



BENEFITS ESSENTIALS

Your 2024 Open Enrollment Guide

EGIA

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Important Notice

EGIA has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. EGIA reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and EGIA share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with EGIA.

WELCOME

At EGIA, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a EGIA employee, you have access to a comprehensive, quality benefits package that offers flexibility and security.

Open Enrollment is the perfect time to evaluate the best benefit options for you and your family. Be sure to consider factors like plan costs and what type of services you anticipate needing for the upcoming year.

Open Enrollment for 2024 coverage – **your one chance to make changes to your benefits¹** – begins May 15th and will remain open until May 27th. The benefits you choose will become effective on the first day of the next plan year, which is June 1, 2024– May 31, 2025.

You must participate in Open Enrollment if you wish to do any or all of the following:

- Confirm your 2024-2025 benefit election, even if you are not making any changes
- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your income protection benefits

Please take the time to read and understand this guide so you can choose what's best for you. If after reading this guide you need more information, please contact Larisa Gopa at lgopa2@egia.org or our Benefits Help Desk at 844-350-3742.



¹ You can change your coverage during the year if you experience a "Qualified Status Change," including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

ELIGIBILITY

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in EGIA benefits. Eligible dependents include:

- Your spouse or domestic partner¹
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

Review the materials included in the packet for additional details regarding eligibility, including the company's definition of domestic partner.

PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact Larisa Gopa at lgopa2@egia.org within 30 days. Failure to provide notification may lead to discipline and possible termination of employment.

ENROLLMENT

If you're eligible for EGIA benefits, you can enroll by following the instructions you have received via email. Once you've accessed the page, please enter your user name and password. If after reading this guide you have enrollment questions, please visit www.myhealthbenefits.com or call our Benefits Help Line at 844-350-3742.

ESSENTIAL TERMS

Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options:

Premium	The amount of money that's paid for your health insurance every month. EGIA pays a portion of this amount, and you pay the rest.
Deductible	The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.
Network	A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.
Copayment (Copay)	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

¹ Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by EGIA on behalf of your domestic partner are generally considered taxable income to you. Contact EGIA if you believe your domestic partner is exempt from federal or state taxes.

EMPLOYEE CONTRIBUTIONS

The values below indicate how much you're responsible for contributing towards coverage. Amounts are taken directly from your paycheck semi-monthly on the 15th and 30th/31st.

CONTRIBUTION SUMMARY

Benefit	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
EPO & LGF Dental	\$55.00	\$65.00	\$65.00	\$75.00
Vision Plan	\$0.00	\$4.63	\$4.45	\$9.25

MEDICAL & PRESCRIPTION DRUG BENEFITS

You have the choice of several quality and comprehensive medical plans that include prescription drug coverage. When choosing your plan, consider your budget, your preferences, your health and your covered dependents' health. The information below is a summary of coverage only. For more information, visit www.myhealthbenefits.com or contact Larisa Gopa at lgopa2@egia.org or Benefits Help Line at 844-350-3742.

Key Features	EPO
	In-Network
Annual Calendar Year Deductible	
Individual	\$500
Family	\$1,000
Out-of-Pocket Maximum	
Individual (includes deductible)	\$7,800
Family (includes deductible)	\$15,600
Coinsurance (portion you pay)	30%
Physician Services	
Office Visit	\$10 copay
Specialist Visit	\$10 copay
Preventive Care	No charge
Lab and X-Ray Services (Freestanding Facility)	\$25 Lab \$55 X-Ray, after ded
CT, MRI, and PET scan (Freestanding Facility)	\$350 per procedure, after ded
Hospital Services	
Inpatient (per admission)	30% after ded
Emergency Treatment	
Urgent Care Copay	\$50 copay
Emergency Room Copay (waived if admitted)	30% after ded
Retail Prescriptions	
Generic	\$5
Preferred Brand	\$15
Non-preferred Brand	\$30
Mail-Order Prescriptions	(90-day supply)
Generic	\$10
Preferred Brand	\$30
Non-preferred Brand	\$60

TELADOC



Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits at no cost to you.

GET STARTED WITH TELADOC

It's quick and easy to set up your account online. Visit the Teladoc website and click "Set up account". Then follow the instructions below.

