

Benefits Summary

Brightpoint

Effective January 1, 2024—December 31, 2024

Brightpoint

Strong Families • Thriving Children



Benefits Introduction

Our success as an organization is driven by our single most important resource - our talent. It's only through you that we are successful, so a major priority for the leadership of Brightpoint is to offer employee benefits which are comprehensive, high quality, and structured in a way to meet the diverse and changing needs of our team members and their families. Understandably, we do this while managing the cost of benefits to both employees and the agency.

This is your opportunity to review the benefits available and select the ones that are right for you and your family. Please take time to carefully read this summary before your appointment with your enrollment counselor to select your benefits for 2024.

Sincerely,

Mike Shaver
President and CEO



Key Definitions to Assist You in Understanding Your Coverage

Deductible: The amount you must pay for covered services before your insurance starts paying. All plans offered by Brightpoint have embedded deductibles. This is relevant if there is more than 1 person on the plan. This means that each individual on the plan is only required to meet the individual deductible before the plan begins to pay at the coinsurance level. Once the family deductible has been met, then the deductible has been met for all members in the family.

Coinsurance: The percentage of covered expenses that is paid by the plan each year after you have paid the deductible.

Copay: A predetermined dollar amount you pay for specific services such as a prescription drug script or an office visit.

Out-of-Pocket Maximum: The most you will pay during the plan year (via deductible, coinsurance, and/or copays) before your insurance begins to pay 100% of the allowed amount.

In-Network Providers/Services: In-network providers are doctors that are contracted with the insurance company. In-network providers do not balance bill for covered services. They must accept the amount by the plan (plus any member copayment and/or coinsurance) as stipulated in their contracts. Out-of-network providers, however, are not under contracts so they can balance bill.

Out-of-Network Providers/Services: Out-of-network providers are doctors that are not contracted with an insurance company and may balance bill the member for covered services. If you choose to use an out-of-network doctor, services will not be provided at a discounted rate.

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

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

Eligibility for Employee Benefits

Employees who work at least 30 hours per week in a full-time, regular position are eligible to participate in agency benefit programs.

Medical Insurance





Medical Insurance | BlueCross BlueShield

BlueCross BlueShield is our claims administrator for our Medical Benefits Plan. Blue Cross BlueShield will process your medical claims and be your first point of contact for all your medical customer service needs.

Employees have three options for health insurance coverage. The agency covers a majority of the monthly premiums for your health coverage, and participants make pre-tax premium contributions for themselves or eligible dependents. Spousal coverage is available to married spouses, domestic partners and civil unions. Dependent children may be covered up to age 26.

Choice of plan options:	PPO	PPO NN (Narrow Network)*	HSA
Deductible Individual (In-Network) Family (In-Network)	\$1,000 \$2,000	\$2,000 \$4,000	\$3,200 \$6,400
Embedded / Non-Embedded	Embedded	Embedded	Embedded
Coinsurance In-Network	80%	80%	90%
Out-of-Pocket Max Individual (In-Network) Family (In-Network)	\$3,500 \$7,000 <i>Includes Deductible</i>	\$7,000 \$14,000 <i>Includes Deductible</i>	\$4,000 \$8,400 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% \$30 Copay / \$40 Copay Deductible then 80%	100% \$60 copay / \$80 copay Deductible then 80%	100% Deductible then 90% Deductible then 90%
Telemedicine (HealthiestYou)	No cost to you or your enrolled family members		
Emergency Room	\$200 Copay	\$400 Copay	Deductible then 90%
Prescription Drug Coverage Through CVS / Caremark Retail (Generic / Preferred / Non-Preferred) 30-Day Supply Mail Order (Generic / Preferred / Non-Preferred) 90-Day Supply	\$10 / \$40 / \$60 / 80% \$25 / \$80 / \$150	\$10 / \$40 / \$60 / 80% \$50 / \$160 / \$300	Deductible then 90% Some maintenance drugs are now covered at 100%

*The PPO NN uses Blue Choice PPO [BCS] a select, more affordable network than the larger PPO network.

