



7/1/2021 Open Enrollment Meeting

**Get to know
your benefits.**

2021 Open Enrollment



Open Enrollment begins **June 1, 2021** and ends **July 23, 2021**



All changes are effective ***August 1, 2021 – July 30, 2022***



Whether you are staying with your current plan, changing plans or if you do not want insurance coverage through SHSD #151, you must review and complete the survey form, which will be sent by Carole Zuleger. The survey form must be completed by July 31st, 2021.

VistaNational Team



CARISSA LORENZ

Account Manager

As the first point of contact, Carissa will assist your employees with questions on plan benefits, how to obtain an ID card through carrier portals as well as with any other general questions they may have.

Direct Phone # - (630) 468-6534

[*lorenz@vistanational.com*](mailto:lorenz@vistanational.com)

KATIE MULCAHY

Claims Specialist

Katie will assist employees (or dependents over age 18) in analyzing & resolution of claim issues. As their advocate, she will work directly with carriers & providers, delivering the outcome to them directly.

Direct Phone # (630) 468-6509

Direct Fax # (630) 468-6559

[*mulcahyk@vistanational.com*](mailto:mulcahyk@vistanational.com)

CINDY BIEROVIC

Senior Account Executive

Cindy would be involved with any high-level account functions including renewals, open enrollment meetings, and any escalated issues.

Direct Phone # (630) 468-6524

[*bierovicc@vistanational.com*](mailto:bierovicc@vistanational.com)

DID YOU KNOW YOU HAVE A CONCIERGE SERVICE TO HELP WITH YOUR INSURANCE CLAIMS?

VistaNational's Concierge Service with the VISTA-MD CLAIM HELPER™ APP provides expert claims assistance when you need it!



VistaNational Insurance Group provides the ultimate convenience as a value-add to those having group benefits with Vista. Our Concierge Service can help you resolve medical, dental, disability, vision or other benefit claim issues. One call and Vista is on the case, investigating your claim, managing benefits, preparing paperwork, and advocating on your behalf to get resolution.

Call Vista When You Have A Claim Issue

We'll Help You Get Resolution

Our Concierge Service will:

- Break through bureaucracy
- Advocate for you on claims issues
- Act as your personal concierge

*Why Spend Time On The Phone, On Hold, Tracking Down Information, Doing Paperwork...
Vista's Concierge Service Does It For You!*



How It Works

Vista-MD Claim Helper is easy:

- 1 Download the free Vista-MD Claim Helper app from the Apple® iOS or Android™ app store
- 2 Create an account
- 3 Provide a brief description of the claim issue
- 4 Take a picture of the claim document(s) using the app
- 5 Submit your claim request securely
- 6 Await one of our representatives to call you within 48 business hours

Once submitted, the Vista Concierge Service team is on the case, dealing with carrier claims, preparing any required paperwork and actively advocating resolution.

VISTA-MD CLAIM HELPER™ APP

Fast And Easy Mobile Access

VistaNational offers the VISTA-MD CLAIM HELPER™ APP to make contacting our Concierge Service fast and easy. Now you can start getting help with your insurance claims in minutes with convenient mobile access!





**Get to know
your benefits.**

Medical



**BlueCross.
BlueShield.**

2021 Medical Plan Options

- 1 **Blue Print PPO**
- 2 **Blue Advantage HMO**



Why Blue Cross and Blue Shield of Illinois?



**More Doctors
and Hospitals**



**Coverage
Everywhere You Go**



**Personalized
Customer Service**



**Health and
Wellness Programs**



**Tools and
Resources**



**Digital
Capabilities**

3 Easy Ways to Find a Network Provider

1

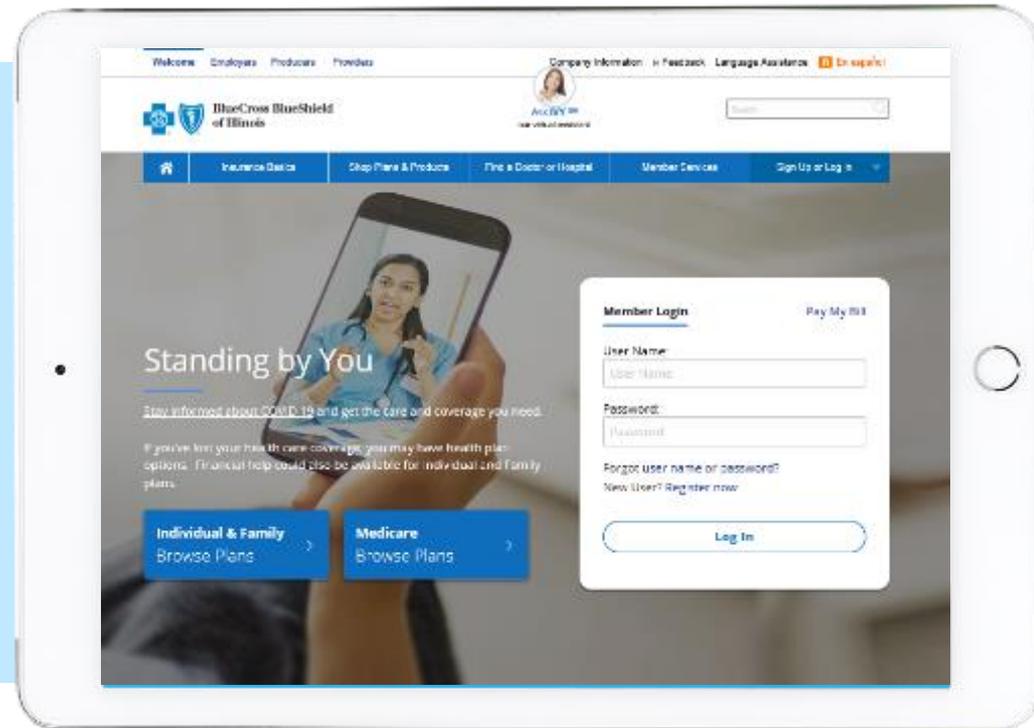
Look for the “Provider Finder” button on bcbsil.com®

