no longer eligible under the plan
- Upon your death
- Retirement
- At the end of the month in which you enter the armed forces on a full-time basis

Note: Life and Long Term Disability coverage will end on midnight of your date of termination. Refer to carrier literature, summary plan descriptions, and master plan document for specific plan provisions, limitations, and exclusions.

Waiving Coverage

Life and long-term disability are benefits you will be automatically enrolled in as they are 100% paid for by Erikson. All other benefits are optional. If you decide that you have appropriate benefits from an alternate source, you may choose to waive coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, providing that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent because of marriage, birth, adoption, or place for adoption, you may be able to enroll yourself and your dependents, if you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

UNDERSTANDING YOUR BENEFITS - MEDICAL

Insurance Terms You Should Know

As you read through The Erikson Institute benefit guide, many insurance terms are used. Knowing the meaning of these terms will be helpful when choosing the benefits that are right for you and your family.

- **Deductible.** The dollar amount you pay for most services each calendar year before the plan will pay benefits. The plan will begin to pay benefits for any covered family member who satisfies the individual deductible. Once combined individual deductible amounts reach the full family level, the plan will pay benefits to all family members, even the members who have not satisfied the individual deductible.
- **Coinsurance.** The percentage of your medical costs you pay for many covered services. You will begin paying the coinsurance after you have met your deductible.
- **Copay.** The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.
- **Out-of-Pocket Limit.** The maximum share of expenses you must pay each calendar year before the plan begins to pay at 100%. The out-of-pocket limit includes your deductible and coinsurance.
- **Health Maintenance Organization (HMO).** Your care is coordinated by one doctor, or “Primary Care Physician (PCP),” who knows you, your health history, current issues and medication, lifestyle and how your family’s health history may affect your health. If you

need to see a specialist or behavioral health care provider, your PCP will refer you to one. Make sure the specialist or behavioral health care provider is in your network. Women don’t need a referral to see your in-network Woman’s Principal Health Care Provider (WPHCP).

- **Preferred Provider Option (PPO).** A network of doctors and health care facilities that have agreed to provide services to plan members at discounted rates.

For more information on identifying and navigating your provider network, please visit <https://www.bcbsil.com/find-care/where-you-go-matters/know-your-network>.

Please see the flyer in the appendix for information on taking advantage of preventive care services.

For medical care outside the United States, please view the flyer in the appendix on the Global Core program, and visit <https://www.bcbsil.com/find-care/providers-in-your-network/outside-us-providers>. Please note that HMO members can use the Global Core program only for emergency care.

UNDERSTANDING YOUR BENEFITS - PRESCRIPTIONS

Prescription Drug Terms You Should Know

To get the most out of your prescription drug benefits, it's important to understand the following terms:

- **Formulary.** A list of medicines that your pharmacy plan covers depending on your benefit. This list may change during the year. Review this list on <https://www.bcbsil.com/member> to check the tier your prescription falls into.
 - **Maintenance drug.** A prescription drug that treats chronic conditions (for example: diabetes, arthritis, high blood pressure, or heart disease).
 - **Prior Authorization.** Some drugs, such as acne antibiotics, steroids, erectile dysfunction drugs, and hepatitis C medications, require prior authorization. That means you or your doctor must
- contact the insurance company to request approval before the drug is covered under the plan.
- **Step Therapy.** Some medications, often newer brand-name drugs, are subject to “step therapy”. It means you may have to try a more common, better-known drug to treat your condition before you can “step up” to a newer, more expensive drug.
 - **No-Cost Contraceptives.** Certain contraceptives for women have no member cost-share under the medical plans, as required by the Affordable Care Act. Go to <https://www.bcbsil.com/member> for a list of covered contraceptives.

MEDICAL PLANS



BlueCross BlueShield
of Illinois

Erikson Institute offers six medical plan options through BlueCross BlueShield of Illinois. The options are the same as 2024, with adjustments to the HDHP – Classic. The charts on the following pages summarize the medical benefits and employee contributions, which have changed for 2025. The following summarizes some major health insurance plan concepts.

Health Maintenance Organization (HMO)

An HMO is designed to keep costs low and predictable. An HMO restricts services to in-network providers only. Your care is managed by a Primary Care Provider (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Preferred Provider Organization (PPO)

A PPO plan is designed to provide access to a wider range of providers, while continuing to manage costs. A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist, or hospital without a referral. Once the deductible is met, coinsurance applies (the cost share between you and the carrier). Medical services that accumulate towards your deductible include inpatient hospital stays, outpatient surgeries, labs tests and imaging. If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific

services. Copays do not accumulate towards your deductible, but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

An HDHP is designed to reduce premium costs, while saving for higher out-of-pocket expenses through an HSA. These medical plan options are comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, except for preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account, and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them. See additional HSA info on page 12.

