

PLAN YEAR 2023 - 2024



EMPLOYEE BENEFITS ENROLLMENT GUIDE



TABLE OF CONTENTS

This guide provides details on the plans that are being offered as well as the insurance carriers providing them. In this guide you will also find instructions for selecting an in-network provider, important contact information, information about additional value-added benefits provided by the insurance carriers, and much more.

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ELIGIBILITY

Who is Eligible?

If you are a B and B Maintenance. full-time employee, and work at least **30 hours** per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible as well:

- Your Spouse
- Your dependent child(ren) who are age 26 or younger (until end of the month of 26th birthday)
- Your spouse's dependent child(ren) who are age 26 or younger (until end of the month of 26th birthday)
- Dependent child of any age who is physically or mentally handicapped (provided they meet certain requirements)

How to Enroll

Employees can enroll themselves and eligible dependents using B and B's employee self-service Benefits Portal sponsored by Employee Navigator in the following instances:

- Open Enrollment
- After fulfilling the new hire waiting period
- When you experience a Qualifying Event

**PLEASE NOTE:
DURING THE REGISTRATION
PROCESS, YOU ARE REQUIRED
TO ENTER THE LAST 4 DIGITES
OF YOUR SSN AND THE
COMPANY IDENTIFIER: *BBMaint***



Important

Under the requirements of the Affordable Care act, social security numbers are required for all dependents covered under an employer's benefit plans. Dependents without SSN's may have coverage terminated for non-compliance.

EMPLOYEE NAVIGATOR



B&B Maintenance Inc. uses the Employee Navigator system to enroll in benefits for the 2023-2024 plan year & moving forward. All future benefit elections, new hire elections, demographic changes, and life events will take place in Navigator. Below are the directions on how to enroll in your benefits online:

- Navigate to <https://gocgo.employeenavigator.com> & log in with your Username & Password
- If you haven't registered before, click 'Register as a new user'
- Input the information requested: Your First & Last Name, Company Identifier: **BBMaint**, PIN: Last 4 of your SSN, Birth Date
- Hit Next
- Create your Username & Password, and agree with the terms of use. Once complete, hit 'Next'
- Hit Continue on the next page
- Hit **Let's Begin** to start your Open Enrollment or New Hire Benefits!
- You will then view your homepage. Your homepage will allow you to view compliance documents, contacts, your profile with your demographic information, and will allow you to create a life event after Open Enrollment (if you get married, have a baby, lose your coverage, etc.)



The screenshot shows the Employee Navigator homepage. At the top, there is a navigation bar with a back arrow, 'B&B Maintenance Test', and links for 'Home', 'Profile', 'Benefits', 'Required Tasks', and 'Resources'. The main content area features a greeting: 'Hello, B&B Maintenance!' followed by 'It's time to enroll. You have 33 days left to complete your elections.' To the right of this text is a 'New Hire Enrollment' section with 'Incomplete' status and a green 'Start' button. Below this are three large buttons: 'View Profile' (with a person icon), 'Document Library' (with a document icon), and 'Total Compensation Statement' (with a document icon).

- Click the green **Start** button when you are ready to start your enrollment
- Click **Get Started** on the next page
- Review your personal information and make corrections, if necessary
- Click Save & Continue...you may also click 'View Steps' below the Progress bar on the right side of the page to see the enrollment steps & plans offered
- Review your address and make changes, if necessary. Hit 'Save & Continue'

EMPLOYEE NAVIGATOR



- Review your dependents, and add new ones, if necessary. These dependents will be the dependents enrolled in medical, dental & vision plans. If you are not enrolling dependents onto your plans, you do not need to enter them into the system.
- You will be taken to the medical page next. On each of the pages, please ensure you are selecting the correct dependents to cover on the benefits. You can click 'Select All' under 'Who am I enrolling?' if you want to cover all dependents
 - You can compare the plans offered and click 'Details' to learn more about the plans
 - On the right side of your page, you may view the plan you're currently enrolled in under 'My Selections' to help you make an easy decision!
- Hit 'Select' on the medical plan you'd like to enroll in or click the blue 'Don't want this benefit?' button & let us know why you are waiving the coverage.
- Continue this action for the remaining coverages
- After the Group Life coverage, enter in your beneficiaries in the system. You may copy your dependents already in the system! The allocation must reach 100% for any/all beneficiaries.
- Once all benefits have had an election made (either an enrollment or a waiver), and all steps have been completed, you will get to the Enrollment Summary page.
- On the Enrollment summary, review the plans & dependents you've elected & are covering. If all looks correct, please 'Click to Sign' and print your completed elections!