2

Call the number on your health plan ID card

3

Search using the BCBSIL mobile app



Your Plan Choices



PLAN TYPE	BLUE PRINT PPO	
NETWORK	PPO	OUT-OF-NETWORK
DEDUCTIBLE (INDIVIDUAL / FAMILY)	\$200 / \$600	\$500 / \$1,500
COINSURANCE (COINS)	90%	70%
OUT-OF-POCKET (INDIVIDUAL / FAMILY)	\$500 / \$1,500	\$1,500 / \$4,500
PRIMARY CARE OFFICE VISIT	\$10 COPAY	DED / COINS
SPECIALIST OFFICE VISIT	\$30 COPAY	DED / COINS
URGENT CARE	DED / COINS	DED / COINS
PRESCRIPTION DRUGS	\$10 / \$20 / \$35 / COVERED	\$10 / \$20 / \$35 / COVERED
EMERGENCY ROOM	\$150 COPAY PER VISIT*	\$150 COPAY PER VISIT*
IN-PATIENT HOSPITAL STAY	DED / COINS	DED / COINS
OUT-PATIENT HOSPITAL STAY	DED / COINS	DED / COINS
PLAN TYPE	BLUE ADVANTAGE HMO	
NETWORK	BLUE ADVANTAGE	OUT-OF-NETWORK
DEDUCTIBLE (INDIVIDUAL / FAMILY)	\$0 / \$0	NOT COVERED
COINSURANCE (COINS)	100%	NOT COVERED
OUT-OF-POCKET (INDIVIDUAL / FAMILY)	\$1,500 / \$3,000	NOT COVERED
PRIMARY CARE OFFICE VISIT	\$10 COPAY	NOT COVERED
SPECIALIST OFFICE VISIT	\$30 COPAY	NOT COVERED
URGENT CARE	\$10 COPAY PER VISIT	NOT COVERED
PRESCRIPTION DRUGS	\$10 / \$20 / \$35 / \$35	NOT COVERED
EMERGENCY ROOM	\$150 COPAY PER VISIT*	\$150 COPAY PER VISIT*
IN-PATIENT HOSPITAL STAY	NO CHARGE	NOT COVERED
OUT-PATIENT HOSPITAL STAY	NO CHARGE	NOT COVERED

*Copay waived if admitted

Blue Advantage HMO Plan

- ✓ Select your personal PCP from the Blue Advantage network
 - ✓ Referrals are required to see a specialist
 - ✓ Preventive care is covered 100 percent in our network.
 - ✓ Lowest out-of-pocket expense
 - ✓ Fixed predictable copays on services
 - ✓ **There's no coverage if you go out-of-network or see a network specialist without a referral from your PCP**
 - ✓ **Employee premium contributions are lower than PPO**
-

Blue Advantage Network

If you want the most affordable health care premium cost, **Blue Advantage[®]** offers a slightly smaller, yet robust provider network



4,900+
Personal Care
Physicians



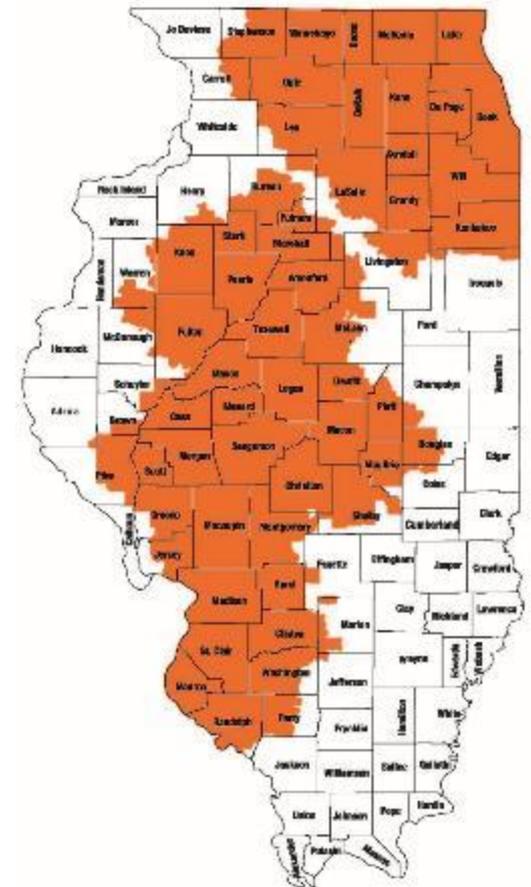
9,900+
Specialists



90
Medical Groups/
Independent Practice
Associations



78
Contracting
Hospitals



Choosing an HMO Primary Care Physician (PCP)



PCP requirements:

- **Must be in the Blue Advantage Network for HMO**
- Must be a general practice, family practice, pediatrician or internal medicine physician.
- Can be selected for the entire family, or each covered dependent can select their own.

PCP information needed to sign up:

- **First name and last name.**
- **PCP number (you will find this number online when you do a PCP search).**
- **Medical Group/IPA name and number (you will find this number online when you do a PCP search).**

How can a PCP help you?



They get to know your health history.



They can help prevent and catch health issues before they become serious.



They can refer you to a specialist, if needed.

