

Egyptian Area Schools BENEFIT PLAN

Connection

Fall 2024



A Note from the Egyptian Trust:

The below benefit changes were approved by the Board of Managers and will take effect on **September 1, 2024**:

Weight Loss Drug Prior Authorization

Prior authorization will be required for drugs in the weight loss category. This will ensure appropriate use of these drugs by confirming diagnosis with body mass index, trial of low-calorie diet, exercise, and behavioral modifications.

Flex Access – Copay Assistance Programs

These new programs will unlock access to copay assistance and manufacturer coupons for over 200 specialty and non-specialty high cost medications. Members eligible for the programs will receive direct communication from BCBS/Prime Therapeutics. See additional information included in this newsletter.

New Dental & Vision Carrier – Delta Dental

Delta Dental will be the new administrator of the dental and vision plans.



Open Enrollment Ends September 30, 2024

If you have not made your benefits elections for the new plan year please see your Human Resource representative immediately. The annual open enrollment period ends September 30, 2024. Benefit changes, new enrollments, or terminations that are not requested by this date will not be accepted. Benefit elections for the new plan year are irrevocable until the next open enrollment period unless there is a qualifying life event.



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Update to the Balanced Drug List Effective October 1, 2024



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

Updates being made to the Balanced Drug List as of October 1st include the following:

- **Cost Share Changes:** Some drugs may move to a higher cost tier (i.e. preferred to non-preferred). While these drugs are still eligible for coverage, you will pay a higher copay or coinsurance amount, based on your benefit plan.
- **Dispensing Limits:** Some drugs have new dispensing or quantity limits. Dispensing limits help to ensure medicines are being used as intended. The limits may include how much can be covered per fill or over a certain period of time. If your doctor prescribes more than the allowed quantity, you can still get the drug but may have to pay the full cost of the prescription beyond what the plan allows.

| Dispensing Limits | Cost Share / Tier Change |
|-------------------|----------------------------------|
| Dexcom G6 Sensor | Methylphenidate Hydrochloride ER |
| Dexcom G7 Sensor | |

Please note: The quantity limit for Dexcom G6 & G7 has changed from 4 sensors per 28 days to 3 sensors per 30 days. This change is due to manufacturer labeling which states each sensor lasts 10 days.

The full Balanced Drug List will be updated by October 1st at the below link:

[BCBS-IL 2024 Balanced Drug List](#)

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



An Ounce of Prevention...

In the United States, about 1 in 3 adults has prediabetes. More than 8 in 10 people with prediabetes don't know they have it. With prediabetes, blood sugar levels are higher than normal, but not high enough for a type 2 diabetes diagnosis. Prediabetes raises your risk for type 2 diabetes, heart disease and stroke.

Currently no one knows how to prevent type 1 diabetes. However, prediabetes and type 2 diabetes can be prevented with lifestyle changes. Research shows people who make these lifestyle changes can:

- Cut their risk for type 2 diabetes in half.
- Lower their risk of heart attack or stroke and improve their overall health.
- Feel better and have more energy for things they love.

Create an action plan:

1. First, **find out if you're at risk** for prediabetes and type 2 diabetes. Take this [online test](#) to find out.
2. If **you're at high risk**, talk to a health care professional about getting a blood sugar test.
3. If **you have prediabetes**, consider joining a lifestyle change program. Visit [Find a Program](#) to find a local or online program that works for you.

Simple lifestyle changes that can get you started:

