

## A Note From the Egyptian Trust

As approved by the Board of Managers at the May meeting, the Egyptian Trust is changing vendors for both the voluntary dental and vision programs. **MetLife** will begin administering these programs as of September 1, 2021. Please see the article on page 2 of this newsletter for more details. MetLife's full benefit summaries are available on our website at <http://www.egtrust.org/voluntary-benefits/>.

### Important Upcoming Dates

**New Bookkeeper Training Session on June 30, 2021**

**Bookkeeper/Administration Meetings on July 28 and July 29, 2021**

Watch your email for registration details regarding these informational meetings which will be presented via Zoom webinar starting at 10 AM CT. The New Bookkeeper Training session will be focused on Trust administrative processes. The July Bookkeeper/Administration Meetings will include participation from all Egyptian Trust vendors including our new partner MetLife, who will be the administrator for both voluntary dental and vision plans beginning September 1, 2021.

## Quick Reference Source

### Egyptian Trust

View information about the Egyptian Trust programs including Schedules of Benefits, Plan Comparisons, Enrollment Guides, forms, newsletters and more at [www.egtrust.org](http://www.egtrust.org).

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

Securely log-in to Blue Access for Members (BAM) by visiting <https://www.bcbsil.com>.

On BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a network doctor or hospital
- Request an ID card or print a temporary card

For additional assistance, please contact a Benefits Value Advisor (BVA) at 1-855-686-8517.

### Prescription Drug Program - Prime Therapeutics

Securely view your prescription drug claims history and more on [www.myprime.com](http://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 Drug" from Quick Links.

### Basic and Optional Life Insurance – Blue Cross Blue Shield

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

### Dental Plan - BlueCare Dental

**(Services prior to September 1, 2021)**

To visit the Dental Wellness Center, log in to Blue Access for Members (BAM) at <https://www.bcbsil.com> and click on the My Health tab or contact Dental Customer Service at 1-800-367-6401.

### Vision Plan – EyeMed

**(Services prior to September 1, 2021)**

Find a network provider, view your vision claims, and more at [www.eyemed.com](http://www.eyemed.com), or contact Member Services at 1-866-804-0982.

### In This Issue:

- Dental & Vision: New Carrier & Rates
- Prescription Drug List Quarterly Update
- BCBSIL Announces BVA Extended Hours and New EOB Design
- Understanding Your BCBSIL EOB
- Summer Savvy Tips



Beginning September 1, 2021, MetLife will become the new administrator for the fully insured voluntary dental and vision programs. If you are currently enrolled in the Trust dental or vision plans, your enrollment information will be transferred to MetLife. During the 2021 Open Enrollment period, you will be allowed to enroll or change your dental and/or vision elections, including covered family members, by submitting the appropriate enrollment or change form to your district.

Dental or vision services provided on or after September 1, 2021 will be eligible for consideration under the new MetLife plan options, which closely match the previous dental and vision plans.



## Voluntary Dental

Low Plan	Monthly Premium
Employee Only	\$14.60
Employee +1 Dependent	\$28.50
Employee + 2 or more Dependents	\$54.88

High Plan	Monthly Premium
Employee Only	\$35.56
Employee +1 Dependent	\$67.12
Employee + 2 or more Dependents	\$98.46

For questions regarding dental benefits for services **received on or after 9/1/2021**, please contact MetLife at 1-800-ASK-4MET (1-800-275-4638).

Below are important dental plan details for this change to MetLife:

- Covered members will receive credit for any amounts applied to the 2021 deductible and any annual maximum benefit accumulated under the BCBSIL dental plans.
- Amounts applied to the orthodontia lifetime maximum in the BCBSIL High Plan will be carried over to the MetLife High Plan.
- Members will be eligible to receive any remaining annual maximum and/or orthodontia lifetime maximum, which is the difference between what BCBSIL previously paid and the applicable maximum under the MetLife dental plans.
  - Members enrolled in the High Plan who are currently receiving orthodontia treatment started prior to September 1, 2021, will be required to submit the full treatment plan to MetLife. Prorated benefits will be paid for the remaining treatment period up to the orthodontia lifetime maximum.



## Voluntary Vision

Coverage Type	Monthly Premium
Employee Only	\$8.02
Employee +1 Dependent	\$11.54
Employee +2 or more Dependents	\$20.84

All vision benefit frequencies will reset as of September 1st. This means covered members who were enrolled and utilized benefits under the previous EyeMed vision plan will be eligible for all services on **day 1** with MetLife.

For questions regarding vision benefits for services **received on or after 9/1/2021**, please contact MetLife at 1-855-MET-EYE1 (1-855-638-3931).

## Updates to Balanced Drug List Effective July 1, 2021

Blue Cross and Blue Shield of Illinois (BCBSIL) routinely reviews the Balanced Drug List to determine which medications are safe, 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 impacted by these upcoming changes.