Find your PCP at bcbsil.com

Blue Cross Blue Shield PPO Plan

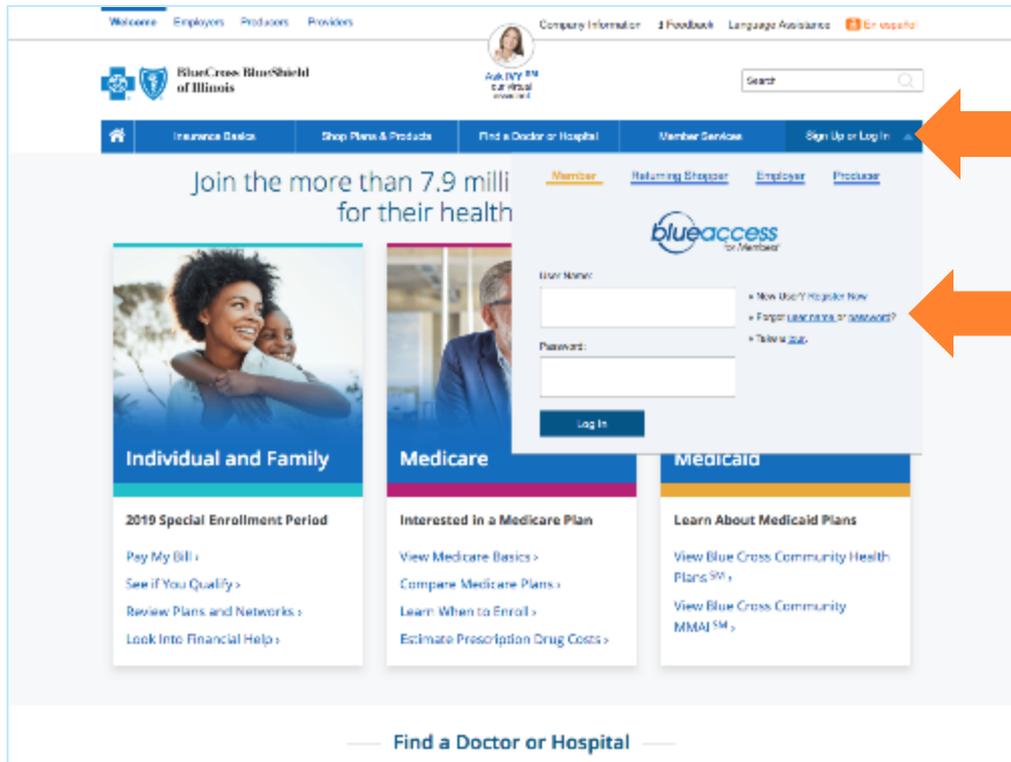
- ✓ Access to a national PPO network
- ✓ There's out-of-network coverage
- ✓ Not required to choose a primary care provider (PCP)
- ✓ No need to get referrals to see a specialist
- ✓ Preventive care is covered 100 percent in our network
- ✓ No claim forms (provider files claim)



**If you go out of network,
your costs may be higher.**

Please read your plan documents and check your Summary of Benefits for additional information.

Blue Access for Members & BCBSIL App



Go to bcbsil.com and log in to Blue Access for Members via web or mobile

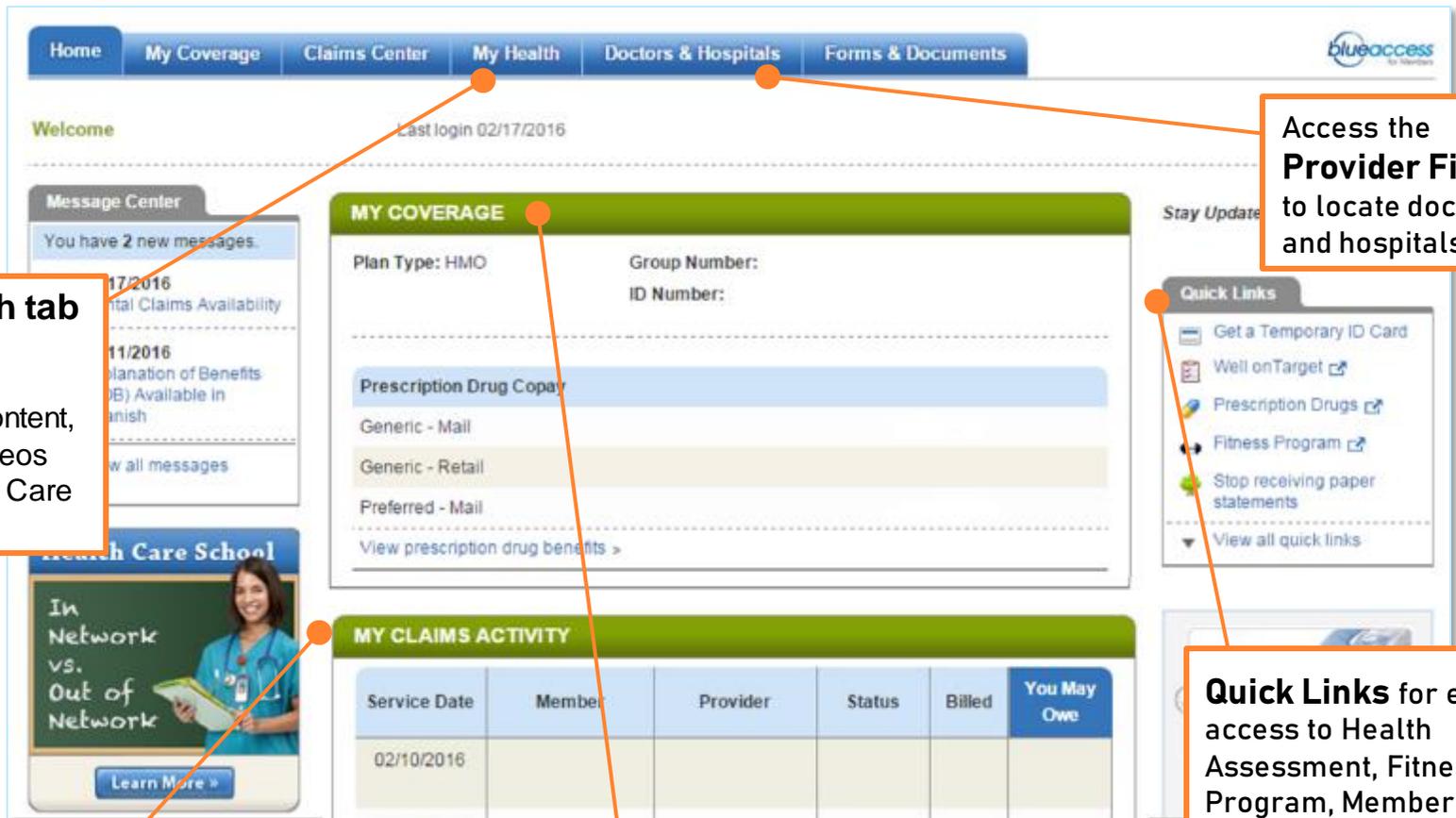
Click **Register Now** if you are a new user