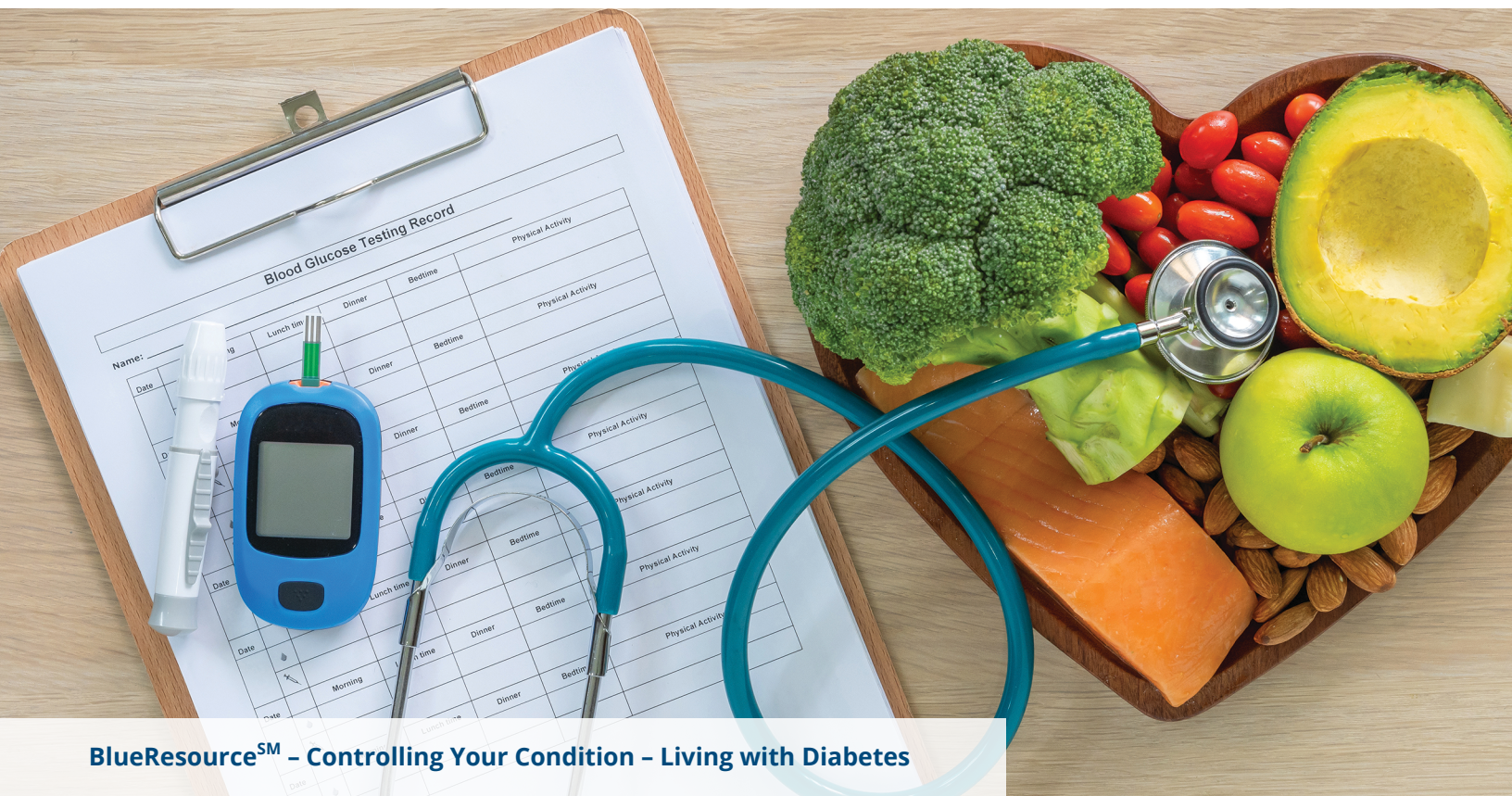
- Cut back on the amount of sugar and processed foods you eat.
- Eat more vegetables and lean meat.
- Add some walking or exercise to your daily routine.

If you lose a small percent of your body weight (just 10-14 pounds if you weigh 200 pounds) and add 30 minutes of physical activity five days a week, you can lower your chance of developing type 2 diabetes by more than 50%. You can pick the type of activity that works for you.

The best time to prevent type 2 diabetes is **NOW**.

Information from www.cdc.gov/diabetes





BlueResourceSM – Controlling Your Condition – Living with Diabetes

Healthy Choices Make a Big Difference with Diabetes

Diabetes happens when your body has trouble breaking down sugar. Too much of it in the bloodstream starves cells of the energy they need. It also narrows arteries so your organs get less blood. Though it can't be cured, there is good news: Healthy lifestyle choices can lower the effects of diabetes.

Practice control. Make good decisions with nutrition and fitness to keep blood sugar in check.

Tip the scales in your favor. Maintain a healthy weight because it can help control diabetes.

Move more. Exercise and stay active to help keep your blood sugar within a normal range.

Eat healthy. Choose whole foods (not over-processed ones), non-starchy veggies and foods low in added sugars.

Know your numbers. Check your blood sugar, blood pressure and cholesterol levels often to stay within healthy ranges.



Make a plan to manage your diabetes.

Sources: *The Path to Understanding Diabetes Starts Here.* American Diabetes Association. 2020.
National Diabetes Statistics Report. Centers for Disease Control and Prevention. 2020.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
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Start Saving Money on High-Cost Medications with FlexAccess™

FlexAccess is a cost assistance program designed to help you lower your costs if you take certain high-cost medications. This program is part of the Blue Cross and Blue Shield of Illinois health plan your employer offers.

Get the Most From the FlexAccess Program

- If you or your dependents take one or more of the medications in our program, you may get a letter or, in some cases, a phone call from the FlexAccess team to help you get started.
- The team will review your cost share (what you pay when you buy your prescription) at the pharmacy you use now. The new amount you would pay may be as low as \$0.
- Speak with the FlexAccess team, even if you are using a drug manufacturer's coupon now, to make sure you are paying the lowest cost.
- Participating in this program is your choice. If you don't take part, you may pay up to the full price of your medications.