MEDICAL PLAN OPTIONS - SUMMARY

Choice of Plan Option		HMO In-Network Only	PPO – Classic	PPO – Value	PPO – Select	HDHP – Classic	HDHP – Value
Plan Number		NHHB163	NPP83333	MPPC3826	MIBCS2120	MPEQ1Z0724	MIEEE3083
Network		Blue Advantage HMO	PPO	PPO	Blue Choice Select	PPO	PPO
Deductible							
In-Network	Individual	\$0	\$1,000	\$2,500	\$2,500	\$3,300	\$6,000
	Family	\$0	\$3,000	\$7,500	\$7,500	\$6,600	\$12,000
Out-of-Network	Individual	Not Covered	\$2,000	\$5,000	\$5,000	\$5,200	\$12,000
	Family	Not Covered	\$6,000	\$15,000	\$15,000	\$10,400	\$24,000
Coinsurance							
In-Network		100%	80%	80%	80%	100%	100%
Out-of-Network		Not Covered	60%	60%	50%	80%	100%
Out-of-Pocket Limit							
In-Network	Individual	\$1,500	\$2,000	\$4,500	\$4,500	\$3,300	\$6,000
	Family	\$3,000	\$6,000	\$10,200	\$12,000	\$6,600	\$12,000
Out-of-Network	Individual	Not Covered	\$4,000	\$9,000	\$13,500	\$10,400	\$12,000
	Family	Not Covered	\$12,000	\$20,400	\$36,000	\$20,800	\$24,000
Office Visits							
Physician Office Visit		\$30 copay	\$30 copay	\$20 copay	\$30 copay	Deductible	Deductible
Specialist Office Visit		\$50 copay	\$50 copay	\$40 copay	\$30 copay	Deductible	Deductible
Preventive Care		No Charge - In-Network Only: Includes routine physical exams, well-child care, women's preventive health service, and routine diagnostic tests.					
Other Services							
Hospital Admission Deductible/Copayment	In-Network	N/A	N/A	N/A	N/A	N/A	N/A
	Out-of-Network	N/A	\$300	\$300	\$300	\$300	N/A
Inpatient Hospital Services	In-Network	No Charge	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible
	Out-of-Network	Not Covered					
Outpatient Services & Surgery	In-Network	No Charge	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible
	Out-of-Network	Not Covered					
Emergency Room		\$150 copay	\$150 copay	\$150 copay	\$200 copay	Deductible	Deductible
Urgent Care	In-Network	No Charge at affiliated medical group or Referral required	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible & coinsurance	Deductible
	Out-of-Network						
Pharmacy - Preferred Pharmacy Copayments Shown – Higher Cost-Sharing Applies at Non-Preferred Pharmacies							
Retail (up to 30 day supply) / Home Delivery (up to 90 day supply)	Generic - Preferred	\$15 / \$30	\$15 / \$30	\$10 / \$20	\$0 / \$0	Deductible & coinsurance	Deductible
	Generic – Non-Preferred				\$10 / \$30		
	Brand - Preferred	\$30 / \$60	\$30 / \$60	\$40 / \$80	\$50 / \$150		
	Brand – Non-Preferred	\$50 / \$100	\$50 / \$100	\$60 / \$120	\$100 / \$300		
	Specialty - Preferred	Covered	Covered	Covered	\$150 / N/A		
Specialty – Non-Preferred	\$250 / N/A						
Prescription: Out-of-Pocket Maximum Individual / Family		\$1,000 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000	N/A	N/A	N/A

MEDICAL PLAN OPTIONS - PREMIUMS

Choice of Plan Option	HMO In-Network Only	PPO – Classic	PPO – Value	PPO – Select	HDHP – Classic	HDHP – Value
Plan Number	NHHB163	NPP83333	MPPC3826	MIBCS2120	MPEQ1Z0725	MIEEE3083
Employee Contribution Per Pay Period (Semi-Monthly)						
Employee	\$61.50	\$171.00	\$146.00	\$44.50	\$114.50	\$27.50
Employee + Spouse/Domestic Partner	\$209.00	\$441.00	\$387.50	\$172.00	\$321.00	\$136.00
Employee + Child(ren)	\$168.50	\$359.00	\$315.50	\$139.00	\$260.50	\$109.00
Family	\$320.50	\$634.00	\$562.00	\$271.50	\$472.00	\$222.50
Employee Contribution – Annual						
Employee	\$1,476.00	\$4,104.00	\$3,504.00	\$1,068.00	\$2,748.00	\$660.00
Employee + Spouse/Domestic Partner	\$5,016.00	\$10,584.00	\$9,300.00	\$4,128.00	\$7,704.00	\$3,264.00
Employee + Child(ren)	\$4,044.00	\$8,616.00	\$7,572.00	\$3,336.00	\$6,252.00	\$2,616.00
Family	\$7,692.00	\$15,216.00	\$13,488.00	\$6,516.00	\$11,328.00	\$5,340.00

BLUE CROSS VALUE ADDED SERVICES

For simply being enrolled in a medical plan through BlueCross BlueShield, you have several benefits available to you.