In order to determine whether your hospital or provider is in network, please use the provider finder included in this document.

Spousal Surcharge

A surcharge of \$50 per pay period will be added to your medical plan contribution if your spouse is currently employed and eligible for health coverage through their employer and you elect to cover your spouse on a Brightpoint health plan instead.

In order to enroll your spouse / domestic partner in the medical plan, you will need to complete and return the Spouse Group Coverage Certification.



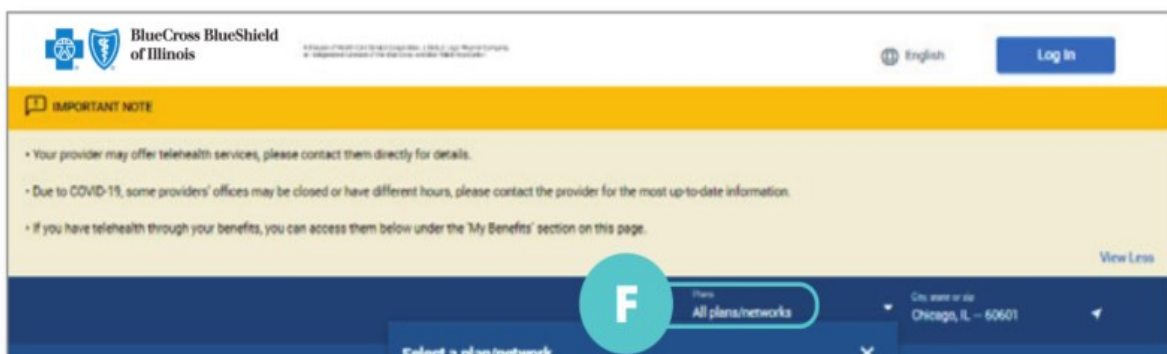
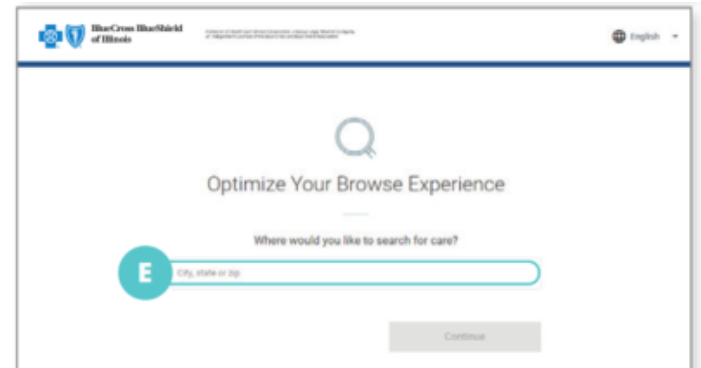
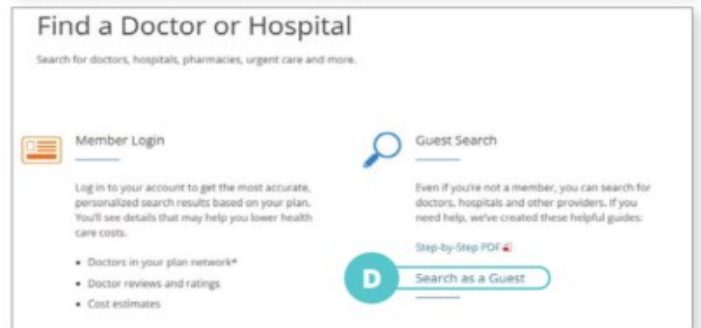
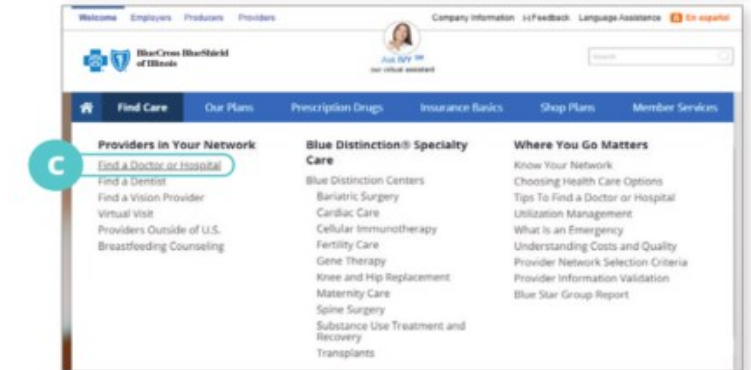
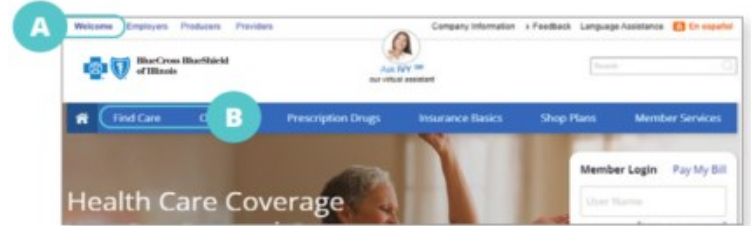
Medical Insurance | Medical Plans