Call FlexAccess at **888-302-3618**, M-F, 7 a.m. to 7 p.m. CT, or email FlexAccess Member Services at **member.services@flexaccessrx.com** to ask any questions or find out if your prescription drug is part of this program.

Prescription drugs included in the program may change without notice. If at any time your medications are no longer part of the program, your out-of-pocket prescription cost will be based on your plan benefits.

FlexAccess is a trademark of Prime Therapeutics LLC. FlexAccess is a product owned by Prime Therapeutics, which is a separate pharmacy benefit management company contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.



FlexAccess™ Qualified HDHP

Worry-Free Savings on Prescriptions

FlexAccess Qualified High Deductible Health Plan can help you lower your out-of-pocket costs if you take high-cost medications. This program is part of the Blue Cross and Blue Shield of Illinois qualified **high-deductible health plan** your employer offers.¹

If you haven't met your HDHP deductible yet, you may be struggling to pay for your medications. One option is to sign up for a drug manufacturer's coupon (or copay assistance) program. These available programs may lower what you owe for your prescriptions.²

How it Works

- If you are not using an available drug manufacturer coupon program today to help pay for your covered high-cost medications, you may get a letter, or in some cases, a phone call to help you get set up.
- To stay within IRS rules, the value of any coupon used will not apply to your yearly plan deductible and/or out-of-pocket maximum. Only the amount you pay out-of-pocket may apply.
- After you've met your yearly plan deductible, you'll pay the copay or coinsurance cost for your prescriptions, based on your benefits.

Not using a manufacturer coupon program today?

- You can search for one on the drug manufacturer's website,
- Ask your pharmacist, or
- Call Prime Member Services at 844-210-0823, M-F, 8 a.m. to 4 p.m., CT, for help in finding one or for any copay assistance questions.

1. Members in an HDHP plan are responsible for the drug cost (retail value) until the plan yearly deductible has been met. These plans are designed to have a high deductible in exchange for lower monthly premiums and adhere to IRS guidelines for minimum deductibles and out-of-pocket maximums. The FlexAccess Qualified HDHP program helps members comply with the IRS guidelines for members enrolled in these health plan types.

2. If there are no available coupon programs, members are responsible for the cost of the prescription based on their standard benefits.

FlexAccess Qualified HDHP is a trademark of Prime Therapeutics, LLC. FlexAccess Qualified HDHP is a product owned by Prime Therapeutics LLC, which is a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of Illinois. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

When it comes to pearly whites, everyone wants to save a little green. With the Delta Dental PPO™ network, you'll get the coverage you need at a lower out-of-pocket cost.

Here's why: Delta Dental PPO network dentists agree to accept our reduced PPO fees as payment in full for dental services. This means they cannot bill you the difference between what they usually charge for a dental service and what the Delta Dental PPO fee is. This requirement for network dentists is how we protect members from unexpected charges. On average, **members save 30%** on the fee a Delta Dental PPO dentist would normally charge for a service.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier Dentist compared to a Delta Dental PPO Dentist. However, you may save more with a Delta Dental Premier Dentist compared to a non-network Dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than the dentist's regular fee.

| |  Amount Billed |  Delta Dental of Illinois' Allowed Amount |  Coverage Percentage Paid by Delta Dental of Illinois |  Amount Delta Dental of Illinois Pays* |  Amount Dentist Can Bill You Over the Allowed Amount |  Total Amount You Pay |  Your Total Cost Savings |
|-------------------------------|---|--|--|--|---|--|---|
| Procedure 1 | | | | | | | |
| Delta Dental PPO™ Network | \$80 | \$57 | 100% | \$57 | \$0 | \$0 | \$23 |
| Delta Dental Premier® Network | \$80 | \$70 | 100% | \$70 | \$0 | \$0 | \$10 |
| Out-of-Network | \$80 | \$70 | 100% | \$70 | \$10 | \$10 | \$0 |
| Procedure 2 | | | | | | | |
| Delta Dental PPO™ Network | \$1,200 | \$850 | 50% | \$425 | \$0 | \$425 | \$350 |
| Delta Dental Premier® Network | \$1,200 | \$995 | 50% | \$497.50 | \$0 | \$497.50 | \$205 |
| Out-of-Network | \$1,200 | \$995 | 50% | \$497.50 | \$205 | \$702.50 | \$0 |

Whether you see a general dentist or visit a specialist, it pays to use a Delta Dental PPO dentist. [Visit delatadentalil.com](http://deltadentalil.com) today to find participating dentists in your area.