BlueAccess for Members: bcbsil.com

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more. *See flyer in appendix.*

BlueAccess Mobile™

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access. *See flyer in appendix.*

Virtual Visits—MDLIVE (PPO/HSA Only)

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to MDLIVE.com/bcbsil or call 888.676.4204 today to find out additional info on this awesome benefit. *See flyer in appendix.*

24/7 Nurseline: 800.299.0274 (PPO/HSA Members Only)

General health info and guidance for specific conditions from fevers to bee stings, from a registered nurse.

Maternity Care Program: 888.421.7781

Personalized support provided by obstetrical nurses.

Mail Order Prescriptions: 800.423.1973

Through BCBS and Walgreens you can have your prescriptions mailed directly to you.

Blue365 Discounts

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via www.bcbsil.com. Once logged in, go to the My Coverage tab and click on Discounts found under Member Advantages. *See flyer in appendix.*

Well onTarget Member Wellness Program

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

Weight-Loss Program

Wondr is a weight-loss program to help you lose weight, sleep better, and stress less. *See flyer in appendix.*

Specific Condition Management

BCBS has several programs to help manage specific conditions, such as diabetes, hypertension, and musculoskeletal conditions. These are by available by invitation, based on claims and plan option.

Value-added services are provided at no additional cost and are subject to change. Availability may be based on plan choice and medical conditions.

DENTAL INSURANCE



Erikson Institute offers 3 dental insurance plan options through Guardian, covering a range of dental services for you and your dependents, from cleanings to orthodontia. The two PPO options provide access to a wide range of providers, while the Dental HMO (DHMO) is designed to reduce costs through use of a smaller provider network. When seeking treatment beyond preventive care, it is recommended that you work with your dentist to seek insurance approval, to better understand what your out-of-pocket costs will be.

Choice of Plan Option	DHMO Plan In-Network / Out-of- Network	PPO Low Plan In-Network / Out-of- Network	PPO High Plan In-Network / Out-of- Network
Network Name	FCW IL	DentalGuard Preferred	DentalGuard Preferred
Individual Deductible (Family = 3x)	None	\$50 / \$50	\$25 / \$50
Office Visit Copay	\$5	None	None
Preventive Coinsurance (Annual cleanings (2 per year); X-rays (1 per year); Fluoride treatments (2 per year); etc.)	Fee Schedule	100% / 100%	100% / 100%
Basic Coinsurance (Fillings; Simple Extractions; etc.)	Fee Schedule	90% / 80%	100% / 80%
Major Coinsurance (Endodontics; Periodontics; Root Canals; Dentures/bridges/partials; Crowns; etc.)	Fee Schedule	60% / 50%	60% / 50%
Annual Plan Maximum	Unlimited	\$1,500	\$2,500
Orthodontia Coinsurance	Fee Schedule	50%	50%
Orthodontia Lifetime Maximum	Fee Schedule	\$1,500	\$1,500
Usual & Customary	Fee Schedule	Fee Schedule / UCR 90%	Fee Schedule / UCR 90%
Employee Contribution Per Pay Period (Semi-Monthly)			
Employee	\$2.20	\$8.82	\$12.94
Employee + 1 Dependent	\$6.32	\$26.57	\$35.68
Family	\$9.65	\$46.15	\$60.38
Employee Contribution - Annual			
Employee	\$52.80	\$211.78	\$310.56
Employee + 1 Dependent	\$151.56	\$637.79	\$856.32
Family	\$231.60	\$1,107.54	\$1,449.12

VISION INSURANCE



Erikson Institute offers a dental plan through VSP Vision Care. Whether you and your dependents wear contact lenses or glasses, this plan will reduce your out-of-pocket costs for exams and materials. Out-of-network coverage is included, but your costs will be lower when using VSPs large provider network.

Vision Plan Details	Frequency	In-Network	Out-of-Network
Network	VSP Choice		
Eye Exam	Every calendar year	\$10 copay	Up to \$45
Materials Copay	Every calendar year	\$25 copay	See Certificate
Frames	Every other calendar year	\$130 Allowance	Up to \$70
Elective Contact Lenses	Every calendar year	\$150 allowance	Up to \$105
Employee Contribution	Per Pay Period (Semi-Monthly)		Annual
Employee	\$3.49		\$83.76
Employee + Spouse/Domestic Partner	\$5.59		\$134.04
Employee + Child(ren)	\$5.71		\$136.92
Family	\$9.20		\$220.68

FLEXIBLE SPENDING/HEALTH SAVINGS ACCOUNTS

HealthEquity®

An FSA allows you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and not paying taxes when the money is used for qualified expenses. Erikson Institute's FSA program is administered by HealthEquity.

Health Care FSA: You may contribute up to \$3,300 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eyeglasses and contact lenses, Lasik eye surgery and much more. For a list of qualified health care expenses go to <https://www.irs.gov/publications/p502/index.html>.

Dependent Care FSA: You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account

are saved on a pre-tax-basis. Qualified eligible dependents are those under the age of 13.

