

PLAN AÑO 2023 - 2024



# GUÍA DE INSCRIPCIÓN DE BENEFICIOS PARA EMPLEADOS



# TABLA DE CONTENIDO

Esta guía proporciona detalles sobre los planes que se ofrecen, así como las compañías de seguros que los proporcionan. En esta guía también encontrará instrucciones para seleccionar un proveedor dentro de la red, información de contacto importante, información sobre beneficios adicionales de valor agregado proporcionados por las compañías de seguros y mucho más.

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# Elegibilidad

## Quien es elegible?

Si usted es un B y B Mantenimiento. empleado de tiempo completo, y trabajar al menos 30 horas por semana, usted es elegible para inscribirse en los beneficios descritos en esta guía. Los siguientes miembros de la familia también son elegibles:

- Your Spouse
- Su(s) hijo(s) dependiente(s) que tienen 26 años o menos (hasta el final del mes de 26 cumpleaños)
- Hijos dependientes de su cónyuge que tienen 26 años o menos (hasta el final del mes de 26 cumpleaños)
- Hijo dependiente de cualquier edad que sea física o mentalmente discapacitado (siempre que cumplan ciertos requisitos)

## Como inscribirse

Los empleados pueden inscribirse ellos mismos y sus dependientes elegibles utilizando el Portal de beneficios de autoservicio para empleados de B and B patrocinado por Employee Navigator en los siguientes casos:

- Inscripción abierta
- Después de cumplir con el período de espera de nuevas contrataciones
- Cuando experimente un Evento Calificadorio

**TENGA EN CUENTA:  
DURANTE EL PROCESO DE  
REGISTRO, DEBE INGRESAR LOS  
ÚLTIMOS 4 DÍGITOS DE SU SSN Y EL  
IDENTIFICADOR DE LA EMPRESA:  
BBMaint**



# EMPLOYEE NAVIGATOR



B&B Maintenance utilizará el sistema Employee Navigator para inscribirse en los beneficios para el año del plan 2023 y seguir adelante. Todas las elecciones de beneficios futuros, elecciones de nuevos empleados, cambios demográficos y eventos de la vida tendrán lugar en Navigator. A continuación se encuentran las instrucciones sobre cómo inscribirse en sus beneficios en línea:

- Vaya al <https://gocgo.employeeenavigator.com>
- Haga clic en 'Register as a new user'
- Ingrese la información solicitada: Su nombre & apellido, Company Identifier: **BBMaint**, PIN: últimos 4 de su SSN, Fecha de nacimiento
- Haga clic en 'Next'
- Cree su nombre de usuario y contraseña y acepte los términos de uso. Haga clic en 'Next'
- Haga clic en 'Continue' en la siguiente página
- Haga clic en 'Let's Begin' para empezar su inscripción abierta!



← B&B Maintenance    Hogar    Perfil    Beneficios    Tareas requeridas    Recursos

**Hola, B&B!**

Es hora de inscribirse.  
Le quedan 2 días para completar sus elecciones.

Inscripción de nuevos empleados    Incompleto    **Comenzar**

Ver perfil    Biblioteca de documentos    Declaración de compensación total

- Luego verás tu página de inicio. Esta página de inicio le permitirá ver documentos de cumplimiento, contactos, su perfil con su información demográfica, y le permitirá crear un evento de vida después de la Inscripción Abierta (si se casa, tiene un bebé, pierde su cobertura, etc.)
- **Puede cambiar la idioma al español! Haga clic en su nombre en la parte arriba a la derecha de la pantalla. Haga clic en Español**
- Haga clic en el botón verde Iniciar inscripción cuando esté listo para comenzar su Inscripción abierta
- Haga clic en Comenzar en la página siguiente
- Revise su información personal y haga correcciones, si es necesario.
- Haga clic en Guardar y continuar ... también puede hacer clic en "Ver pasos" debajo de la barra de progreso en el lado derecho de la página para ver los pasos de inscripción y los planes ofrecidos