1. Provide your name, contact information, and date of birth.
2. If you have a username, choose "Yes" and enter it here. If you don't have a username, choose "No, I don't have a username."
3. Select one of the four options that detail how you found out about Teladoc and enter the requested information.

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



TALK TO A DOCTOR ANYTIME!

- Teladoc.com/Enter
- Facebook.com/Teladoc
- [1-800-Teladoc](tel:1-800-Teladoc)
- Teladoc.com/mobile

MEDICAL PROVIDER NETWORK



The medical plans through EGIA offers enhanced benefits for covered services when you visit providers and hospitals in the Cigna network. Start your search by visiting www.Cigna.com to locate a network provider near you.

FIND A CIGNA PROVIDER

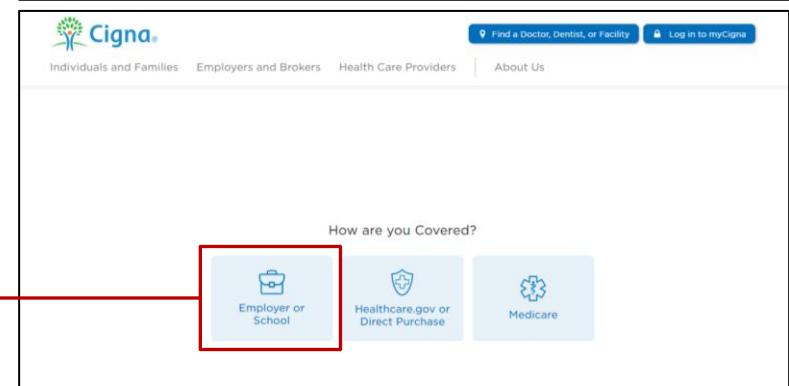
Step 1

In the Find a Provider box, click "Search" to access Cigna's provider database.



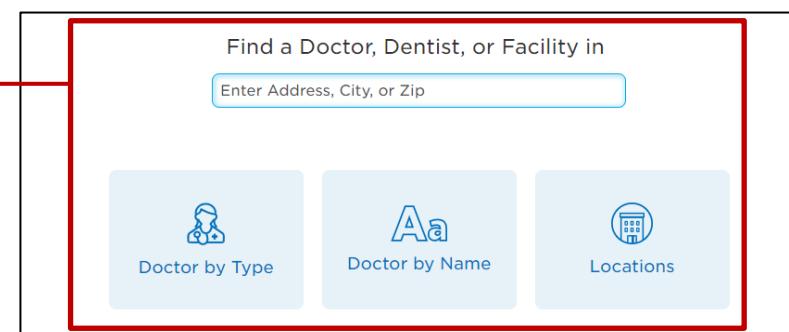
Step 2

Under "How are you Covered", select "Employer or School."



Step 3

Enter the address, city or zip code for your search. Select "Doctor by Type," "Doctor by Name," or "Locations."



Step 4

Enter in type or name, and select from the drop down options.



MEDICAL PROVIDER NETWORK



The medical plans through Continental Floral Greens offers enhanced benefits for covered services when you visit providers and hospitals in the Cigna network. Start your search by visiting www.Cigna.com to locate a network provider near you.

FIND A CIGNA PROVIDER (continued)

Step 5

After making your selection, a Login/Register box will pop up. Click "Continue as guest."

Login/Register

Log In

Register

Not a customer?
Shopping for a new plan?

Continue as guest

Step 6

Confirm the "I Live in" field and click "Continue."

Please Select a Plan

I Live in Chicago, IL 60606

Search Again Continue

Step 7

Under "Please Select a Plan," select "PPO, PPO Tiered"

Please Select a Plan

HMO, HMO POS, Network, Network POS

Northern California

LocalPlus, LocalPlus HDHP, LocalPlus IN, LocalPlus IN HDHP

LocalPlus

OAP, OAP HDHP, OAPIN, OAPIN HDHP

Open Access Plus, Open Access Plus Tiered

Open Access Plus, Open Access Plus Tiered with CareLink

PPO, PPO HDHP, EPO, EPO HDHP

PPO, PPO Tiered

Step 8

Refine your search from the results provided.