FSAs do have a use-it-or-lose-it provision, so be conservative when choosing how much to contribute. You are eligible to rollover up to \$640 to the next year for immediate use (excludes Dependent Care FSA).

HEALTH SAVINGS ACCOUNTS (HSA)

An HSA is similar to an FSA and also allows you to save money on a pre-tax basis to pay for qualified medical expenses you may incur throughout the year. The money you put into your HSA is also done so on a pre-tax basis. This means you are lowering your taxable income and not paying taxes when the money is used for qualified expenses. You must be enrolled in a high-deductible health insurance plan. HSA funds do not expire and may be rolled over to subsequent years, also, you may not use the funds until they are deducted from your paycheck.

2025 limits

- Individual = \$4,300
- Family = \$8,550
- Catch-Up (55 and over) = \$1,000

PRE-TAX COMMUTER BENEFIT

The commuter benefit (also known as the transit or parking benefit) allows employees to set aside pre-tax funds for qualified mass transit and parking expenses associated with the employee's commute to and from work. The funds are deducted from the employee's paycheck on a pre-tax basis, reducing the employee's taxable income.

How much pre-tax salary can be used?

Employees may contribute up to \$325/month towards their transit and/or parking without paying income tax on this salary. The maximum amount an employee may contribute is a total of \$325 for transit and \$325 for parking for a grand total of \$650/month.

How does this save money?

Employees do not pay income tax on the amount they have deducted from their salary for their transit or parking expenses. The deductions are made on a pre-tax basis and therefore lowers your taxable wages.

What commuting costs are covered?

- Transit:
 - CTA/Ventra Train
 - CTA/Ventra Bus
 - Metra
 - Pace
 - Rideshare (i.e., Uber Pool, Lyft Shared)
- Parking – monthly, daily, or hourly (i.e., Spot Hero)

LIFE AND DISABILITY INSURANCE



Erikson Institute provides life insurance to pay designated beneficiaries, upon an employee's death while covered by the plan.

Long-term disability insurance covers a portion of income if you become unable to work due to illness or injury unrelated to work.

Erikson provides and pays 100% of the premiums for life and long-term disability insurance. All eligible full-time employees are automatically enrolled in the coverage. You purchase additional life insurance at your own expense.

- **Life** = Annual Salary, subject to policy terms and conditions
- **Long-Term-Disability** = 60% of your monthly salary up to a limit of \$5,000/month, subject to policy terms and conditions

RETIREMENT

All full-time employees are eligible to participate in Erikson's matching retirement contributions effective on the first day of the month following 30-days of full-time employment. Employees will be auto-enrolled in Erikson's matching plan @ 2% of their gross wages if they make no selection during their first 30-days.

Erikson matches ALL contributions (pre-tax or ROTH) at 100% up to a maximum of 7% of gross wages not to exceed the federal annual limit of \$23,500. If you are 50 or older, you may contribute an additional \$7,500 as a "catch-up" contribution, bringing your contribution total to \$31,000. In addition, there is a special catch-up contribution allowed. If you're 60 to 63, the "catch-up contribution" expands to \$11,250 in 2025.

Erikson's retirement plan provider is TIAA: <https://www.tiaa.org/public/tcm/erikson>

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Erikson provides access to an Employee Assistance Program at no-cost. This service provides:

- Mental Health Counseling
- Legal and Financial Resources
- Work/Life Resources
- Life Coaching
- Medical Advocacy
- Personal Assistant

To Contact:

- Call: 800-292-2780
- Register on portal:
 - <https://www.mylifeexpert.com/login>
 - Code: Erikson

CARRIER CONTACTS

Please refer to your respective ID card and/or certificate for contact information specific to each benefit. General contact information is outlined below:

Benefit	Carrier	Phone	Website
Health Insurance	BlueCross BlueShield of Illinois	See ID Card	www.bcbsil.com
Virtual Care	MDLive	Activate Online	members.mdlive.com/bcbsil
Blue Cross: <u>Provider Finder</u>	BlueCross BlueShield of Illinois		https://my.providerfinderonline.com
Blue Cross: Member Login	BlueCross BlueShield of Illinois		www.bcbsil.com/employee
Dental Insurance	Guardian	800-541-7846	www.guardianlife.com
Vision Insurance	VSP Vision Care	800.877.7195	www.vsp.com
Life Insurance	Lincoln	877.275.5462	www.lincolnfinancial.com
Disability Insurance			
Employee Assistance Program (EAP)	My Life Expert	800-292-2780	www.mylifeexpert.com
Flexible Spending Account (FSA)	HealthEquity	877-924-3967	www.healthequity.com



BlueCross BlueShield
of Illinois

Your Health Your Way

**Register for Blue Access for MembersSM
to get 24/7 access to your benefits
information.**



**Once registered, use BAMSM to help you get
the most from your benefits.**

- Find in-network doctors and hospitals.
- View, print or download your member ID card.
- Review your benefits and dependent* coverage.