My Selections

Open Enrollment:

No election yet

Current:

2022-2023 Blue Choice Options Plan
MIBCO2050
\$58 per pay

Helpful Resources

[2023-2024 Blue Advantage HMO Plan MIBAV2130 Providers](#)

[2022-2023 Blue Advantage HMO Plan MIBAV2130 SBC](#)

[BCBSIL](#)

[BCBSIL - Provider Finder](#)

Enrollment Summary



Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.



Signature required

You've elected all your benefits, but we still require a signature before advancing.

Please review the acknowledgment below.

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.



Sign to complete enrollment

[Click to Sign](#)

OPEN ENROLLMENT

You may add, drop or make changes to your benefits each year during open enrollment. You may also add or drop dependents. Elections you make during open enrollment will take effect on August 1st, 2023.

New Hire Eligibility

For newly hired employees, benefits are effective first of the month following 2 months of employment.

Qualifying Events

The benefit elections you make during open enrollment (or when you first enroll) remain in effect for the entire year. You cannot change your elections during the year unless you have a qualified change in status, including:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of outside benefit coverage
- Loss or gain of a dependent's eligibility
- Loss or gain of legal guardianship
- Loss or gain of entitlement to Medicare or Medicaid
- Death of a spouse or dependent

When you have a qualified event, you must notify your plan administrator within 30 days of the date of your life event.

Otherwise, you will have to wait until the next open enrollment period to change your benefits. You will be able to change your benefit elections as long as the change is consistent with your qualified life event.

MEDICAL



B and B Maintenance offers two plan options through Blue Cross Blue Shield of IL utilizing local and nationwide networks:

The medical plan options provide coverage for a wide range of health services, including preventive care, hospitalization, physician services and prescription drugs.

While all plan types provide coverage for the same types of healthcare services, they differ from each other in important ways.

Blue Choice Options

The Blue Choice Options plan is a High Deductible Health plan that offers two tiers of benefit, tier 1 allows for the highest level of in-network benefits within the Blue Choice Options Network. Tier 2 allows for in-network benefits within the PPO National Network and this plan also provides out of network benefits. This plan does allow flexibility to see providers within both tier 1 and tier 2

HMO Plan

With an HMO plan, you must choose a Primary Care Physician (PCP) from a network of local healthcare providers who will refer you to in-network specialists or hospitals when necessary. All your care is coordinated through that PCP.



MEDICAL



Carrier Name	BCBSIL			
Network Name	Blue Choice Options			Blue Advantage HMO
Plan Name	Options Plan MIBCOE3023			HMO Plan MIBAV2152
Benefit	In-Network	Tier 2	Out-of-Network	In-Network
Coinsurance	0%	20%	40%	20%
Deductible				
Single	\$4,000	\$5,700	\$12,000	\$3,000
Family	\$12,000	\$14,800	\$36,000	\$9,000
Accumulation Reset	Calendar Year			Calendar Year
OOP Max (includes deductible)				
Single	\$4,000	\$7,500	\$22,500	\$8,700
Family	\$12,000	\$15,000	\$45,000	\$17,400
Hospital Services				
Inpatient Hospital	0% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.
<i>IP Additional Ded/Copay</i>	None	None	None	\$200 / Visit
Outpatient Hospital	0% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.
<i>OP Additional Ded/Copay</i>	None	None	None	\$150 / Visit
Emergency Room		0% after Ded.		\$400 Copay, then 20% PCP - \$20 Copay Specialist - \$40 Copay
Urgent Care	0% after Ded.	20% after Ded.	40% after Ded.	
Office Visits				
PCP	0% after Ded.	20% after Ded.	40% after Ded.	\$20 Copay
Specialist	0% after Ded.	20% after Ded.	40% after Ded.	\$40 Copay
Preventive Care	0%	0%	40% after Ded.	0%
Prescription Drugs	Single		Family	Single Family
Deductible (Single / Family)	Medical Ded. Applies, then:			None
Rx OOP Max (Single / Family)	Included in Medical OPX			Included in Medical OPX
Retail (30 Day Supply) - Network	Preferred		Non-Preferred	
Tier 1				\$0 Copay
Tier 2				\$10 Copay
Tier 3		0% after Ded.		\$50 Copay
Tier 4				\$100 Copay
				\$150 Copay
				\$250 Copay
Mail-Order (90 Day Supply) Multiplier		0% after Ded.		2 X Copay