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

To register you will need your identification number on the front of your ID card OR you can call the Customer Service number on the back of the card.

Blue Access for Members Home Page



The screenshot shows the Blue Access for Members Home Page. At the top, there is a navigation bar with tabs for Home, My Coverage, Claims Center, My Health, Doctors & Hospitals, and Forms & Documents. The 'My Health' tab is highlighted. Below the navigation bar, there is a 'Welcome' message with the user's last login date (02/17/2016). On the left, there is a 'Message Center' showing two new messages. The main content area is divided into several sections: 'MY COVERAGE', 'MY CLAIMS ACTIVITY', and 'Quick Links'. The 'MY COVERAGE' section displays plan details (Plan Type: HMO, Group Number, ID Number) and prescription drug copay options. The 'MY CLAIMS ACTIVITY' section shows a table of recent claims. The 'Quick Links' section provides easy access to various services like 'Get a Temporary ID Card', 'Well onTarget', 'Prescription Drugs', 'Fitness Program', and 'Stop receiving paper statements'. A 'My Health' tab callout points to the 'My Health' navigation tab. A 'My Coverage' callout points to the 'MY COVERAGE' section. A 'My Claims Activity' callout points to the 'MY CLAIMS ACTIVITY' table. A 'Quick Links' callout points to the 'Quick Links' section. A 'Provider Finder' callout points to the 'Doctors & Hospitals' navigation tab. A 'My Care School' callout points to the 'My Care School' banner.

My Health tab links you to health and wellness content, articles, videos and the My Care Profile

Access the **Provider Finder** to locate doctors and hospitals

Quick Links for easy access to Health Assessment, Fitness Program, Member Discounts, or to get an ID card

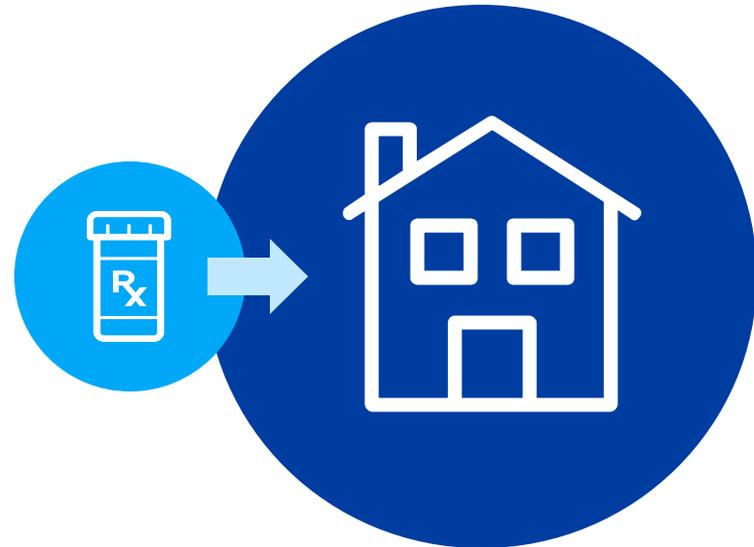
My Claims Activity displays recent claims for some services

My Coverage view benefit highlights and your medical group information, or change your medical group online

Home Delivery Prescriptions

Your pharmacy benefit includes mail service of your maintenance medications from **AllianceRx Walgreens Prime**.

- Register online at alliancerxwp.com/home-delivery or by phone at 877-357-7463
- Once registered, ask your doctor to submit your prescription electronically or by fax
- Transfer your existing prescription from a retail pharmacy online or by phone



Free shipping.



Get up to a 3-month supply.



Cost less than retail. 2x Retail



24/7 pharmacist access.