**You can do all this and more, simply and securely
on BAM.**

Let's get started



1. Scan the QR code or go to **mybam.bcbsil.com**.
2. Log in or sign up using your member ID card to complete your registration.



Access the Information That Matters to You

- Review claims summaries or download an Explanation of Benefits.
- See benefit highlights for your medical, dental and pharmacy plans.
- Keep track of your deductible and out-of-pocket expenses.
- Find in-network doctors, hospitals and other health care providers.
- Get preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
- View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.



Stay Connected Wherever You Are

On the go? No problem. Log in to BAM from your mobile device to keep your benefits at your fingertips.

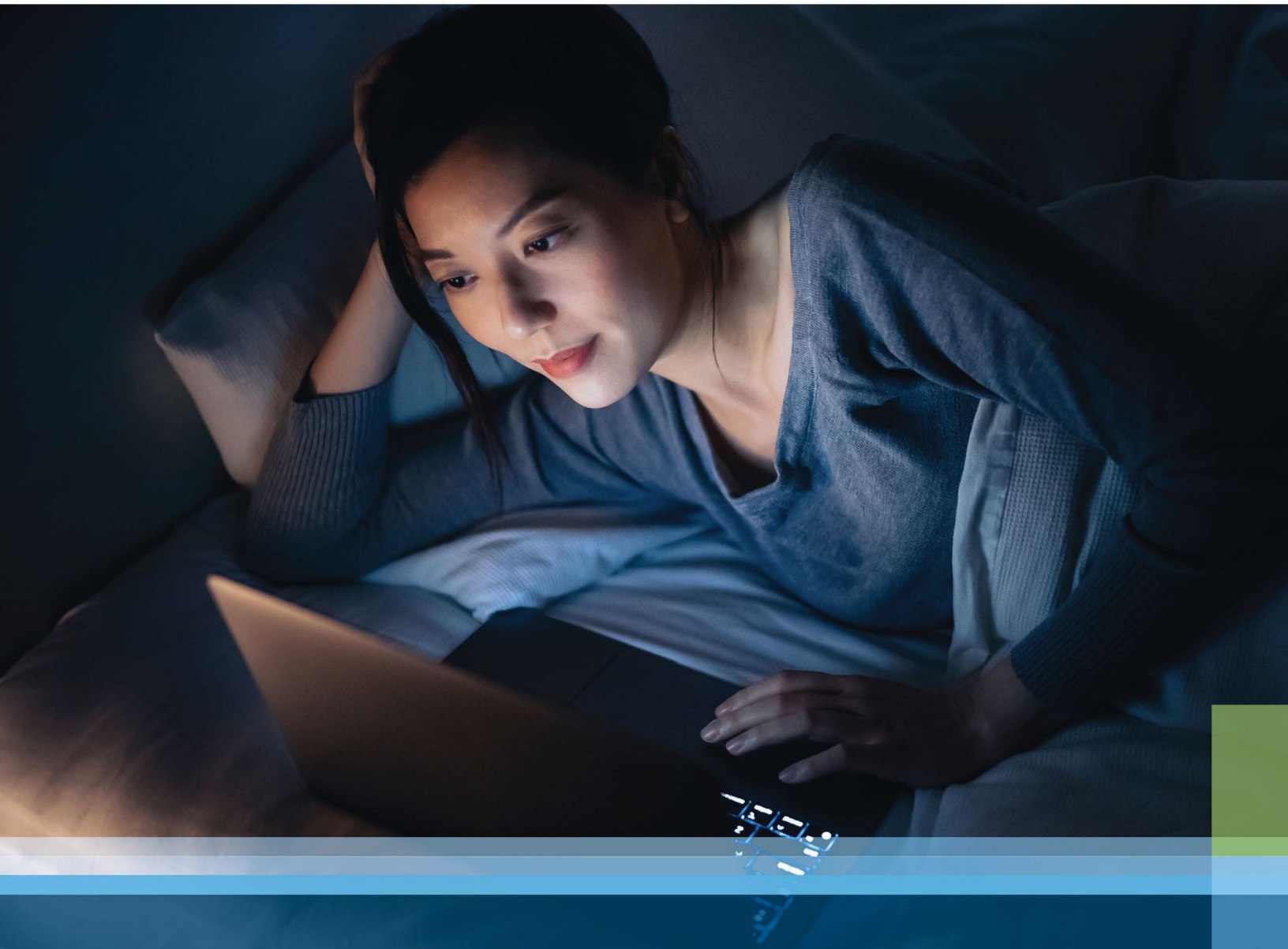
*Covered dependents who are at least 18 can create their own BAM accounts.

This material is only for illustration purposes. Your group's coverage types and benefits may be different.