Bi-Weekly Employee Contributions		
	Blue Choice Options MIBCOE3023	Blue Advantage HMO MIBAV2152
Employee Only	\$58.00	\$73.85
Employee + Spouse	\$356.83	\$414.03
Employee + Child(ren)	\$283.24	\$330.20
Family	\$578.19	\$663.72

DENTAL



Dental care is an important part of total health care. This year, B & B Maintenance will be offering dental coverage through BCBS. To help avoid costly and uncomfortable treatments, prevention is the key. For detailed coverage information, please visit

www.bcbsil.com

Program Basics

Contracting Dentist

Non-Contracting Dentist**

Benefit Period Maximum	\$1,500	
Deductible	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
Basic Restorative Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%

Bi-Weekly Employee Contributions

Employee Only	\$22.37
Employee + Spouse	\$44.74
Employee + Child(ren)	\$51.77
Family	\$80.88

DENTAL



Contracting Dentist

Non-Contracting**

Covered Services (continued)

Oral Surgery Services Surgical tooth extractions Alveoplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%*	80%*
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%*	50%*
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%*	50%*
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%*	50%*

Orthodontic Services

Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	Not Covered	
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*A 12-month waiting period applies for these services.

Dental implants are not covered.

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

VISION



This year, vision coverage will be offered through BCBS. The Vision plan offers In-Network benefits and Out-of-Network Allowances. The following chart shows how the plan works and how each type of service is covered:

Carrier Name	BlueCross Blue Shield	
Network Name	EyeMed	
Plan Name	BCBS Vision	
Exams	In-Network	Out-of-Network
Copay	\$10 Copay	Up to \$30
Frequency	Every 12 Months	
Lenses		
Single	\$10 Copay	Up to \$25
Lined Bifocal	\$10 Copay	Up to \$40
Lined Trifocal	\$10 Copay	Up to \$55
Frequency	Every 12 Months	
Frames		
Allowance	\$150 Allowance + 20% off balance over \$150	Up to \$75
Frequency	Every 24 Months	
Contact Lenses		
Conventional	\$150 Allowance + 15% off balance over \$150	Up to \$120
Frequency	Every 12 Months	
In Lieu of Frames	Yes	

Bi-Weekly Employee Contributions	
Employee Only	\$4.17
Employee + Spouse	\$7.93
Employee + Child(ren)	\$8.35
Family	\$12.28

Employer Paid Benefits



Basic Life

- The Basic Life premium is 100% paid by B&B Maintenance.
- For managers this benefit is 2X your annual salary.
- For all other full time eligible employees this benefit is a flat \$15,000.
- **Please make sure that you include your beneficiary information when electing on Employee Navigator.**

Short Term Disability

- Short Term Disability premium is 100% paid by B&B Maintenance.
- This benefit provides income replacement (60% of your weekly income up to a maximum of \$125 weekly), in the event of a non-occupational injury or illness.
- Benefits begin on the 15th day for injury and 15th day for illness and may be payable for up to 24 weeks based on the doctor's disability verification.

Long Term Disability (Manager Benefit Only)

- Long Term Disability is only available to Managers. For additional information please reach out to HR.



Health Savings Account

If you are enrolled in the Blue Choice Options Medical Plan MIBCOE3023 with BCBS, you are eligible to contribute money on a pre-tax basis to a Health Savings Account (HSA). The funds within your account can be utilized for eligible medical expenses, are yours to keep and do not expire.