# EMPLOYEE NAVIGATOR



- Revise su dirección y realice cambios si es necesario. Presiona "Guardar y continuar"
- Revise sus dependientes y agregue nuevos, si es necesario. Estos dependientes serán los dependientes inscritos en un seguro médico, dental, de visión y de vida voluntario. Si no está inscribiendo dependientes en sus planes, no necesita ingresarlos en el sistema.
- Luego lo llevarán a la página médica. En cada una de las páginas, asegúrese de seleccionar los dependientes correctos para cubrir los beneficios. Puede hacer clic en "Seleccionar todo" en "¿A quién estoy inscribiendo?" Si desea cubrir a todos los dependientes
  - Puede comparar los planes ofrecidos y hacer clic en "Detalles" para obtener más información sobre los planes.
  - En el lado derecho de su página, puede ver el plan en el que está inscrito actualmente en "Mis selecciones" para ayudarlo a tomar una decisión fácil.
- Haga clic en "Seleccionar" en el plan médico en el que desea inscribirse o haga clic en el botón azul "¿No desea este beneficio?" Y díganos por qué renuncia a la cobertura.
- Continúe esta acción para las coberturas restantes
- Después de la cobertura de Vida Básica, ingrese a sus beneficiarios en el sistema. ¡Puede copiar sus dependientes que ya están en el sistema!
- En el resumen de inscripción, revise los planes y dependientes que eligió y que está cubriendo. Si todo parece correcto, ¡haga clic para firmar e imprima sus elecciones completadas!

**Progreso: 1 de 9**



[Ver pasos >](#)

**Mis selecciones**

**Actual:**  
Plan Blue Advantage HMO 2022-2023  
MIBAV2130  
\$73.85 por pago

**Recursos útiles**

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

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

[BCBSIL](#)

[BCBSIL - Buscador de proveedores](#)

Resumen de inscripción [Imprimir](#)

A continuación se muestra un resumen de sus elecciones y costos para el próximo año del plan. Si tiene alguna pregunta sobre su inscripción o desea realizar cambios, comuníquese con Recursos Humanos.

**⚠ Firma requerida**  
Ha elegido todos sus beneficios, pero aún requerimos una firma antes de avanzar.

Por favor revise el reconocimiento a continuación.

Como empleado elegible, reconozco que entiendo los beneficios, derechos y obligaciones disponibles para mí bajo el plan. Certifico que los hechos contenidos en este resumen son verdaderos y completos a mi leal saber y entender. Entiendo que las deducciones se pueden hacer antes o después de impuestos. Además, entiendo que las elecciones para los planes que se deducen antes de impuestos no se pueden cambiar durante el año del plan a menos que experimente un evento de vida calificado.

**⚠ Firmar para completar la inscripción** [Haga clic para firmar](#)

# Inscripción abierta

Usted puede agregar, eliminar o hacer cambios a sus beneficios cada año durante la inscripción abierta. También puede agregar o quitar dependientes. Las elecciones que realice durante la inscripción abierta entrarán en vigor el 1 de agosto de 2023.

## **Elegibilidad para nuevas contrataciones**

Para los empleados recién contratados, los beneficios son efectivos el primero del mes siguiente a 2 meses de empleo.

## **Eventos clasificatorios**

Las elecciones de beneficios que usted hace durante la inscripción abierta (o cuando se inscribe por primera vez) permanecen en vigor durante todo el año. No puede cambiar sus elecciones durante el año a menos que tenga un cambio calificado en el estatus, incluyendo:

- Matrimonio, divorcio o separación legal
- Nacimiento o adopción de un niño
- Pérdida o ganancia de cobertura de beneficios externos
- Pérdida o ganancia de la elegibilidad de un dependiente
- Losones o ganancias de tutela legal
- Pérdida o ganancia del derecho a Medicare o Medicaid
- Fallecimiento de un cónyuge o dependiente

**Cuando tenga un evento calificado, debe notificar al administrador de su plan dentro de los 30 días posteriores a la fecha de su evento de vida.** De lo contrario, tendrá que esperar hasta el próximo período de inscripción abierta para cambiar sus beneficios. Usted será capaz de cambiar sus elecciones de beneficios, siempre y cuando el cambio es consistente con su evento de vida calificado.