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BlueCross BlueShield of Illinois



Virtual Visits: Get Cost-Effective, 24/7 Care

With Virtual Visits from MDLIVE[®], the doctor is always in. This Blue Cross and Blue Shield of Illinois (BCBSIL) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

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

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

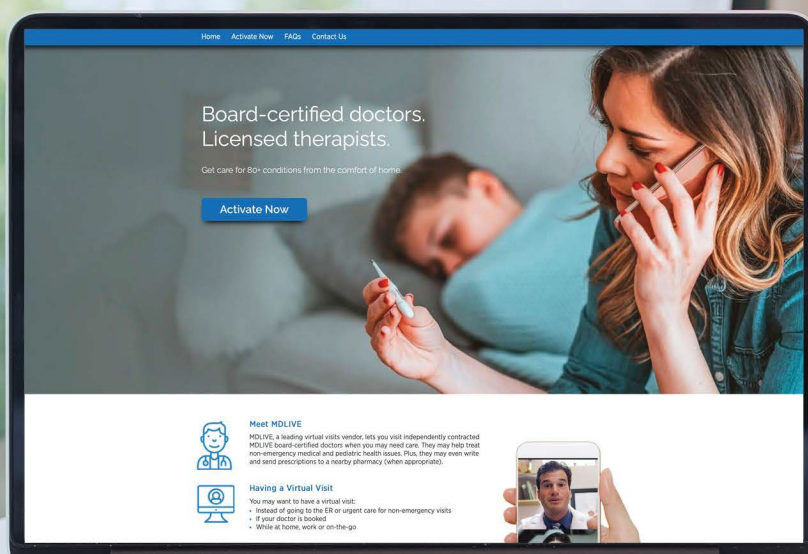
Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

Activate your Virtual Visits account today:

- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

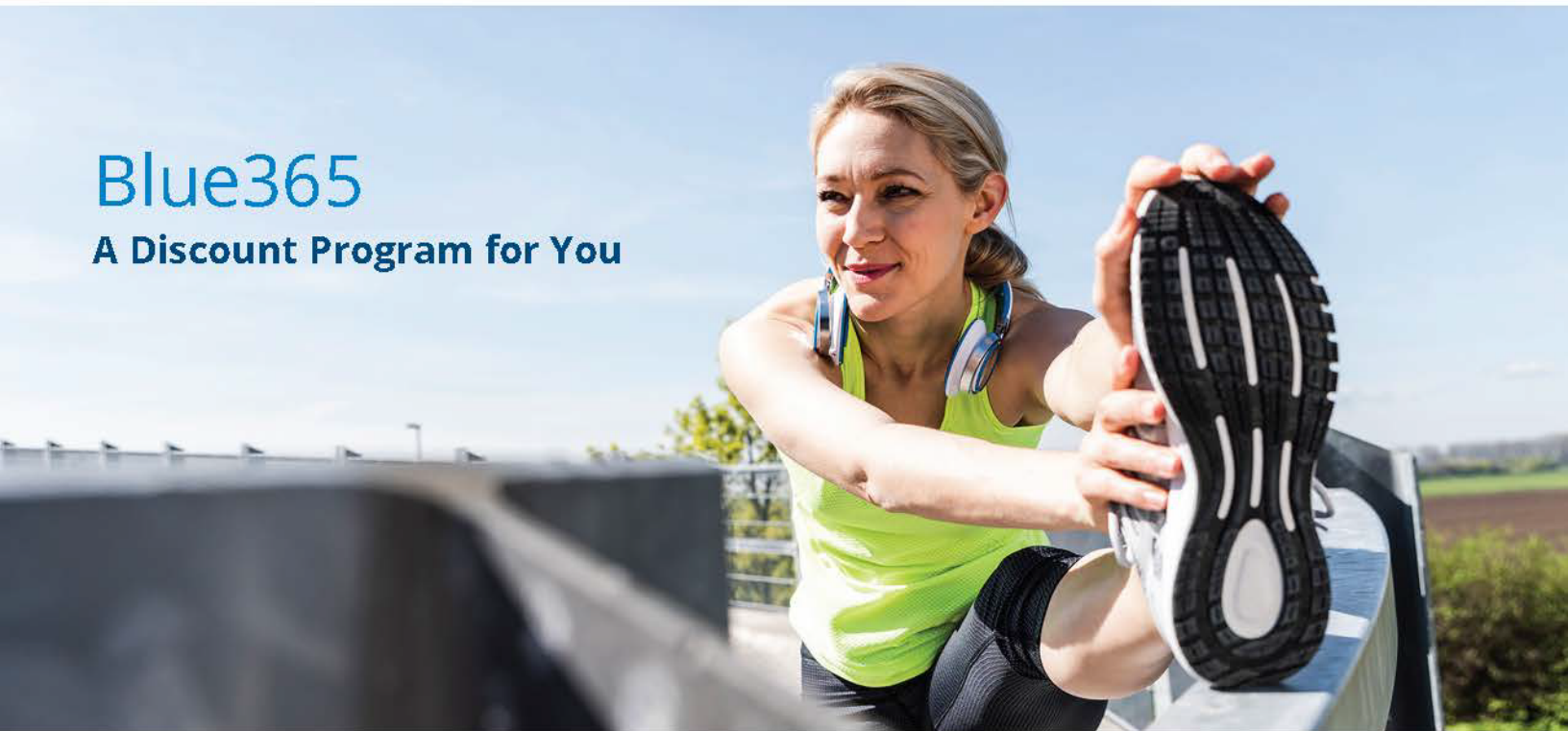
MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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.