Our preferred HSA vendor is Further. As a Further member, you have access to:

- **Online Member Service Center** - 24/7 access to your account
- **WalletDoc Consumer Tools** - Online resources to help you make decisions that stretch your HSA dollars
- **Flexible Account Options** - Customize your account experience to your lifestyle



Advantages of a Health Savings Account (HSA)

- **Flexibility** - You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover. You can also save your funds for future medical expenses including dental and vision expenses for you and your family.
- **Tax Savings** - An HSA provides you with triple tax savings:
 - Deductions are taken out pre-tax when you contribute to your account
 - Tax-free earnings through investment of your HSA funds
 - Tax-free withdrawals for qualified expenses
- **Control** - You make the decisions regarding:
 - How much money you will put in the account
 - When to make contributions to the account
 - Whether to save the account for future eligible expenses or pay current expenses
 - Which expenses to pay for from the account
- **Portability** - Accounts are completely portable. You can keep your HSA funds even if you:
 - Change jobs or become unemployed
 - Change your medical coverage.
- **Ownership** - Funds remain in the account from year to year. There is no “use it or lose it” rules for an HSA making it a great way to save money for future eligible expenses!

You are responsible for opening this account if you are interested:

To get started with Further, visit <https://member.hellofurther.com/online-application> and register

When creating an account, employees should:

1. Select “My Employer is offering a Further HSA”
2. Input the group name as “B & B MAINTENANCE” and group number of 027964.

Participants will be charged a \$1 monthly fee for the account

PROVIDER FINDER



Pick a Medical plan and find its corresponding network listed below.

HMO Plan: Blue Advantage [BAV]

Blue Options Plan: Blue Options PPO [BCO]

1.) Go to www.bcbsil.com and select "Find a Doctor or Hospital" tab

The screenshot shows the top navigation bar of the BlueCross BlueShield of Illinois website. The 'Find a Doctor or Hospital' tab is highlighted in blue. Below the navigation bar, the 'Find a Doctor or Hospital' section is visible, featuring a search bar and a 'Search' button. A blue arrow points from the instruction text to the 'Find a Doctor or Hospital' tab.

2.) Select "Search as a Guest" on the right hand side

The screenshot shows the 'Find a Doctor or Hospital' section of the website. The 'Search as a Guest' button is circled in blue. A blue arrow points from the instruction text to the 'Search as a Guest' button. The page also displays sections for 'Are You a Member?' and 'Not a Member Yet?'. The 'Are You a Member?' section includes links for 'Uncover potential savings', 'Make informed decisions', and 'Know you're covered'. The 'Not a Member Yet?' section includes a link for 'Search as a Guest'.

PROVIDER FINDER



Step 3: select appropriate network for the plan you intend to elect

Step 4: You can also enter your zip code in this box and search for providers in your direct surrounding area

You can also choose to search by provider type (such as different specialists) or by a specific provider's name by entering that in these area's – this information is NOT required to complete your provider finder search

PROVIDER FINDER



DENTAL

Blue Cross Blue Shield

1. Visit www.bcbsil.com/find-care/providers-in-your-network/find-a-dentist
2. Select “BlueCare Dental PPO”
3. Select how you’d like to search – by dentist name, location, county or center name
4. Enter the appropriate criteria, and select **search**
5. Select a participating Dentist

Vision

Blue Cross Blue Shield

1. Visit www.bcbsil.com/find-care/providers-in-your-network/vision
2. Select “BCBSIL Vision Plans” – you will get redirected to EyeMed
3. Select “Find an Eye Doctor” in the right hand corner
4. Enter your zip code or you can search by doctor
5. Select a participating vision provider



SUPPORT



Insurance Carrier Contacts

Benefit	Administrator	Call	Visit
Medical	BCBS of IL	800-654-7385	www.bcbsil.com/member
Dental	BCBS of IL	800-721-7987	www.bcbsil.com/ancillary/employees
Vision	BCBS of IL	800-832-4450	www.bcbsil.com/ancillary/employees
Group Life	BCBS of IL	800-778-2281	www.bcbsil.com/ancillary/employees
Short Term Disability	BCBS of IL	877-348-0487	www.bcbsil.com/ancillary/employees
Long Term Disability	BCBS of IL	877-348-0487	www.bcbsil.com/ancillary/employees
Health Savings Account	Further	800-859-2144	www.hellofurther.com

Your Employee Benefits Team Contacts

Role	Contact	Call	Email
CGO – Account Executive	Bryan Beauchamp	630-687-6419	bbeauchamp@gocgo.com
CGO – Account Manager	Amber Marusarz	630-737-9386	amarusarz@gocgo.com
CGO – Customer Service Representative	Cassie Crus	630-737-9517	ccruz@gocgo.com
Benefits Consultant	Jessie Crnkovich	630-687-6413	jcrnkovich@gocgo.com

IMPORTANT NOTICES

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

Notice of Patient Protections

You do not need prior authorization from Eagle Flexible Packaging Inc. Welfare Benefit Plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the BCBS website at www.bcbsil.com.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

IMPORTANT NOTICES

Notice of Special Enrollment Rights (cont'd.)

