

# ERIKSON INSTITUTE

2020 Employee Benefit Guide



# ELIGIBILITY

## Who Is Eligible?

Erikson provides Medical, Dental, Term Life, Long Term Disability, Vision and Voluntary Life to employees who are:

- Full-time employees regularly scheduled to work 30 hours per week

Employees' eligible dependents include:

- Your legal spouse, domestic partner or your civil union partner
- Your dependent children to age 26
- Your unmarried dependent children of any age, if they depend on you for support due to a physical or mental disability (documentation required)

*Note: If you do not enroll your dependents within thirty (30) days after you become eligible, you will not be able to enroll them until the next Open Enrollment unless you have a qualifying event in family status as defined by HIPAA.*

## Who Is Not Eligible?

- Part-time employees who are regularly scheduled to work less than 30 hours per week
- Seasonal, temporary employees and interns

## When Does Coverage End?

Your Medical, Dental and Vision coverage will end:

- At the end of the month in which your employment ends
- When the group policy ends
- If you are no longer eligible under the plan
- Upon your death
- Retirement
- At the end of the month in which you enter the armed forces on a full-time basis

*Note: Life and Long Term Disability coverage will end on midnight of your date of termination. Refer to carrier literature, summary plan descriptions, and master plan document for specific plan provisions, limitations and exclusions.*

## Waiving Coverage

Life and long-term disability are benefits you will be automatically enrolled in as they are 100% paid for by Erikson. All other benefits are optional. If you decide that you have appropriate benefits from an alternate source, you may choose to waive coverage. If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, providing that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or place for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

# UNDERSTANDING YOUR BENEFITS

## Insurance Terms You Should Know

As you read through The Erikson Institute benefit guide, many insurance terms are used. Knowing the meaning of these terms will be helpful when choosing the benefits that are right for you and your family.

**Deductible.** The dollar amount you pay for most services each calendar year before the plan will pay benefits. The plan will begin to pay benefits for any covered family member who satisfies the individual deductible. Once combined individual deductible amounts reach the full family level, the plan will pay benefits to all family members, even the members who have not satisfied the individual deductible.

**Coinsurance.** The percentage of your medical costs you pay for many covered services. You will begin paying the coinsurance after you have met your deductible.

**Copay.** The flat dollar amount you pay for certain services, such as office visits and prescription drugs, when you go to a network provider.

**Out-of-Pocket Limit.** The maximum share of expenses you must pay each calendar year before the plan begins to pay at 100%. The out-of-pocket limit includes your deductible and coinsurance.

**Health Maintenance Organization (HMO).** Your care is coordinated by one doctor, or “Primary Care Physician (PCP),” who knows you, your health history, current issues and medication, lifestyle and how your family’s health history may affect your health. If you need to see a specialist or behavioral health care provider, your PCP will refer you to one. Make sure the specialist or behavioral health care provider is in your network. Women don’t need a referral to see your in-network Woman’s Principal Health Care Provider (WPHCP).

**Preferred Provider Option (PPO).** A network of doctors and health care facilities that have agreed to provide services to plan members at discounted rates.

## Prescription Drug Terms You Should Know

To get the most out of your prescription drug benefits, it’s important to understand the following terms:

**Formulary.** A list of medicines that your pharmacy plan covers depending on your benefit. This list may change during the year. Review this list on <https://www.bcbsil.com/member> in order to check the tier your prescription falls into.

**Maintenance drug.** A prescription drug that treats a chronic condition (for example: diabetes, arthritis, high blood pressure, or heart disease).

**Prior Authorization.** Some drugs, such as acne antibiotics, steroids, erectile dysfunction drugs, and hepatitis C medications, require prior authorization. That means you or your doctor must contact the insurance company to request approval before the drug is covered under the plan.

**Step Therapy.** Some medications, often newer brand-name drugs, are subject to “step therapy”. It means you may have to try a more common, better-known drug to treat your condition before you can “step up” to a newer, more expensive drug.

**No-Cost Contraceptives.** Certain contraceptives for women have no member cost-share under the medical plans, as required by the Affordable Care Act. Go to <https://www.bcbsil.com/member> for a list of covered contraceptives.

# MEDICAL PLANS

Carrier: BlueCross BlueShield of Illinois

## Health Maintenance Organization (HMO)

An HMO gives you access to certain doctors and hospitals but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

## Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible, but they do accumulate towards your overall out-of-pocket maximum.

