

Health Savings Account (HSA) Contribution Limit Increases Effective January 1, 2021

Health savings account (HSA) contribution limits for 2021 are going up \$50 for self-only and \$100 for family coverage, per IRS regulations. The below chart illustrates the current and new HSA contribution limits. HSA catch-up contributions for age 55 and older remains at \$1,000.

	2021	2020	Change
HSA contribution limit	Self-only: \$3,600 Family: \$7,200	Self-only: \$3,550 Family: \$7,100	Self-only: +\$50 Family: +\$100

Quick Reference Source

Egyptian Trust

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

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

Get information about your health benefits anytime, anywhere. Use your computer, phone or tablet to access the secure member website, Blue Access for Members (BAM). To get started visit <https://www.bcbsil.com/>

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Request a new ID card – or print a temporary card

Benefits Value Advisor (BVA) Customer Service: 855-686-8517

Prescription Drug Program - Prime Therapeutics

Securely view your prescription drug claims history and more on www.myprime.com. You may access the site via the single sign on feature from Blue Access for Members (BAM). To get started visit <https://www.bcbsil.com>.

Dental Plan - BlueCare Dental

Visit the Dental Wellness Center for dental services by logging in to Blue Access for Members (BAM) at <https://www.bcbsil.com/> and click on the My Health tab. Dental Customer Service: 1-800-367-6401

Vision Plan – EyeMed

Find a network provider, view your protected claims, eligibility and more at www.eyemed.com, or contact Member Services at 1-866-804-0982.

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.

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Prescription Drug Program Changes

Effective January 1, 2021

The Blue Cross Blue Shield (BCBS) **Balanced Drug List** is routinely reviewed and updated to include medications that are safe, clinically effective and most cost effective. Updates to the drug list – such as removing/adding drugs – are made based on these guidelines. We understand that members may be used to using a certain drug; however, often there are other drugs on the list, brand or generic, that are used to treat the same condition and are available at a lower cost. These updates help BCBS keep health care more affordable for members. In late October, BCBS began sending targeted letters to any covered member taking one of the drugs impacted by the upcoming changes.

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

- **New Exclusions:** These are drugs that will not be covered by the plan beginning 1/1/2021. Please work with your physician on having an alternative drug

prescribed. If you choose to continue this medication, your physician can request an exception. This will be reviewed by BCBS. If BCBS denies the request, you will be responsible for the full cost for this excluded prescription.

- **Cost Share Changes:** Some drugs are being moved 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 an amount more than the allowed quantity, you can still get the drug, but you may have to pay the full cost of the prescription beyond what the plan allows.

Below is a list of the prescription drugs that are affected by the changes being made for January 1st:

New Exclusions	Cost Share Change	Dispensing Limits
BELVIQ / BELVIQ XR	CARBINOXAMINE MALEATE	Ciclopirox 0.77%
buprenorphine td patch	CHLOROQUINE PHOSPHATE	Ketoconazole 2%
CONCERTA	DIDANOSINE	Erythromycin 2%
DARAPRIM	ERYTHROMYCIN	Indocin 50 mg suppositories
GIALAX	NAFTIFINE HCL	
JADENU	NIZATIDINE	
KOMBIGLYZE XR		
MIGRANAL		
NEXIUM		
ONGLYZA		
PCP 100		
PROAIR HFA		
PROAIR RESPICLICK		
PROGLYCEM		
ranitidine capsules/syrup/tablets		
RIOMET		
SAMSCA		
TECFIDERA		
VUMERITY		

The full Balanced Drug List can be viewed by clicking this link, which will be updated by 1/1/2021:

<https://www.bcbsil.com/PDF/rx/rx-list-bal-il-2020.pdf>

If you are taking one of the drugs listed but did not receive a letter from BCBS, feel free to reach out to the BCBS Benefits Value Advisors (BVA) at 855-686-8517, Monday through Friday from 8:00 a.m. to 6:00 p.m. CST for additional information and to answer any questions. You should also speak with your physician to determine if an alternative therapy is appropriate.

