**Insurance Fact Sheet 2 – Effective 11/1/22**

**Medical:**

* TeleDoc services will continue at no cost to employees.
* We will not hold an open enrollment period for the 11/1/22 change. The plans are not changing significantly, so no open enrollment is required.
* The Quest/Blessing lab benefit will end on 10/31/22. Blessing is unable to continue this benefit that they have provided at no charge to us any longer.
* If you have been pre-authorized for a medical service that will take place on or after 11/1/22, that pre-authorization should be honored. Please communicate with your doctor’s office that your insurance is changing on 11/1/22 so that they can follow up with BCBS to ensure your pre-certification is honored.
* There will be a change to doctor office copays effective 11/1/22:

Primary Care $35

Specialist $60

Urgent Care $75

* Soon, there will be a link provided for all covered staff members to complete. **This will be required for you to receive your secondary insurance card.**

**Prescription:**

* We recommend that you fill all prescriptions that you can prior to 11/1/22. Just in case there is a snag in the eligibility system, the RX piece will be the most difficult to immediately correct. Medical claims have lag in claims processing, but RX claims are processed at point of sale.
* Effective 11/1/22, preferred pricing for prescriptions will only be available at **Walgreens, Wal-Mart and Sam’s Club**. You can continue filling prescriptions at current locations through 10/31/22. As of 11/1/22, please consider changing to one of the three listed above for best pricing. To initiate a pharmacy change, please call the new pharmacy of choice (Walgreens, Wal-Mart or Sam’s club) and ask them to move your prescriptions from the current pharmacy over to them.
* There will be a change to RX copays for M plan participants effective 11/1/22. To see what category your prescription falls under, go to <https://www.bcbsil.com/docs/rx-drugs/drug-lists/il/rx-list-per-il-2022.pdf>

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

* If there is a formulary change and your prescription is affected, you will receive a letter directly to your home notifying you of the change.

More Detailed Information will be coming soon from the Benefits Department.