## High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, except for preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account, and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

# MEDICAL PLANS BlueCross BlueShield of Illinois

Choice of Plan Option	HMO In-Network Only	PPO – Classic	PPO – Value	HDHP – Classic	HDHP – Value
<b>Network</b>	Blue Advantage HMO	PPO	PPO	PPO	PPO
<b>Deductible</b>					
Individual (In-Network / Out-of-Network)	\$0	\$1,000 / \$2,000	\$2,500 / \$5,000	\$2,800 / \$5,200	\$6,000 / \$12,000
Family (In-Network / Out-of-Network)	\$0	\$3,000 / \$6,000	\$7,500 / \$15,000	\$5,600 / \$10,400	\$12,000 / \$24,000
<b>Coinsurance</b> In-Network / Out-of-Network	100%/Not Covered	80%/60%	80%/60%	100%/80%	100%/100%
<b>Out-of-Pocket Max</b>					
Individual (In-Network / Out-of-Network)	\$1,500	\$2,000 / \$4,000	\$4,500 / \$9,000	\$2,800 / \$10,400	\$6,000 / \$12,000
Family (In-Network / Out-of-Network)	\$3,000	\$6,000 / \$12,000	\$10,200 / \$20,400	\$5,600 / \$20,800	\$12,000 / \$24,000
<b>Physician Office Visits</b>	\$30 copay	\$30 copay	\$20 copay	Deductible	Deductible
<b>Specialist Office Visits</b>	\$50 copay	\$50 copay	\$40 copay	Deductible	Deductible
<b>Preventive Care</b> (includes routine physical exams, well-child care, women’s preventive health service, and routine diagnostic tests)	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only	No Charge In-Network Only
<b>Hospital Admission Deductible:</b> In-Network / Out-of-Net	N/A	N/A	N/A	N/A	N/A
<b>Inpatient Hospital Services</b> In-Network / Out-of-Network	No Charge	Deductible then coinsurance / \$300 copay then deductible then coinsurance	Deductible then coinsurance / \$300 copay then deductible then coinsurance	Deductible / \$300 copay then deductible then coinsurance	Deductible
<b>Outpatient Services &amp; Surgery</b> In-Network / Out-of-Network	No Charge	Deductible then coinsurance	Deductible then coinsurance	Deductible / Deductible then coinsurance	Deductible
<b>Emergency Room</b>	\$150 copay	\$150 copay	\$150 copay	Deductible	Deductible
<b>Urgent Care</b> In-Network / Out-of-Network	No Charge	Deductible then coinsurance	Deductible then coinsurance	Deductible / Deductible then coinsurance	Deductible
<b>Pharmacy – Retail</b> (In-Network - up to a 30 day supply)					
Tier 1 Generic Drugs	\$15	\$15	\$10	Deductible	Deductible
Tier 2 Preferred Brand Drugs	\$30	\$30	\$40	Deductible	Deductible
Tier 3 Non-Preferred Drugs	\$50	\$50	\$60	Deductible	Deductible
Tier 4 Specialty Drugs	Covered	Covered	Covered	Deductible	Deductible
<b>Pharmacy – Home Delivery</b> (In-Network - up to a 90 day supply)					
Tier 1 Generic Drugs	\$30	\$30	\$15	Deductible	Deductible
Tier 2 Preferred Brand Drugs	\$60	\$60	\$50	Deductible	Deductible
Tier 3 Non-Preferred Drugs	\$100	\$100	\$70	Deductible	Deductible
Tier 4 Specialty Drugs	Covered	Covered	Covered	Deductible	Deductible
<b>Prescription:</b> Out-of-Pocket Maximum	Individual \$1,000 Family \$3,000	Individual \$1,000 Family \$3,000	Individual \$1,000 Family \$3,000	N/A	N/A

## MEDICAL PREMIUMS

Plan	Coverage	Per Pay	Annual
<b>HMO</b>	Employee	\$45	\$1,075
	EE+SP/DP	\$171	\$4,104
	EE + Child(ren)	\$146	\$3,512
	Family	\$277	\$6,653
<b>PPO</b> Classic	Employee	\$129	\$3,101
	EE+SP/DP	\$349	\$8,380
	EE + Child(ren)	\$297	\$7,133
	Family	\$522	\$12,525
<b>PPO</b> Value	Employee	\$88	\$2,118
	EE+SP/DP	\$263	\$6,304
	EE + Child(ren)	\$224	\$5,375
	Family	\$403	\$9,675
<b>HDHP</b> Classic	Employee	\$63	\$1,510
	EE+SP/DP	\$209	\$5,022
	EE + Child(ren)	\$179	\$4,289
	Family	\$330	\$7,914
<b>HDHP</b> Value	Employee	\$0	\$0
	EE+SP/DP	\$77	\$1,848
	EE + Child(ren)	\$67	\$1,602
	Family	\$148	\$3,556

# BLUE CROSS/BLUE SHIELD VALUE ADDED SERVICES

For simply being enrolled in a medical plan through BlueCross BlueShield, you have several benefits available to you:

## **BlueAccess for Members: [bcbsil.com](http://bcbsil.com)**

A secure member website that gives you immediate access to health care benefit information. Here you can check claim status, find in-network providers, use the hospital comparison tool, and much more.