Cigna

Find a Doctor, Dentist, or Facility Log in to myCigna

Individuals and Families Employers and Brokers Health Care Providers About Us

Search Again

409 results for "Primary Care Provider (PCP)" near Chicago, IL 60606

Medical Plan: PPO, Choice Fund PPO | Change Plan

Sort: Best Match Filter by: Specialties More Options

Manikumar Bheemarasetti, MD

St. Anthony's Heritage Family Medicine • 7106 Solutions Ctr Chicago, IL 60697 • (855) 989-6789

Specialties (2): Cardiology, Interventional, Internal Medicine Hospitals (2): Alliance Health Durant... see all

Years in Practice: 16 Cigna Care Designation: In-Network Quality Ratings: see all

Log in to see cost details With selected plan... In-Network Accepting new patients

Log In

Map of Chicago showing provider locations in the Loop, River North, and surrounding areas.

PHARMACY PROVIDER NETWORK

OUR PHARMACY BENEFITS MANAGER

Southern Scripts, our pharmacy benefits manager (PBM) administers, or handles, the drug benefit program for our medical plans. Southern Scripts will process and pay prescription drug claims, and is responsible for keeping the drug formulary up to date. Southern Scripts works directly with manufacturers and wholesalers to get you the best prescription drug prices. They also have a large network, called FirstChoice™, of small, large and mail pharmacy retailers for you to access. See more details below on how to use the FirstChoice™ network.



WHAT IS FIRSTCHOICE™?

FirstChoice™ is the preferred pharmacy network of Southern Scripts, offering access to reduced prescription costs at 50,000+ participating pharmacies across the nation. FirstChoice™ pharmacies typically offer lower cost medications for covered drugs than a standard (non-preferred) pharmacy. FirstChoice™ is made up of both independent and larger retail pharmacies.

TRANSFERRING YOUR PRESCRIPTIONS

Contact a Participating FirstChoice™ Pharmacy

Inform your new FirstChoice™ pharmacy that you want to transfer your prescriptions from your old pharmacy. You will need the name, strength and prescription number of each drug you take, along with the phone number of your old pharmacy.

What Information is Needed for a Transfer?

Your FirstChoice™ pharmacy will need:

- Health insurance card
- First and last name
- Date of birth
- Address
- Phone number
- Possible allergies you may have

HOW LONG DOES A TRANSFER TAKE?

The amount of time the pharmacy needs can depend on how many prescriptions you transfer over, generally 1–3 business days. When you go to pick up your prescription(s) make sure to bring your insurance card.

*Pharmacies that do not participate in the FirstChoice™ Network are unable to dispense a 90-day supply of medication and cannot dispense Specialty medication.

LOWERINg PRESCRIPTION COSTS

Locate a FirstChoice™ Pharmacy

Locate a FirstChoice™ pharmacy by visiting www.southernscripts.net/members and selecting "Find a Pharmacy".

Ask About Generic Drugs

A generic drug is a version of a brand drug. According to the U.S. Food and Drug Administration (FDA), compared to the brand drug, a generic:

- is chemically the same
- works the same in the body
- is just as safe and effective
- meets the same standard set by the FDA
- often costs much less

DENTAL BENEFITS

Your dental benefits are provided through **Lincoln Financial Group (LFG)** and are available to you and your dependents. The dental plan(s) feature(s) a network of dental care providers whose services you can access at a discounted rate. When you go to an in-network dentist, you'll save money. The information below is a summary of coverage only. For more information, visit www.myhealthbenefits.com or contact Larisa Gopa at lgopa2@egia.org or Benefits Help Line at 844-350-3742.

We recommend that you request a predetermination of benefits when expenses are expected to exceed \$300.

Dental Plan Summary

Key Features	Lincoln Financial Group (LFG)	
	In-Network	Out-of-Network
Annual Calendar Year Maximum	\$2,500	\$2,500
Calendar Year Deductible		
Individual	\$0	\$50
Family	\$0	\$150
Preventive Services (no deductible)	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Orthodontics (children up to age 19)	50%	50%
Lifetime Maximum	\$2,000	\$2,000



VISION BENEFITS

You and your dependents have access to vision coverage through Superior Vision by MetLife. For more information, visit www.myhealthbenefits.com or contact Larisa Gopa at lgopa2@egia.org or Benefits Help Line at 844-350-3742.