Accessing Teladoc for your Covered Family Members

You and your eligible dependents covered under the Trust health plans can talk to a U.S. board-certified doctor anytime, anywhere, by phone or video. Teladoc doctors can treat many of your medical conditions. Set up your account today and give access to your family, so when your family members need care, a Teladoc doctor is just a call or click away.

Dependents under age 18 are managed on your account. You must add medical information for these minors before a consultation for them can be requested.

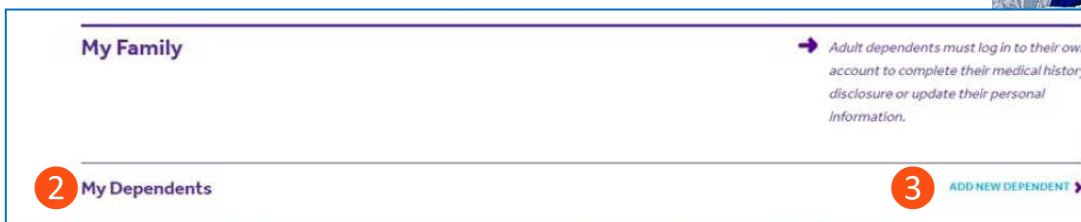
Adults dependents (spouses and children over age 18) must also be added by the primary member. These family members will then receive an email directing them to register for their own Teladoc account and complete their medical information online before a consultation can be requested.

It's easy to set up your account and provide access to your covered family members by following these simple steps:

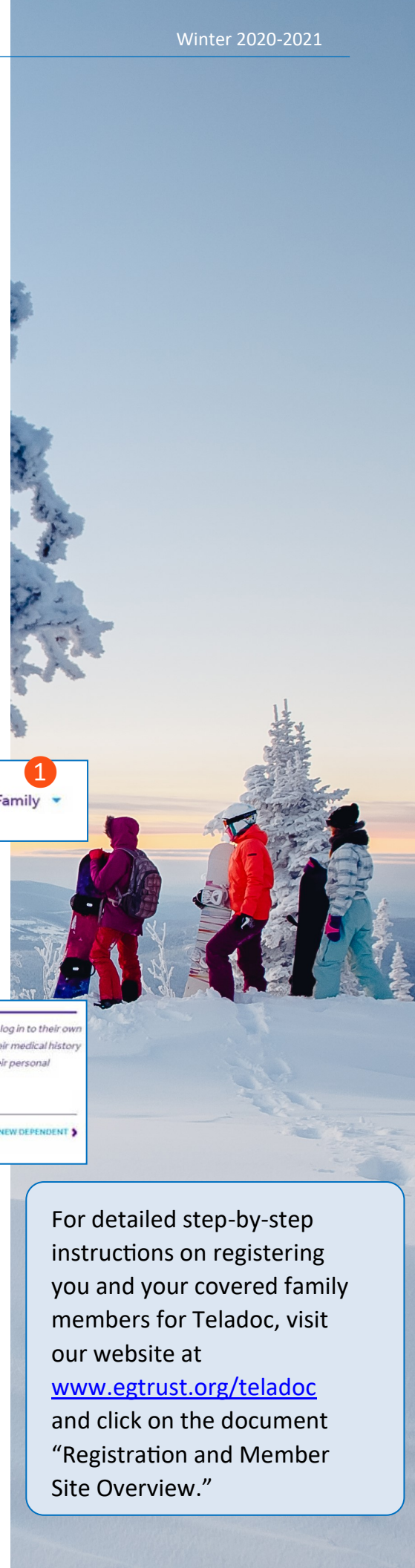
1. Visit www.Teladoc.com and click “**Set up account.**” Follow the online instructions to provide the necessary information and complete your medical history.
2. Hover over the option “My Family” on the top toolbar (see 1 below).



3. From the pull-down menu, click “My Dependents” (see 2 below).
4. On the next screen, select “**Add New Dependent**” (see 3 below). Then follow the prompts and fill out the necessary information for each of your covered family members, including your spouse and all children.