## **B y B Maintenance ofrece dos opciones de planes a través de Blue Cross Blue Shield of IL utilizando redes locales y nacionales:**

Las opciones de planes médicos proporcionan cobertura para una amplia gama de servicios de salud, incluyendo atención preventiva, hospitalización, servicios médicos y medicamentos recetados.

Si bien todos los tipos de planes proporcionan cobertura para los mismos tipos de servicios de atención médica, difieren entre sí en aspectos importantes.

### **Blue Choice Options**

El plan Blue Choice Options es un plan HDHP que ofrece dos niveles de beneficios, el nivel 1 permite el más alto nivel de beneficios dentro de la red dentro de la Red Blue Choice Options. El Nivel 2 permite beneficios dentro de la red dentro de la Red Nacional de PPO y este plan también proporciona beneficios fuera de la red. Este plan permite flexibilidad para ver a los proveedores dentro de los niveles 1 y 2

### **HMO Plan**

Con un plan HMO, debe elegir un médico de atención primaria (PCP) de una red de proveedores de atención médica locales que lo referirán a especialistas u hospitales dentro de la red cuando sea necesario. Toda su atención se coordina a través de ese PCP.

# MEDICA



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%
<b>Deductible</b>				
Single	\$4,000	\$5,700	\$12,000	\$3,000
Family	\$12,000	\$14,800	\$36,000	\$9,000
Accumulation Reset	Calendar Year			Calendar Year
<b>OOP Max (includes deductible)</b>				
Single	\$4,000	\$7,500	\$22,500	\$8,700
Family	\$12,000	\$15,000	\$45,000	\$17,400
<b>Hospital Services</b>				
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.	
<b>Office Visits</b>				
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%
<b>Prescription Drugs</b>				
	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
<b>Retail (30 Day Supply) - Network</b>				
	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

Contribuciones quincenales de los empleados		
	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



El cuidado dental es una parte importante del cuidado total de la salud. Este año, B & B Maintenance ofrecerá cobertura dental a través de BCBS. Para ayudar a evitar tratamientos costosos e incómodos, la prevención es la clave. Para obtener información detallada sobre la cobertura, visite [www.bcbsil.com](http://www.bcbsil.com)

## Program Basics

## Contracting Dentist

## Non-Contracting Dentist\*\*

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

## Covered Services

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

### Contribuciones quincenales de los empleados

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

# DENTAL



Contracting Dentist

Non-Contracting\*\*

## Covered Services (continued)

<b>Oral Surgery Services</b> 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%
<b>Surgical Periodontal Services</b> 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%*
<b>Major Restorative Services</b> Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%*	50%*
<b>Prosthetic Services</b> Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants	50%*	50%*
<b>Miscellaneous Restorative and Prosthetic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%*	50%*

## Orthodontic Services

<b>Orthodontic Services</b> 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



Este año, la cobertura de la visión se ofrecerá a través de BCBS. El plan Vision ofrece beneficios dentro de la red y asignaciones fuera de la red. El siguiente gráfico muestra cómo funciona el plan y cómo se cubre cada tipo de servicio:

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	

Contribuciones quincenales de los empleados	
Employee Only	\$4.17
Employee + Spouse	\$7.93
Employee + Child(ren)	\$8.35
Family	\$12.28

# Beneficios pagados por el empleador



## vida básica

- La prima de vida básica es 100% pagada por B & b mantenimiento.
- Para los gerentes este beneficio es 2 veces su salario anual.
- Para todos los demás empleados elegibles a tiempo completo, este beneficio es de \$15,000.
- **Asegúrese de incluir la información de su beneficiario cuando elija Employee Navigator.**

## **Discapacidad a corto plazo**

- La prima por discapacidad a corto plazo es del 100% pagada por B&B Maintenance.
- Este beneficio proporciona reemplazo de ingresos (60% de sus ingresos semanales hasta un máximo de \$125 semanales), en caso de una lesión o enfermedad no ocupacional.
- Los beneficios comienzan el día 15 por lesión y el día 15 por enfermedad y pueden pagarse por hasta 24 semanas según la verificación de discapacidad del médico.