Vision Plan Summary

Key Features		
Frequency (Based on date of service)	Exam	Every 12 months
	Lenses	Every 12 months
	Contact Lenses	Every 12 months
	Frames	Every 12 months
	In-Network	Out-of-Network
Exam	Covered in full	Up to \$40 retail
Lenses		
Single Vision	Covered in full	Up to \$35 retail
Bifocal	Covered in full	Up to \$50 retail
Trifocal	Covered in full	Up to \$60 retail
Frames	\$100 retail allowance	Up to \$50 retail
Contact Lenses Instead of Glasses	\$120 retail allowance	Up to \$100 retail
Contact Lens Fit	\$25 copay	Not covered



TAX-ADVANTAGED ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS (FSAs)

You may participate in FSAs to help pay for eligible medical and dependent care expenses with pre-tax dollars.

- **General Health Care FSA:** You may use the General Health Care FSA to be reimbursed for eligible medical, dental, and vision out-of-pocket expenses, like deductibles, copayments, coinsurance, and prescription drugs (except insulin, which is covered without a prescription) as well as other qualified medical expenses that aren't covered by your health plans. **Note:** While you're enrolled in a General Health Care FSA, you can't make or receive Health Savings Account (HSA) contributions.
- **Dependent Care FSA:** You may use the Dependent Care FSA to be reimbursed for eligible child and elder care expenses (such as day care) so you may work.

How FSAs Work

FSAs work like a savings account. Each pay period, a pre-tax payroll deduction based on your annual FSA election is deposited into your FSA. Pre-tax deductions allow you to save on taxes. Each year, you may contribute up to \$3,200 to the General Health Care FSA, up to \$5,000 (or \$2,500 if married and filing separate tax returns) to the Dependent Care FSA. When deciding how much to contribute to an FSA, estimate your future medical and dependent care expenses to the best of your ability. Keep in mind that any unused balance at the end of the plan year will generally be forfeited. For a list of eligible expenses, claim filing deadlines and other information regarding your FSAs, visit www.myhealthbenefits.com

INCOME PROTECTION BENEFITS

In addition to health benefits, EGIA also offers eligible employees income protection benefits. These benefits are intended to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For more information, visit www.myhealthbenefits.com or contact Larisa Gopa at lgopa2@egia.org or Benefits Help Line at 844-350-3742.

EGIA offers the following benefits:

- Basic
- Long-Term Disability (LTD)

BASIC LIFE

EGIA provides you with basic life insurance in the amount of \$50,000 at no cost to you.

LONG TERM DISABILITY

LTD insurance provides protection against the extended loss of income during a period of disability. This benefit begins 90 days after the onset of the disability. LTD insurance pays you 60% of your annual salary up to a \$10,000 monthly maximum. EGIA pays for the cost of this coverage.

OTHER VALUABLE BENEFITS

Lincoln Financial Group:

- Life Keys
- Travel Connect
- Hearing Aid Discount
- EAP

Additional details can be located in Ease under Lincoln Financial Group Life/AD&D.



KEY CONTACTS

For Questions About	Carrier	Phone Number	Website/Email
Benefits Help Desk	EPIC	844-350-3742	benefitshelpline@epicbrokers.com
Medical	BRMS	866.750.0564	www.myhealthbenefits.com
Pharmacy	Southern Scripts	800.710.9341	www.southernscripts.net
Dental	Lincoln Financial Group	800-423-2765	www.lfg.com
Vision	Superior Vision by MetLife	800-507-3800	www.superiorvision.com
Life and AD&D Insurance	Lincoln Financial Group	800-423-2765	www.lfg.com
Long-Term Disability (LTD)	Standard	888-937-4783	www.standard.com
Flexible Spending Accounts (FSAs)	BRMS	866.750.0564	www.myhealthbenefits.com
Employee Assistance Program	GuidanceResources	855-891-3684	www.guidanceresources.com



Prepared by