## **BlueAccess Mobile™**

Access your BlueAccess for Members account from a mobile device. Opt in to receive texts for Rx refill reminders, diet and fitness tips, claim updates and more. Download the app for immediate access.

## **Virtual Visits—MDLIVE (PPO/HSA Members Only)**

MDLIVE's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to [MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil) or call 888.676.4204 today to find out additional info on this awesome benefit.

## **24/7 Nurseline: 800.299.0274 (PPO/HSA Members Only)**

General health info and guidance for specific conditions from fevers to bee stings from a registered nurse.

## **Maternity Care Program: 888.421.7781**

Personalized support provided by obstetrical nurses.

## **Mail Order Prescriptions: 800.423.1973**

Through BCBS and Walgreens you can have your prescriptions mailed directly to you.

## **Blue365 Discounts**

Access to additional special program discounts. Details can be accessed by logging into Blue Access for Members via [www.bcbsil.com](http://www.bcbsil.com). Once logged in, go to the My Coverage tab and click on Discounts found under Member Advantages.

## **Well onTarget Member Wellness Program**

Access health and wellness resources that can help you manage your health. Resources include health assessments, self-directed courses and health coaching.

# DENTAL INSURANCE: Guardian

Choice of Plan Option	DHMO Plan In-Network / Out-of-Network	PPO Low Plan In-Network / Out-of-Network	PPO High Plan In-Network / Out-of-Network
<b>Network Name</b>	FCW IL	DentalGuard Preferred	DentalGuard Preferred
<b>Individual Deductible</b> (Family = 3x)	None	\$50 / \$50	\$25 / \$50
<b>Office Visit Copay</b>	\$5	None	None
<b>Preventive Coinsurance</b> (Annual cleanings (2 per year); X-rays (1 per year); Fluoride treatments (2 per year); etc.)	Fee Schedule	100% / 100%	100% / 100%
<b>Basic Coinsurance</b> (Fillings; Simple Extractions; etc.)	Fee Schedule	90% / 80%	100% / 80%
<b>Major Coinsurance</b> (Endodontics; Periodontics; Root Canals; Dentures/bridges/partials; Crowns; etc.)	Fee Schedule	60% / 50%	60% / 50%
<b>Annual Plan Maximum</b>	Unlimited	\$1,500	\$2,500
<b>Orthodontia Coinsurance</b>	Not Covered	50%	50%
<b>Orthodontia Lifetime Maximum</b>	Not Covered	\$1,500	\$1,500
<b>Usual &amp; Customary</b>	Fee Schedule	Fee Schedule / UCR 90%	Fee Schedule / UCR 90%

Plan	Coverage	Per Pay	Annual	
<b>HMO</b>	Employee	\$2.20	\$53	
	EE + 1 Dep	\$6.32	\$152	
	Family	\$9.65	\$232	
<b>PPO</b>	Employee	\$8.59	\$206	
	Low Plan	EE + 1 Dep	\$26.57	\$638
		Family	\$44.12	\$1,059
<b>PPO</b>	Employee	\$12.48	\$300	
	High Plan	EE + 1 Dep	\$35.16	\$844
		Family	\$57.55	\$1,381



# VISION PLAN: VSP

Vision Plan Details	Frequency	In-Network	Out-of-Network
<b>Network</b>	VSP Choice		
<b>Eye Exam</b>	Every calendar year	\$10 copay	Up to \$45
<b>Lenses</b>			
Single vision	Every calendar year	\$25 copay	Up to \$30
Bifocal	Every calendar year	\$25 copay	Up to \$50
Trifocal	Every calendar year	\$25 copay	Up to \$65
<b>Frames</b>	Every other calendar year	\$130 Allowance; \$150 for featured brands 20% savings over allowance \$70 Costco frame allowance	Up to \$70
<b>Contacts (instead of glasses)</b>	Every calendar year	\$150 allowance	Up to \$105

Plan	Coverage	Per Pay	Annual
<b>VSP Vision</b>	Employee	\$3	\$79
12/12/24	EE+SP/DP	\$5	\$129
	EE + Child(ren)	\$5	\$126
	Family	\$9	\$208

These benefit grids above are summaries only. They do not include all plan details, and do not replace the full insurance policies, certificates, or Summaries of Benefits and Coverage (SBC) in any way. If there is a difference between the summaries above and the insurance policy, the insurance policy prevails.

## FLEXIBLE SPENDING ACCOUNTS (FSA): Infinisource

An FSA allows you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and not paying taxes when the money is used for qualified expenses.

**Health Care FSA** - You may contribute up to \$2,750 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

For a list of qualified health care expenses go to <https://www.irs.gov/publications/p502/index.html>.

**Dependent Care FSA** - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a pre-tax-basis. Qualified eligible dependents are those under the age of 13.

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$500 to the next year for immediate use (excludes Dependent Care FSA)