Updates being made to the Balanced Drug List as of July 1, 2021 include the following:

- **New Exclusions:** These drugs will not be covered as of this date. Please work with your physician to have an alternative drug prescribed. If you choose to continue this medication, your physician can request an exception to be reviewed by BCBSIL. If BCBSIL denies the request, you will be responsible for the full cost for this excluded prescription.
- **Utilization Management (UM) Changes:** These are changes to prescription guideline requirements, including prior authorization and step therapy. If your doctor prescribes one of these drugs, certain criteria must be met before this prescription is authorized for coverage by the 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.

Below are *some* of the prescription drugs affected by the changes being made for July 1st:

New Exclusions	UM Changes	Dispensing Limits
Alinia	Xhance	Betamethsone Dipropionate
Kerydin		Desoximetasone
Taytulla		Diflorason Diacetate
Truvada		Enstilar
		Fluocinonide
		Halobetasol Propionate
		Halog
		Lexette
		Mometasone Furoate
		Xhance



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

<https://www.bcbsil.com/PDF/rx/rx-list-bal-il-2021.pdf>

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

# Announcements



## Extended Hours for Benefits Value Advisors (BVA)

Let the BCBSIL BVAs help you get the most from your health plan. They will make it easier to use your health plan benefits, while helping you save time and money. They are now available **24 hours a day, seven days a week<sup>1</sup>** to explain your benefits and provide guidance on how to use them. BVAs will help you:

- Find a doctor or facility
- Get cost estimates for procedures and services
- Schedule appointments
- Set up preauthorization (if needed)

**For assistance, please contact a Benefits Value Advisor (BVA) at 855-686-8517.**

<sup>1</sup> Excludes major U.S. holidays

## New Design for Explanation of Benefits (EOB)

BCBSIL has redesigned their Explanation of Benefits (EOB) document to help members better understand their benefits and health care finances. The look is streamlined and the claims math is easier to follow. Below are the changes you will notice:

- Color headers to better define sections
- New cover page with an easy to understand glossary of terms and important messages
- Separate deductible and copay amounts to improve readability
- Callout boxes for important and related information
- New total cost row for members to easily understand their responsibility
- Bigger font size for all footnotes





# Understanding Your Explanation of Benefits

Your **Explanation of Benefits (EOB)** lets you know when and how we process your claims. It isn't a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

## Page One Covers the Basics

- A.** Confirm your policy ID.
- B.** Learn how to download the mobile app and access your claims online.
- C.** Find helpful contacts and a glossary.



**BlueCross BlueShield of Illinois**  
 PO Box 7344  
 Chicago, IL 60680-7344

**EXPLANATION OF BENEFITS**

- B** Log into **Blue Access for Members<sup>SM</sup>** at [bcsil.com](http://bcsil.com)
  - View plan and claim details
  - Contact us through our secure Message Center
  - Sign up for digital health plan info
  - Search for health care providers
- C** Text\* **GOBCBSIL** to 33633 to download the mobile app.
- C** Have questions about this EOB? Customer Advocates are here to help! **XXX-XXX-XXXX**

**John Smith**  
 1234 Cedar Road  
 APT #2  
 Any Town, IL 76065

Sample

**A** **SUBSCRIBER INFORMATION**  
**GROUP NAME**  
 Member ID#: XXXXXXXXX777V Group #: 000012345

Dear John Smith,

An Explanation of Benefits (EOB) is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

**HELPFUL INFORMATION**  
**Want Your Health Care Info Digitally?**  
 To get this EOB and other health care info on our mobile app, text\* GOBCBSIL to 33633 to download the app. You can also go digital by logging in at [bcsil.com/member](http://bcsil.com/member). Once logged in, navigate to Settings, click Preferences, then select Go Paperless.

**Health Care Fraud Hotline: 800-543-0867**  
 Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois (BCBSIL), please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to [bcsil.com](http://bcsil.com).

**GLOSSARY OF TERMS - We have described some of the terms used here to help you understand them, but you should make sure to read your benefit plan materials if you have questions.**

**Amount Billed:** The amount your provider billed for the service(s) rendered.

**Amount Covered (Allowed):** Discounts, reductions, and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

**Coinsurance:** The percentage of the allowed amount you pay as your share of the bill. For example, if your plan pays 80% of the allowed amount, 20% would be your coinsurance.

**Copay Amount (Also known as Copayment):** The set fee you pay each time you receive a certain service. Some plans do not have copayments.

**Deductible:** The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims you and health care professionals send us. Some services can be covered before the deductible is met.

**Non-Participating Provider:** An out-of-network provider who does not accept rates for services we set to keep your costs down.

**Out-of-Pocket Limit (Maximum):** Once you pay this amount in deductibles, copayments and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

**Participating Provider:** An in-network or out-of-network provider who accepts agreed-upon rates for services.

**Your Total Costs:** This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of this.

\*Message and data rates may apply. Terms & Conditions and Privacy Policy [bcsil.com/text-messaging](http://bcsil.com/text-messaging)  
 Blue Cross and Blue Shield of Illinois provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.  
 A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

**F SUBSCRIBER INFORMATION**  
**GROUP NAME**  
 Member ID#: XXXXXXXXXX777V Group #: 000012345  
 Customer Advocates are here to help! XXX-XXX-XXXX

**CLAIM DETAIL (1 OF X)**

**PATIENT:** John Smith **D**  
**PROVIDER:** Ralph Johnston M.D. **E**

**Sample**

**CLAIM #** XXXXXXXXXXXXXXXX **DATE PROCESSED:** 06/20/2020

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield of Illinois (BCBSIL) has negotiated discounts with this provider. The following shows how this claim was adjusted.