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact CAMILLE ATKUS at 537 Capital Dr., Lake Zurich, IL 60047, (847)550-6060, catkus@bbmaint.com

Women's Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$0 deductible (in-network) and 0% coinsurance (in-network) and \$0 deductible (out-of-network) and 0% coinsurance (out-of-network). If you would like more information on WHCRA benefits, refer to your BCBS certificate or BCBS website at www.bcbsil.com.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? [Refer to your UHC certificate booklet for more information.](#)

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Eagle Flexible Packaging Inc. Welfare Benefit Plan with respect to mental health or substance use disorder benefits, refer to your BCBS certificate or BCBS website at www.bcbsil.com.

Employer's Children's Health Insurance Program (CHIP) Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

IMPORTANT NOTICES

Employer's Children's Health Insurance Program (CHIP) Notice (cont'd.)

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility:

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131</p>
<p>CALIFORNIA – Medicaid</p> <p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov/ Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>

IMPORTANT NOTICES

<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalsev/medicaid/ Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>VERMONT – Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
<p>PENNSYLVANIA – Medicaid</p> <p>Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p>RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: http://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p>WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com Phone: 307-777-7531</p>

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from Eagle Flexible Packaging Inc. about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Eagle Flexible Packaging Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Eagle Flexible Packaging Inc. has determined that the prescription drug coverage offered by the Eagle Flexible Packaging Inc. Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Eagle Flexible Packaging Inc. coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Eagle Flexible Packaging Inc. coverage, be aware that you and your dependents will be able to get this coverage back, but only at the groups Open Enrollment.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Eagle Flexible Packaging Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the person listed for further information: call CAMILLE ATKUS at (847) 550-6060. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Eagle Flexible Packaging Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

IMPORTANT NOTICES

For More Information about Your Options Under Medicare Prescription Drug Coverage (cont'd):

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 08/01/2023
Name of Entity/Sender: B and B Maintenance
Contact--Position/Office: CAMILLE ATKUS, HUMAN RESOURCES MANAGER
Address: 537 Capital Drive, Lake Zurich, IL 60047
Phone Number: (847) 550-6060

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Your Rights Under USERRA

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g.... pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement

The U.S. Department of Labor Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

IMPORTANT NOTICES

Plan Year:
Plan Name:
Funding Type:

Mid-Market
 2021-2022
 IL Blue Options

EHB Category and Benefit	Benchmark Page # Reference	Employer plan Covered Benefit
Ambulatory		
Accidental Injury – Dental	10 & 17	Yes
Allergy Injections and Testing	11	Yes
Bone anchored hearing aids	17 & 35	Yes
Durable Medical Equipment	13	Yes
Hospice	28	Yes
Infertility (Fertility) Treatment	23-24	Yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	21	Yes
Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	15-16	Yes
Private-Duty Nursing	17 & 34	Yes
Prosthetics/Orthotics	13	Yes
Sterilization (vasectomy men)	10	Yes
Temporomandibular Joint Disorder (TMJ)	13 & 24	Yes
Emergency Services		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
Hospitalization		
Bariatric Surgery (Obesity)	21	Yes
Breast Reconstruction After Mastectomy	24-25	Yes
Reconstructive Surgery	25-26, 35	Yes
Inpatient Hospital Services (e.g., Hospital Stay)	15	Yes
Skilled Nursing Facility	21	Yes
Transplants - Human Organ Transplants (Including transportation & lodging)	18 & 31	Yes
Laboratory Services		
Diagnostic Services	6 & 12	Yes
MH/SUD		
Intranasal opioid reversal agent associated with opioid prescriptions	32	Yes
Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	8-9, 21	Yes
Opioid Medically Assisted Treatment (MAT)	21	Yes
Substance Use Disorders (Including Inpatient Treatment)	9 & 21	Yes
Tele-Psychiatry	11	Yes
Topical Anti-Inflammatory acute and chronic pain medication	32	Yes
Pediatric Oral and Vision Care		
Pediatric Dental Care	See Allkids Pediatric Dental Document	No
Pediatric Vision Care	26-27	No
Pregnancy, Maternity and Newborn Care		
Maternity Service	8 & 22	Yes
Prescription Drugs		
Outpatient Prescription Drugs	29-34	Yes
Preventive and Wellness Services		
Colorectal Cancer Examination and Screening	12 & 16	Yes
Contraceptive/Birth Control Services	13 & 16	Yes
Diabetes Self-Management Training and Education	11 & 35	Yes
Diabetic Supplies for Treatment of Diabetes	31-32	Yes
Mammography - Screening	12, 15, & 24	Yes