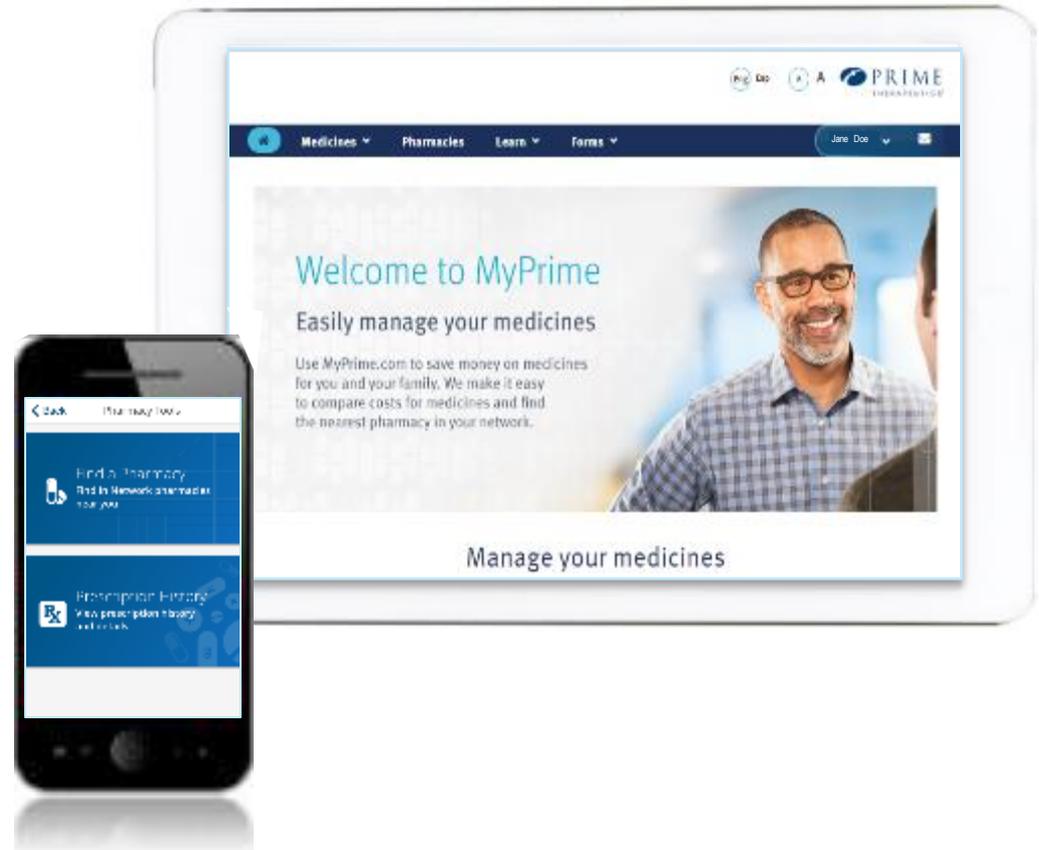


Refill reminders.

Manage Your Pharmacy Benefits On The Go

With MyPrime.com and the BCBSIL app, you can:

- ✓ Find network pharmacies
- ✓ Refill prescriptions and set up reminders
- ✓ Estimate and compare medication costs
- ✓ Search your plan's PDL





Well onTarget Fitness Program



**BlueCross.
BlueShield.**

Well onTarget - Your Path to Better Health

Here's how Well onTarget creates experiences tailored to individual goals.

Health Assessment

Start with the Health Assessment to get your personalized wellness report.

Self-Management Programs

Programs are intended to provide key clinical and behavioral information pertinent to your wellness to help you toward your health goals.

Challenges

Drive engagement and get employees excited about Well onTarget.

Health and Wellness Content

Many topics bring people together with common interests or profiles.

Fitness Program

Unlimited access to thousands of participating fitness locations

Personal Health Record

One place to store your personal health information.

Dashboard

Check in on recommended activities and get access to challenges, rewards and health and wellness content.

Combined with strategies to help drive engagement.



Challenges



Blue Points



Communications

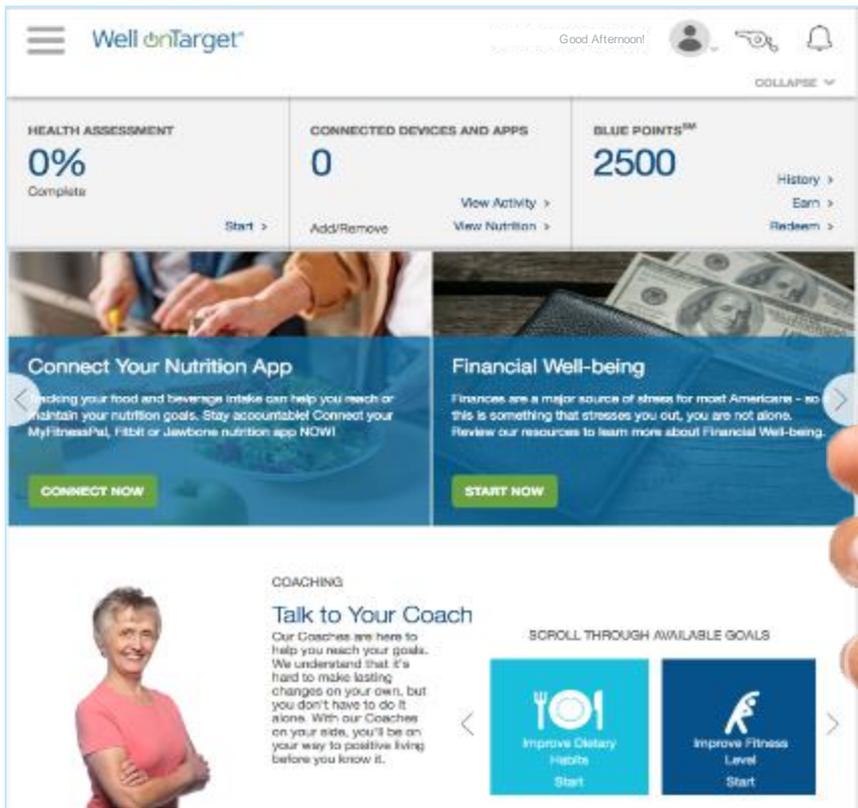


Recommendations
and Goal Setting



Well onTarget Member Portal & AlwaysOn App

Easy and inviting: Here's what the member experience looks like



Get Moving With the AlwaysOn App

Employees can take all the Well onTarget features they love on the go. They can check in on their Health Assessment, track their steps, see their progress in Activities, check their Blue Points balance, and more — from the palm of their hand.