## **Discapacidad a largo plazo (solo beneficio de administrador)**

- La discapacidad a largo plazo solo está disponible para los gerentes. Para obtener información adicional, comuníquese con Recursos Humanos.



# Cuenta de Ahorro de Salud

Si está inscrito en el plan médico MIBCOE3023 de Blue Choice Options con BCBS, es elegible para contribuir dinero antes de impuestos a una cuenta de ahorros para la salud (HSA). Los fondos dentro de su cuenta se pueden utilizar para gastos médicos elegibles, son suyos, conservar y no caducar.

**Nuestro proveedor preferido de HSA es Further.** Como miembro adicional, tiene acceso a:

- **Centro de servicios para miembros en línea** - acceso a su cuenta las 24 horas, los 7 días de la semana
- **Herramientas para consumidores de WalletDoc** - Recursos en línea para ayudarlo a tomar decisiones que estiren los dólares de su HSA
- **Opciones de cuenta flexibles** - Personaliza la experiencia de tu cuenta según tu estilo de vida



## Ventajas de una Cuenta de Ahorros para la Salud (HSA)

- **Flexibilidad:** puede usar su HSA para pagar los gastos médicos actuales, incluido su deducible y los gastos que su seguro no cubra. También puede ahorrar sus fondos para gastos médicos futuros, incluidos los gastos dentales y de la vista para usted y su familia.
- **Ahorros fiscales** - una HSA le proporciona ahorros fiscales triples:
  - Las deducciones se toman antes de impuestos cuando contribuye a su cuenta
  - Ganancias libres de impuestos a través de la inversión de los fondos de su HSA
  - Retiros libres de impuestos para gastos calificados
- **Control** - Usted toma las decisiones con respecto a:
  - Cuánto dinero pondrás en la cuenta
  - Cuándo hacer aportes a la cuenta
  - Si guardar la cuenta para gastos elegibles futuros o pagar gastos actuales
  - Qué gastos pagar de la cuenta
- **Portabilidad:** las cuentas son completamente portátiles. Puede conservar los fondos de su HSA incluso si:
  - Cambiar de trabajo o quedar desempleado
  - Cambia tu cobertura médica.
- **Propiedad:** los fondos permanecen en la cuenta de un año a otro. No hay reglas de "úsalo o piérdelo" para una HSA, lo que la convierte en una excelente manera de ahorrar dinero para futuros gastos elegibles.

## Usted es responsable de abrir esta cuenta si está interesado:

Para comenzar con Further, visite <https://member.hellofurther.com/online-application> y regístrese

### **Al crear una cuenta, los empleados deben:**

1. Seleccionar "My Employer is offering a Further HSA"
2. Introduzca el nombre del grupo como "B & B MAINTENANCE" y número de grupo de 027964.