IMPORTANT NOTICES

Osteoporosis - Bone Mass Measurement	12 & 16	Yes
Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	16	Yes
Preventive Care Services	18	Yes
Sterilization (women)	10 & 19	Yes
Rehabilitative and Habilitative Services and Devices		
Chiropractic & Osteopathic Manipulation	12-13	Yes
Habilitative and Rehabilitative Services	8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Note: The above is not a guarantee of coverage. Availability of services will be based on medical necessity and will be subject to plan provisions set forth by the medical plan. BCBSXX has no responsibility for or liability with respect to Employer's compliance or non-compliance with Pub. Act 102-0104. The information contained here is not intended to be nor should be considered a representation by BCBSXX with respect to compliance with Pub. Act 102-0104. BCBSXX is providing the information contained here as a courtesy to Employer, so Employer should review the content of this document for accuracy. Employer has the ultimate responsibility to provide information to its employees as required by Pub. Act 102-0104, and BCBSXX is not responsible for the accuracy of any documents employer supplies to its employees.

IMPORTANT NOTICES

Plan Year:
Plan Name:
Funding Type:

Mid-Market
 2021-2022
 IL Blue Advantage HMO

EHB Category and Benefit	Benchmark Page # Reference	Employer plan Covered Benefit
Ambulatory		
Accidental Injury -- Dental	10 & 17	Yes
Allergy Injections and Testing	11	Yes
Bone anchored hearing aids	17 & 35	Yes
Durable Medical Equipment	13	Yes
Hospice	28	Yes
Infertility (Fertility) Treatment	23-24	Yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	21	Yes
Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	15-16	Yes
Private-Duty Nursing	17 & 34	Yes
Prosthetics/Orthotics	13	Yes
Sterilization (vasectomy men)	10	Yes
Temporomandibular Joint Disorder (TMJ)	13 & 24	Yes
Emergency Services		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
Hospitalization		
Bariatric Surgery (Obesity)	21	Yes
Breast Reconstruction After Mastectomy	24-25	Yes
Reconstructive Surgery	25-26, 35	Yes
Inpatient Hospital Services (e.g., Hospital Stay)	15	Yes
Skilled Nursing Facility	21	Yes
Transplants - Human Organ Transplants (Including transportation & lodging)	18 & 31	Yes
Laboratory Services		
Diagnostic Services	6 & 12	Yes
MH/SUD		
Intranasal opioid reversal agent associated with opioid prescriptions	32	Yes
Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	8-9, 21	Yes
Opioid Medically Assisted Treatment (MAT)	21	Yes
Substance Use Disorders (Including Inpatient Treatment)	9 & 21	Yes
Tele-Psychiatry	11	Yes
Topical Anti-Inflammatory acute and chronic pain medication	32	Yes
Pediatric Oral and Vision Care		
Pediatric Dental Care	See Allkids Pediatric Dental Document	No
Pediatric Vision Care	26-27	No
Pregnancy, Maternity and Newborn Care		
Maternity Service	8 & 22	Yes
Prescription Drugs		
Outpatient Prescription Drugs	29-34	Yes
Preventive and Wellness Services		
Colorectal Cancer Examination and Screening	12 & 16	Yes
Contraceptive/Birth Control Services	13 & 16	Yes

IMPORTANT NOTICES

Diabetes Self-Management Training and Education	11 & 35	Yes
Diabetic Supplies for Treatment of Diabetes	31-32	Yes
Mammography - Screening	12, 15, & 24	Yes
Osteoporosis - Bone Mass Measurement	12 & 16	Yes
Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	16	Yes
Preventive Care Services	18	Yes
Sterilization (women)	10 & 19	Yes
Rehabilitative and Habilitative Services and Devices		
Chiropractic & Osteopathic Manipulation	12-13	Yes
Habilitative and Rehabilitative Services	8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

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