You can also download our free Delta Dental mobile app to search dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

* The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your policy or certificate of coverage, or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.

Helping you see more from your vision benefit experience

Our goal is to make vision benefits simple.

Not only do you have access to an award-winning call center, with extended hours,¹ you also have 24/7 access to benefit information and our Provider Locator through our Member Web.

Our vision benefit Member Web is your one-stop-spot to quickly and easily manage your vision benefit.

There, you can:

- View benefit details
- Confirm eligibility
- Check claim status
- Print a replacement ID card
- Locate an in-network provider
- Schedule an appointment online
- Get health and wellness information
- Access currently available special offers for members-only savings!

You can manage your vision benefit in a few easy steps:

1. Visit eyemedvisioncare.com/member to login.
2. New users will select “Need to register?” and then register using your member ID or the last four digits of your social security number.* If you’ve already registered, use your existing account credentials to login.
3. New users will finish setting up your account with your email address and a password.
4. You can come back anytime to change your password, email address and billing preferences.

Visit deltadentalil.com/deltavision to learn more.

POWERED BY

**eye
Med**

**INDEPENDENT
PROVIDER
NETWORK**



LENSCRAFTERS

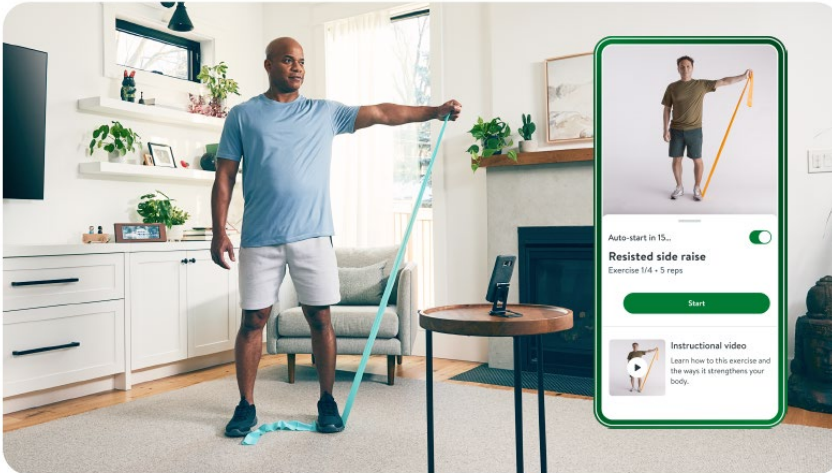
**PEARLE
EST. 1961
VISION**

OPTICAL

* Depends on how your benefit administrator entered you into the system.

¹ Purdue University Benchmark Portal independent assessment of call centers nationwide, 2019.

Give the Hinge Health program a try



Hinge Health is a digital exercise therapy program that targets back, knee, neck, and other joint pain – and helps reduce the depression and anxiety that often comes with it.

And it works! On average, Hinge Health members experience:

68%

decrease in pain

58%

decrease in
depression & anxiety

You'll get support from a health coach along with educational articles to understand and help change how you think about pain.

You don't have to put up with pain

If you are enrolled in any of the Egyptian Trust health plans, Hinge Health is available to you. Sign up now to get on the path to pain relief.



Questions? We're here to help!

To talk to a member of our support team, call us at **1-855-902-2777** or email help@hingehealth.com.



Egyptian Trust health plan members receive Teladoc services at **NO COST**. Be certain to indicate your coverage is through **Egyptian Trust** when registering your account.



AVAILABLE NOW

You've got Teladoc Health Talk to a doctor anytime, anywhere by phone or video.

Set up your account today to get care for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Get Care

Request a time and a Teladoc Health provider will contact you



Feel better

The provider will diagnose symptoms and send a prescription if necessary

Get care now

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

*Teladoc Health is not available internationally.

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Member Quick Reference Source

Egyptian Trust

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

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

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

Benefits Value Advisor: 1-855-686-8517

Prescription Drug Program - Prime Therapeutics

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

Dental Plans – Delta (For services on or after 9/1/2024)

To review benefits, claims, or find providers, log in to <https://deltadentalil.com>.

Dental Customer Service: 1-800-323-1743

Vision Plan – Delta (For services on or after 9/1/2024)

To review benefits, claims, or find providers, log in to <https://deltadentalil.com/deltavision>.

Vision Customer Service: 1-866-723-0513

Basic and Optional Life Insurance – Blue Cross Blue Shield

For assistance with claims, travel and beneficiary resources, portability or conversion policies, contact **Member Services** at **1-877-442-4207**.

For Dental & Vision Services Prior to 9/1/2024:

Dental Plan - MetLife: Dental Customer Service 1-800-275-4638.

Vision Plan – MetLife: Member Services 1-855-638-3931.