**\*A los participantes se les cobrará una tarifa mensual de \$1 por la cuenta\***

# BUSCADOR DE PROVEEDORES

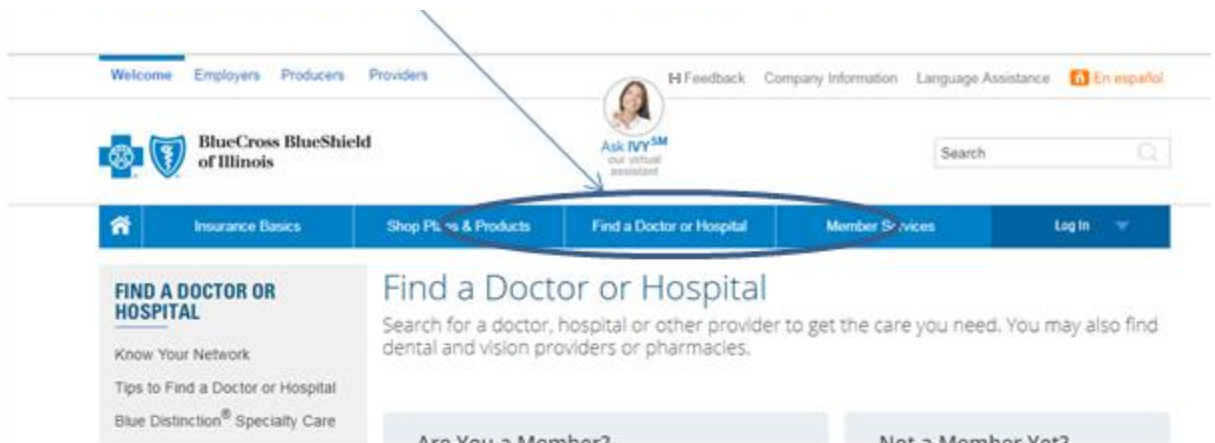


Elija un plan médico y encuentre su red correspondiente que se enumera a continuación.

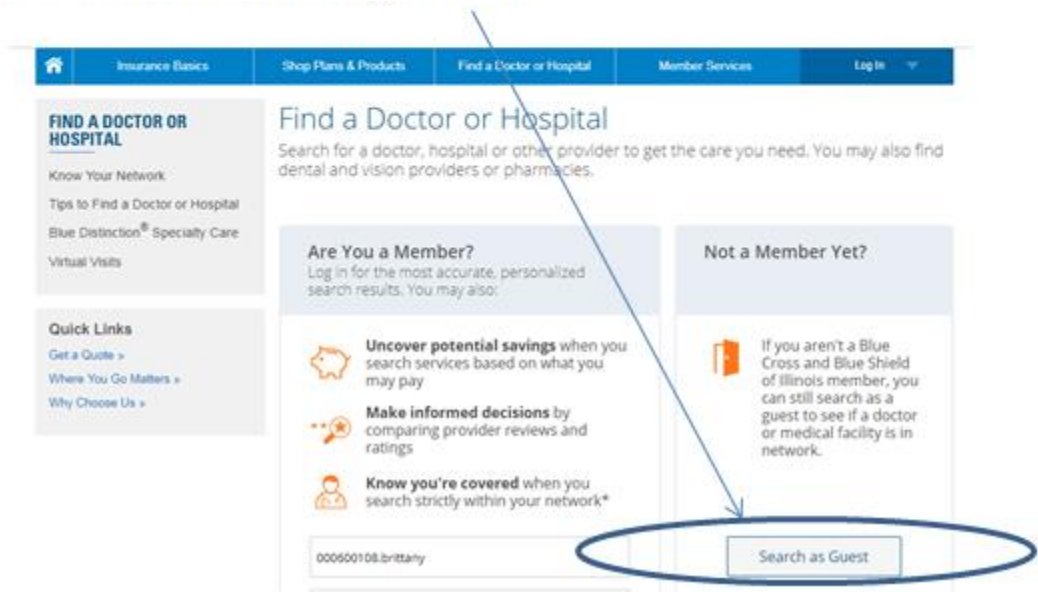
**HMO Plan:** Blue Advantage [BAV]