Well onTarget Fitness Program



Mix and match fitness locations



No contract and no obligation



Unlimited access to thousands of participating fitness locations



Just log in to Blue Access for MembersSM and click “Fitness Program” in Quick Links to reach the enrollment page

\$25

Per Member Per Month

2,500

Blue Points for Signing Up

Membership is
Month by Month



PPO Dental



PPO Plans, Giving You Freedom of Choice



See any network dentist to receive discounted rates.



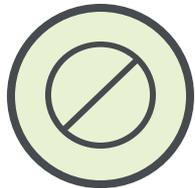
Preventive care is covered 100% in the network.



Get coverage on hundreds of services.
Includes crowns, silver fillings and more.



Access to pre-treatment estimates and real-time claims processing



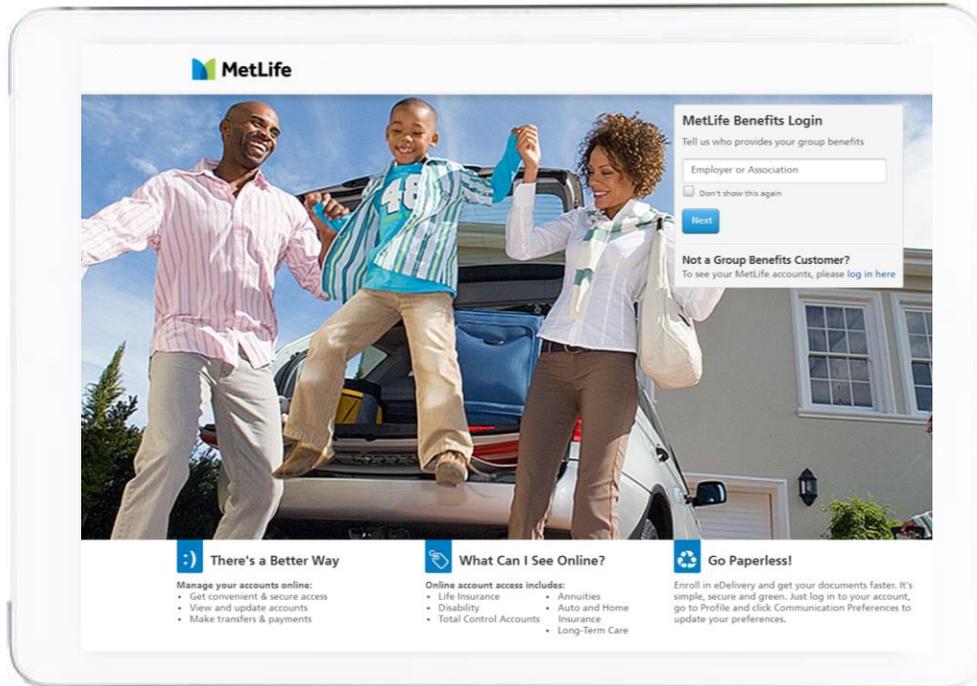
There's no need to get referrals to see a specialist.

Dental PPO Plan

	In-Network*	Out of Network**
Your Network Is	PDP Plus	N/A
Deductible*—Before the plan pays, you'll pay all costs up to: Employee / Family (Excludes Preventive and Diagnostic)	\$0 / \$0	\$25 / \$75
Coinsurance*—Once the deductible is met, the plan pays: Preventative and Diagnostic Services	100%	100%
Basic Dental Services:		
Fillings	80%	80%
Simple and Surgical Extractions	80%	80%
Root Canals	80%	80%
Major Dental Services:		
Crowns and Bridges	50%	50%
Dentures Implants Inlays and Onlays	50%	50%
Annual limits—This is the most the plan will pay in the plan year.	\$2,000	\$1,500
Orthodontia	50%	50%
Orthodontia Lifetime Maximum (Child / Adult)	\$1,000	N/A

*PPO dentists accept payment based on the lesser of submitted fee or the PPO fee schedule

**Out-of-network percentage is based on the schedule of usual and customary fees in the geographic area where expenses are incurred



Dentist Locator

- Find general dentists and specialists

Plan Information

- View benefit summary
- Access your electronic ID card
- View explanation of benefits (EOB)
- Access MetLife's Oral Health Library

Claims Information

- Review claim status and history

Download the MetLife® app

Access your benefits and get help anytime, anywhere with the MetLife smartphone app.





DMO Dental



PPO Plans, Giving You Freedom of Choice



See any network dentist to receive discounted rates.



Preventive care is covered 100% in the network.

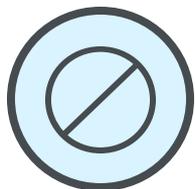


Get coverage on hundreds of services.
Includes crowns, silver fillings and more.



College Tuition Benefit Rewards included

Annual enrollment earns 2,000 reward points that can be used as tuition credit at over 400 private colleges nationwide