**O<sup>2</sup>**

Amount Billed	\$7,850.00
Discounts and Reductions	-\$3,930.00
Health Plan Responsibility	-\$2,219.00
<b>You may owe your health care provider for these services</b>	<b>\$1,701.00</b>

Service Description	Service Dates	YOUR BENEFITS APPLIED				YOUR RESPONSIBILITY				
		Amount Billed <b>G</b>	Discounts and Reductions <b>H</b>	Amount Covered (Allowed) <b>I</b>	Health Plan Responsibility <b>J</b>	Deductible Amount <b>K</b>	Copay Amount <b>L</b>	Coinsurance <b>M</b>	Amount Not Covered <b>N</b>	Your Total Costs <b>O</b>
Surgical Charges	04/04/2020	4,000.00	(1) 1,800.00	2,200.00	960.00	1,000.00		240.00		1,240.00
Recovery Room	04/04/2020	900.00	(1) 410.00	490.00	392.00			98.00		98.00
Med/Surg Supplies	04/04/2020	300.00	(1) 140.00	160.00	128.00			32.00		32.00
Med/Surg Supplies	04/04/2020	100.00							(2) 100.00	100.00
Laboratory Services	04/04/2020	1,200.00	(1) 820.00	380.00	304.00			76.00		76.00
Laboratory Services	04/04/2020	400.00	(1) 270.00	130.00	72.00		50.00	8.00		58.00
MRI Outpatient	04/04/2020	950.00	(1) 490.00	460.00	363.00		15.00	82.00		97.00
<b>CLAIM TOTALS</b>		<b>\$7,850.00</b>	<b>\$3,930.00</b>	<b>\$3,820.00</b>	<b>\$2,219.00</b>	<b>\$1,000.00</b>	<b>\$65.00</b>	<b>\$536.00</b>	<b>\$100.00</b>	<b>\$1,701.00</b>

**Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-20. **J<sup>2</sup>****

**Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"**

**(1)** The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

**(2)** Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Your health care plan has a calendar year maximum for x-rays and laboratory services performed in the outpatient department of a hospital, a clinic or a doctor's office. When this maximum has been reached, the balance is eligible under your major medical benefits, subject to a yearly deductible and a coinsurance share.

**For your up-to-date Medical Spending summary, visit Blue Access for Members<sup>SM</sup> on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card. **Q****

JOHN SMITH - For benefit period 01-01-20 through 12-31-20 to date this patient has met \$4,515.02 of her/his \$7,350.00 Out-of-Pocket Expense Limit.

242384.0421

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**On Page Two You Can:**

**At a glance, confirm the:**

**D.** Patient    **E.** Provider    **F.** Policy Information

**Get the Details**

**YOUR BENEFITS APPLIED**—This section shows your list of services and how they're covered.

- G.** Amount Billed is the total amount your provider billed for the services.
- I.** Amount Covered (Allowed) is the amount billed (G) minus any discounts or reductions (H).
- J.** Health Plan Responsibility is the portion we paid to your provider.

**See Your Cost Share**

**YOUR RESPONSIBILITY**—This section shows your member cost-share amounts, including:

**K.** Deductible    **L.** Copays    **M.** Coinsurance

- O.** Your Total Costs is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments before beginning services. It also includes any amounts not covered by your health plan. The total cost in this column details the amount shown in the claim summary (O<sup>2</sup>). It does not include any amounts that a non-participating provider may bill you.

**Get More Information**

Your EOB may include a little more information about:

- J<sup>2</sup>.** Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).
- P.** Numbered notes give more details about discounts and reductions (H) and any amounts that aren't covered (N).
- Q.** Health care plan maximums help you track your yearly out-of-pocket totals so you'll know when your patient cost-shares are met.

Sign up to get your EOBs online on **Blue Access for Members<sup>SM</sup>** or Text\* **GOBCBSIL to 33633** to download the mobile app.

\* Message and data rates may apply. See terms and conditions and our privacy policy at [bcbsil.com/text-messaging](http://bcbsil.com/text-messaging).



## Summer-Savvy Tips

With summer comes a lot of fun, but it can also pose some health and safety challenges. Use these summer-savvy tips to stay healthy and safe this summer:

- Wear sunscreen, sunglasses, and a hat to protect your skin from the sun.
- Beat the heat – drink plenty of water, even if you aren't thirsty.
- Wear a mask if you're in close contact with people.
- Use insect repellent to protect yourself from mosquitoes and other insects.
- Wear a life jacket on the water.

Well onTarget®