Blue365

A Discount Program for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.



Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

**For more great deals or to
learn more about Blue365,
visit blue365deals.com/bcsil.**

The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 sign-up and \$6 monthly fee.

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice.

Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.

Go to wondrhealth.com/BCBSIL



What is Wondr?

No points, plans, or counting calories

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

LET'S TALK RESULTS

In as little as 10 weeks:



84%



LOST WEIGHT

62%



FEEL MORE CONFIDENT

61%



HAVE MORE ENERGY

68%



ARE MORE PHYSICALLY ACTIVE

85%



FEEL MORE IN CONTROL OF THEIR WEIGHT

57%



FEEL THEIR MOOD HAS IMPROVED

*Based on Wondr Health Book of Business

What to expect



Learn more or apply at wondrhealth.com/BCBSIL.

Application period not open yet? Join our waitlist.



You'll receive a Welcome Kit to kick off the program after your application's been accepted.



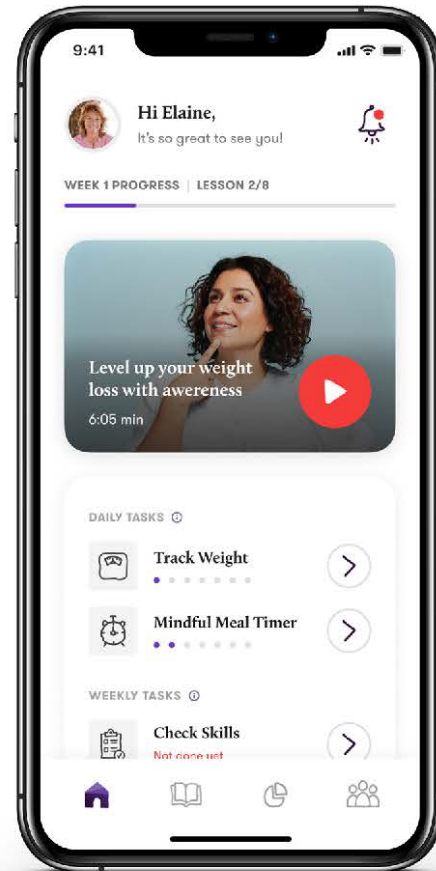
Sign in online or on our mobile app (available on App Store and Google Play) to access weekly video lessons and our mindful eating tools.



Watch our weekly master classes. On your start date, you can sign in to view your Week 1 videos and start your journey to better overall health.



Learn life-changing skills during the program's first phase—WondrSkills™, then move to the skill reinforcement phase—WondrUp™, and keep the momentum going in the skill maintenance phase—WondrLast™.



Questions? Visit support.wondrhealth.com.



"I love the whole idea of the psychology of things. I like to look in the why's and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food."

—Brad M.
WONDR PARTICIPANT

LOST
70 lbs

GAINED
Confidence



Take Advantage of Preventive Services



Your family's track to better health begins with a single step

Preventive check-ups and screenings can help find illnesses and medical problems early and improve the health of you and everyone in your family.

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. This is true even if you haven't met your deductible.

Some examples of preventive care services covered by your plan include general wellness exams each year,

recommended vaccines, and screenings for things like diabetes, cancer or depression. Preventive services are provided for women, men and children of all ages.

For more details on what preventive services are covered at no cost to you, refer to the back of this flier for a listing of services, or see your benefits materials.

Learn more on immunization recommendations and schedules by visiting the Centers for Disease Control and Prevention website at www.cdc.gov/vaccines.



FOR ADULTS

Annual preventive medical history and physical exam



SCREENINGS FOR

- Abdominal aortic aneurysm
- Alcohol abuse and tobacco use
- Anxiety
- Breast cancer screening, breast cancer prevention medication, genetic testing and counseling
- Cardiovascular disease (CVD) including cholesterol screening and statin use for the prevention of CVD
- Certain contraceptives and medical devices, morning after pill, and sterilization to prevent pregnancy*
- Cervical cancer screening
- Colorectal and lung cancer
- Depression
- Falls prevention
- High blood pressure, obesity, prediabetes and diabetes
- Human papillomavirus (HPV) DNA test
- Osteoporosis screening
- PrEP medication use for the prevention of HIV including baseline and monitoring services
- Sexually transmitted infections, Chlamydia, gonorrhea, syphilis, HIV, HPV and hepatitis B
- Tuberculosis

COUNSELING FOR

- Alcohol and drug misuse
- Domestic violence
- Healthy diet and physical activity counseling for adults who are overweight or obese and have additional cardiovascular disease risk factors
- Obesity
- Sexually transmitted infections
- Skin cancer prevention
- Tobacco use, including certain medicine to stop
- Urinary incontinence screening