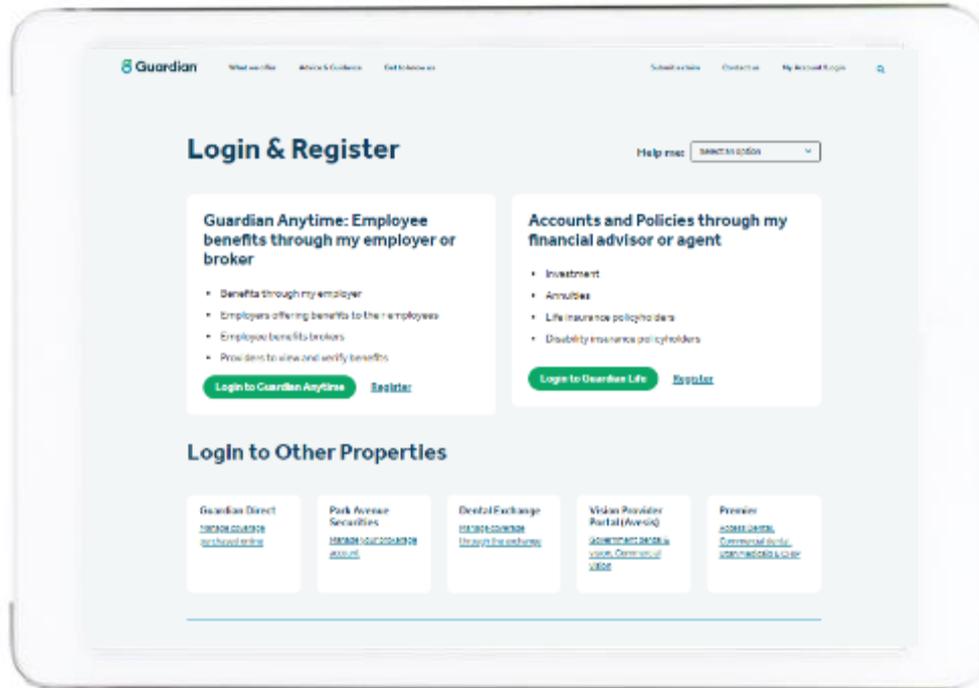


There's no need to get referrals to see a specialist.

Dental PPO Plans



	DMO In-Network*	Out of Network**
Your Network Is	1 st Commonwealth	N/A
Deductible*—Before the plan pays, you'll pay all costs up to: Employee / Family (Excludes Preventive and Diagnostic)	\$50 / \$150	N/A
Office Visit Copay	\$5	N/A
Coinsurance*—Once the deductible is met, the plan pays: Preventative and Diagnostic Services	100%	N/A
Basic Dental Services:		
Fillings	80%	N/A
Simple and Surgical Extractions	80%	
Root Canals	80%	
Major Dental services:		
Crowns and Bridges	50%	N/A
Dentures Inlays and Onlays	50%	
Annual limits—This is the most the plan will pay in the plan year.	Unlimited	
Orthodontia	\$1,000 savings	N/A



Dentist Locator

- Find general dentists and specialists.

Plan Information

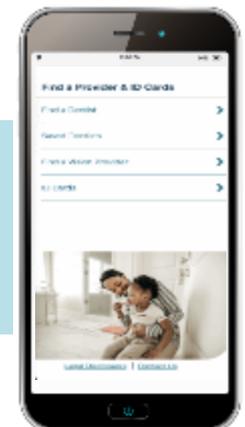
- View benefit summary.
- View explanation of benefits (EOB).
- Get answers to common dental questions.

Claims Information

- Review claim status and history.
- Download claim forms.

Download the Guardian® app

Access your benefits and get help anytime, anywhere with the Guardian smartphone app.



College Tuition Benefit Program

How it works:



Members earn **2,000** Tuition Reward Points annually. *Each point equals \$1* in tuition reduction



Rewards increase each year, never expire and members keep them forever



Tuition Rewards can be used at over **400** participating private colleges and universities nationwide



Members can allocate rewards to their children, grandchildren, nieces, nephews, godchildren and stepchildren



Nearly three-quarters of participating schools were ranked among “America’s Best” by U.S. News and World Report¹



Vision Plan

Network Vision Benefits

Service/Product:	Benefit Frequency	Select Network Copay/ Allowance
 <p>Comprehensive eye exam</p>	<p>Every 12 months</p>	<p>\$10 copay</p>
 <p>Frames</p>	<p>Every 24 months</p>	<p>\$120 allowance</p>
 <p>Eyeglass lenses</p> <ul style="list-style-type: none"> Choice of single-vision or lined bi-focal, tri-focal or lenticular lenses <p>or</p> <p>Contact lenses</p> <ul style="list-style-type: none"> Lens fitting 	<p>Every 12 months</p>	<p>\$0 copay</p>
	<p>Every 12 months</p>	<p>\$40 copay</p>
 <p>Elective contact lenses</p> <ul style="list-style-type: none"> Contact lenses outside the covered selection 	<p>Every 12 months</p>	<p>\$135 allowance</p>

Out-of-Network Benefits

Vision Plan*	Reimbursement Benefits
 <p>Eye Exam</p>	<p>Up to \$30</p>
 <p>Lenses</p> <ul style="list-style-type: none"> • Single vision <hr style="border-top: 1px dotted #ccc;"/> • Lined bifocals <hr style="border-top: 1px dotted #ccc;"/> • Lined trifocals <hr style="border-top: 1px dotted #ccc;"/> • Lenticular 	<p>Up to \$25</p> <hr style="border-top: 1px dotted #ccc;"/> <p>Up to \$40</p> <hr style="border-top: 1px dotted #ccc;"/> <p>Up to \$55</p> <hr style="border-top: 1px dotted #ccc;"/> <p>Up to \$55</p>
 <p>Frames</p>	<p>Up to \$60</p>
 <p>Elective contact lenses (in place of glasses)</p>	<p>Up to \$108</p>