**Blue Options Plan:** Blue Options PPO [BCO]

**Paso 1:** Vaya a [www.bcbsil.com](http://www.bcbsil.com) y seleccione la pestaña "Buscar un médico u hospital"



**Paso 2:** Seleccione "Buscar como invitado" en el lado derecho(masculine)



# BUSCADOR DE PROVEEDORES



Plans  
All plans/networks

City, state or zip  
Aurora, IL - 60506

Browse by Category or Search for Names and Specialties

**Paso 3: seleccione la red adecuada para el plan que desea elegir**

**Paso 4: También puede ingresar su código postal en este cuadro y buscar proveedores en su área circundante directa**

Plans  
All plans/networks

City, state or zip  
Aurora, IL - 60506

Browse by Category or Search for Names and Specialties

**También puede optar por buscar por tipo de proveedor (como diferentes especialistas) o por el nombre de un proveedor específico ingresando eso en estas áreas: esta información NO es necesaria para completar su búsqueda de proveedores**



# BUSCADOR DE PROVEEDORES



## DENTAL

Blue Cross Blue Shield

1. Visitar [www.bcbsil.com/find-care/providers-in-your-network/find-a-dentist](http://www.bcbsil.com/find-care/providers-in-your-network/find-a-dentist)
2. Seleccione "BlueCare Dental PPO"
3. Seleccione cómo desea buscar: por nombre del dentista, ubicación, nombre del condado o centro
4. Introduzca los criterios adecuados y seleccione **buscar**
5. Seleccione un dentista participante

## Vision

Blue Cross Blue Shield

1. Visitar [www.bcbsil.com/find-care/providers-in-your-network/vision](http://www.bcbsil.com/find-care/providers-in-your-network/vision)
2. Seleccione "BCBSIL Vision Plans" – usted será redirigido a EyeMed
3. Seleccione "Buscar un oftalmólogo" en la esquina derecha
4. Ingrese su código postal o puede buscar por médico
5. Seleccione un proveedor de visión participante







## Insurance Carrier Contacts

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

## Your Employee Benefits Team Contacts

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

# NOTICIAS IMPORTANTE

## 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.<sup>1</sup>

**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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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](http://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.

# NOTICIAS IMPORTANTES

## 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](mailto: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](http://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](http://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](http://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.

# NOTICIAS IMPORTANTE

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

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<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a> Phone: 1-844-854-4825</p>
<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p><b>VERMONT – Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</p>
<p><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</p>	<p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.coverva.org/hipp/">http://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)</p>	<p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>
<p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>	<p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002</p>
<p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493</p>	<p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com">https://wyequalitycare.acs-inc.com</a> 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# NOTICIAS IMPORTANTES

## 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 15<sup>th</sup> to December 7<sup>th</sup>.

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](http://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.

# NOTICIAS IMPORTANTE

## 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](http://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>.



# NOTICIAS IMPORTANTE

**Plan Year:** Mid-Market  
**Plan Name:** 2021-2022  
**Funding Type:** IL Blue Options

EHB Category and Benefit	Benchmark Page # Reference	Employer plan Covered Benefit
<b>Ambulatory</b>		
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
<b>Emergency Services</b>		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
<b>Hospitalization</b>		
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
<b>Laboratory Services</b>		
Diagnostic Services	6 & 12	Yes
<b>MH/SUD</b>		
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
<b>Pediatric Oral and Vision Care</b>		
Pediatric Dental Care	See Allkids Pediatric Dental Document	No
Pediatric Vision Care	26-27	No
<b>Pregnancy, Maternity and Newborn Care</b>		
Maternity Service	8 & 22	Yes
<b>Prescription Drugs</b>		
Outpatient Prescription Drugs	29-34	Yes
<b>Preventive and Wellness Services</b>		
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



# NOTICIAS IMPORTANTE

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
<b>Rehabilitative and Habilitative Services and Devices</b>		
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.

# NOTICIAS IMPORTANTE

**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
<b>Ambulatory</b>		
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
<b>Emergency Services</b>		
Emergency Room Services (Includes MH/SUD Emergency)	7	Yes
Emergency Transportation/ Ambulance	4 & 17	Yes
<b>Hospitalization</b>		
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
<b>Laboratory Services</b>		
Diagnostic Services	6 & 12	Yes
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