CERTAIN VACCINES

Learn more on immunization recommendations and schedules by visiting: www.cdc.gov/vaccines



- COVID-19
- Diphtheria, Pertussis ("Whooping Cough"), Tetanus
- Haemophilus Influenzae Type B (Hib)
- Hepatitis A and B
- Human Papillomavirus (HPV)
- Inactivated Poliovirus (Polio)

- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningitis
- Pneumococcal
- Rotavirus
- Respiratory Syncytial Virus (RSV)**
- Varicella (Chicken Pox)
- Zoster (Herpes, Shingles)

PREGNANCY



- Aspirin for preeclampsia prevention
- Breastfeeding support, supplies and counseling
- Counseling for alcohol and tobacco use during pregnancy
- Counseling for healthy weight gain during pregnancy
- Diabetes screening after pregnancy
- Folic acid supplementation during pregnancy
- Screenings related to pregnancy, including screenings for anemia, gestational diabetes, bacteriuria, Rh(D) compatibility, preeclampsia and perinatal depression

FOR CHILDREN

Annual preventive medical history and physical exam



SCREENINGS FOR

- Anxiety
- Autism
- Cervical dysplasia
- Critical congenital heart defect screening for newborns
- Depression
- Developmental delays
- Dyslipidemia (for children at higher risk)
- Hearing loss, hypothyroidism, sickle cell disease and phenylketonuria (PKU) in newborns
- Hematocrit or hemoglobin
- Lead poisoning
- Obesity
- Sexually transmitted infections and HIV
- Tuberculosis
- Vision screening

ASSESSMENTS AND COUNSELING

- Alcohol and drug use assessment for adolescents
- Obesity counseling
- Oral health risk assessment, dental caries prevention fluoride varnish and oral fluoride supplements
- Skin cancer prevention counseling
- Tobacco cessation

* Members may have additional reproductive health benefits per Illinois law not represented within this list.

** The RSV vaccine for adults 60+ and the vaccine for infants/children are different vaccines and may be covered differently depending on the plan.

¹ Non-grandfathered health plans are required by the Affordable Care Act to provide coverage for preventive care services without cost-sharing only when the member uses a network provider. You may have to pay all or part of the cost of preventive care if your health plan is grandfathered. To find out if your plan is grandfathered or non-grandfathered, call the Customer Service number listed on your member ID card.



BlueCross BlueShield of Illinois

Blue Cross Blue Shield Global[®] Core

You're Never Far from Health Care Services —
Even When You're Far from Home

Like your passport, always carry your Blue Cross and Blue Shield of Illinois (BCBSIL) ID card with you when you travel or live abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors, hospitals and other health services in nearly 200 countries and territories around the world.

How Blue Cross Blue Shield Global Core Works

To take advantage of the Blue Cross Blue Shield Global Core program, review this information:

- Before you leave home, contact BCBSIL for coverage details. Your coverage outside the United States may be different.
- Always carry your BCBSIL ID card.
- In an emergency, go directly to the nearest hospital.
- The Blue Cross Blue Shield Global Core Service center is available 24 hours a day, seven days a week toll free at **800-810-BLUE (2583)** or by calling collect at **804-673-1177**.

Blue Cross Blue Shield Global Core is there if you need medical care in a foreign country.

Call the Service Center in these situations:

- **You need to locate a doctor or hospital or need medical services.** An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospital stay.
- **You need inpatient care.** After calling the Service Center, you should also call BCBSIL Customer Service for precertification or pre-approval. You can find the telephone number on the back of your ID card. This number is different than the Blue Cross Blue Shield Global Core Service Center number shown here.



Payment Information

- **For participating Blue Cross Blue Shield Global Core hospitals** — In most cases, you should not need to pay up front for inpatient care at participating hospitals except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). The hospital should submit the claim on your behalf.
- **For doctors and/or non-participating hospitals** — You will need to pay up front for services. Then you can complete a Blue Cross Blue Shield Global Core international claim form and send it with the bill(s) to the Blue Cross Blue Shield Global Core Service Center at the address on the form. You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your Blue Cross Blue Shield company or online at bcbsglobalcore.com.

Claim Filing

- **The hospital will file your claim** if the Blue Cross Blue Shield Global Core Service Center arranged your hospital stay. You will need to pay the hospital for the usual out-of-pocket expenses.
- **You must file the claim** for outpatient and doctor care or inpatient care not arranged through the Blue Cross Blue Shield Global Core Service Center. You will need to pay the health care provider and submit an international claim form with the original bill(s).

Claim Forms

International claim forms are available from BCBSIL, the Service Center or bcbsglobalcore.com.

Remember to take this information with you when you travel or live outside the U.S.

**Blue Cross Blue Shield
Global Core Service Center**

Toll free: 800-810-2583

Collect: 804-673-1177