*Copay does not apply

Network Providers



Enjoy More Extras: Member-Only Savings & Discounts



40% off

additional pair of glasses



15% off

standard LASIK prices or
5% off the promotional price



20% off

any remaining balance
over the frame allowance



15% off

any balance over the conventional
contact lens allowance



20% off

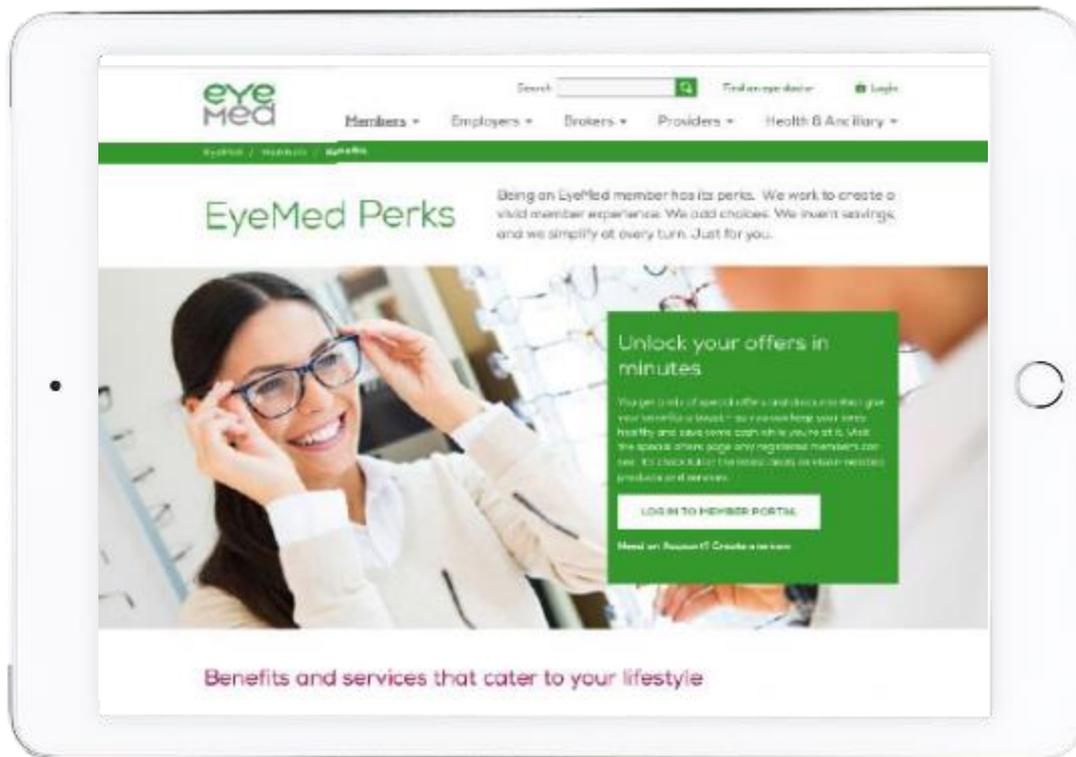
any non-covered items,
including non-prescription
sunglasses



40% off

hearing exams and discounted,
set pricing on hearing aids

Go Digital and Get the Most Out of Your Benefits



Access eyemed.com® for:

- Benefits and eligibility
- Download ID cards and EOBs
- Provider directory
- Schedule your eye exam
- Check claim status
- Online offers and services

Download the EyeMed® app

Access your benefits and get help anytime, anywhere with the EyeMed smartphone app.





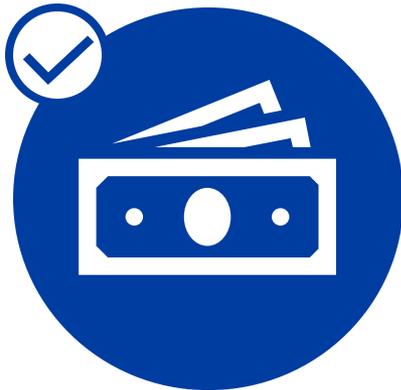
Life and Accidental Death & Dismemberment (AD&D) Plans





Employer Paid

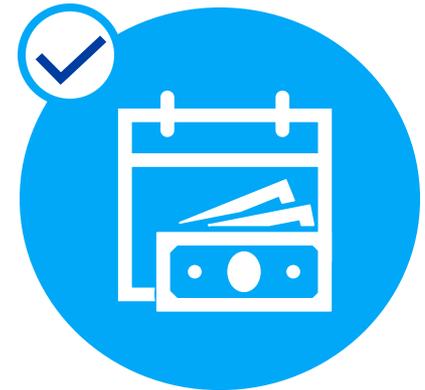
- Benefit amount is **\$45,000**
- AD&D (Accidental Death & Dismemberment) pays in addition to Life insurance



**Lump-sum
benefit**



**On- or off-the-job
coverage**



**Scheduled
benefit amount**

Voluntary Life and AD&D



Employee Paid

	Employee Must Be Enrolled		
	Employee	Spouse	Child
Benefit Amounts	\$10,000 - \$500,000	\$5,000 - \$100,000	\$1,000 - \$10,000
Benefit Increments	\$10,000	\$5,000	\$1,000
Guarantee Issue*	\$150,000	\$25,000	\$10,000
Age Reduction Schedule	N/A	N/A	N/A
Benefits Terminate	At Retirement	Earlier of age 70 or employee's retirement	At Age 26
Cost	Varies depending on age and/or amount; refer to HR for pricing		

*Employees who previously declined Voluntary Life/AD&D for themselves, their spouse or their child AND employees wishing to elect more than the guarantee issue amount for themselves, or their spouse will need to complete an Evidence of Insurability (EOI) form and be approved by BCBS.



Overview

- Review benefits, complete enrollments by
 - Whether you are staying with your current plan, changing plans or if you do not want insurance coverage through SHSD #151, you must review and complete the survey form, which will be sent by Carole Zuleger. The survey form must be completed by July 31st, 2021.
 - Plans are effective 8/1/2021. ID cards will only be issued to members making plan changes or members joining the plan for the first time. All ID cards will be sent to members homes.
-

QUESTIONS?

Knowing your benefits helps you make more informed choices.