5. Once you have entered the required information for ALL covered family members, each adult dependent (i.e. spouse and children over age 18) will be emailed login information to set up their account and complete their medical history. **Adult dependents must set up their own accounts** for Teladoc to comply with HIPAA regulations.
6. After each family member has been added to the Teladoc portal and their accounts are set up, members can **request a consult** anytime care is needed.



For detailed step-by-step instructions on registering you and your covered family members for Teladoc, visit our website at www.egtrust.org/teladoc and click on the document “Registration and Member Site Overview.”



Other Important Benefit Updates

COVID-19

Testing and Testing-Related Visits: You will not pay copays, deductibles or coinsurance with in-network providers for visits related to COVID-19, whether at a provider's office, urgent care or walk-in clinic, or emergency room. (Testing must be medically necessary, consistent with CDC guidance and at the direction of a doctor.)*

Treatment: You will not pay copays, deductibles or coinsurance related to treatment for COVID-19 from a BCBSIL PPO network provider, or as a non-network emergency, through December 31st (unless extended).

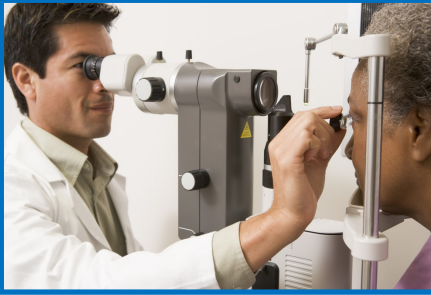
Telehealth: You will not pay copays, deductibles or coinsurance on covered telemedicine or telehealth services from a BCBSIL PPO network provider who offers these services through December 31st.

**Until the end of the federal public health emergency (as required by the Families First Coronavirus Response Act).*

BCBSIL Adding Telehealth/ Telemedicine to Plan Benefits as of Jan. 1, 2021

Telehealth visits with a BCBSIL PPO network provider will continue to be available as of January 1, 2021, as part of your Trust health plan benefits. Telehealth visits are services provided via phone call or video conference, replacing in-person office visits. **Normal patient cost share, such as office visit copays or deductible and coinsurance, will be applied to telehealth/telemedicine visits received in 2021.** This should not be confused with the Teladoc program which continues to be available to those with health plan coverage or participants who voluntarily enrolled.

Contact a Benefits Value Advisor (BVA) Customer Service Representative at 855-686-8517 weekdays from 8 a.m. to 6 p.m. CST with any questions about any of these health plan benefits.



What to expect the next time you visit the eye doctor

We've been hunkered down for a while, and for many that's meant delaying routine visits at the guidance of the Centers for Disease Control and Prevention (CDC).

Now that some providers are re-opening or extending operating hours to again accommodate more patients, you should expect to see a few changes when you head in for your next eye exam.

EyeMed medical director, Joe Wende, OD, says these changes may include:

- Required social distancing in waiting rooms and optical dispensaries.
- Added time between appointments to allow for broader disinfecting of equipment and surfaces in patient care areas.
- More detailed health history questionnaires asking about recent travel and potential exposure to individuals infected with COVID-19.
- Possible in-office temperature testing.

- Staff equipped with added protective equipment, such as masks or face shields during certain procedures.
- Altered office hours to accommodate new practices.

You'll also notice many of these enhanced safety practices should you choose to elect other eye-related procedures, like LASIK.

"Navigating this pandemic requires each of us to do our part with equal doses of grace and vigilance to help slow the spread," says Dr. Wende. "This may mean we go into our next appointment with an open mind and patience as we adjust to a new experience designed to help everyone stay safe."

As always, you should check with your eye doctor directly to confirm hours and/or any other changes you may need to be aware of before visiting.

Be sure to read our member FAQs at www.eyemed.com for more information about COVID-19 and your EyeMed vision benefits.

Need an eye doctor? Find one at www.eyemed.com