Choice of plan options:	Differences	Similarities
PPO	<ul style="list-style-type: none">• Highest employee premiums• Lowest annual deductible• Office visits and prescriptions are not subject to the deductible• Same network as HSA	<ul style="list-style-type: none">• Unlimited lifetime maximums• Coverage for both in-network and out-of-network services• Same pharmacy network
HSA	<ul style="list-style-type: none">• Lower employee premiums• Highest annual deductible• All services are subject to the annual deductible (no copays)• Pre-tax, tax deferred contributions to Health Savings Account• CH&A contributes to HSA Account• Same network as PPO	
PPO NN (Narrow Network)	<ul style="list-style-type: none">• Lowest employee premiums• Median annual deductible• Office visits and prescriptions are not subject to the deductible• Network excludes some doctors and hospitals	



Find a Provider | BlueCross BlueShield

- 1 A. Go to <https://www.bcbsil.com/>
 - 2 B. Select Find Care
 - 3 C. Select Find a Doctor or Hospital
 - 4 D. Search as Guest to find providers
 - 5 E. Enter location where you want to search for provider
- F. Select plan/network
PPO: Participating Provider Organization [PPO]
PPO NN: Blue Choice Select PPO [BCS]
HSA: Participating Provider Organization [PPO]





Health Savings Account | Benefit Resource, Inc.

Advantages to having an HSA

- There's a triple tax savings benefit as contributions are not taxed going into the account, they're earning interest or when they're taken out for a qualified medical expense*
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

- 1 Go to the doctor and present your carrier ID card
- 2 Your doctor submits your medical services to the carrier to be discounted
- 3 Your carrier adjusts the pricing to reflect the network discounted amount for your services
- 4 The carrier generates an Explanation of Benefits (EOB) and sends it to you
- 5 By now you've received an invoice from your doctor - make sure the EOB and invoice match
- 6 Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Crowns
- Dentures
- Orthodontia
- Teeth cleanings
- And more

Vision Expenses

- Vision exams
- Contacts
- Eye glasses
- Laser eye surgery
- And more

2024 HSA Contributions

IRS Maximum Contributions:	Employee Only	Family
Brightpoint Annual Contribution	\$750	\$1,500
Maximum HSA Employee Contribution	\$3,400	\$6,800
Total HSA Maximum Contribution	\$4,150	\$8,300
Catch-Up Contribution (Age 55 & Older)	\$1,000	\$1,000

Please see a full list of qualified expenses:
<https://www.irs.gov/publications/p502>



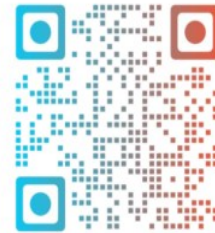
Virtual Healthcare | HealthiestYou by Teladoc

Healthiest You is a healthcare service that offers convenient, confidential access to quality doctors 24/7, anytime, anywhere. By scheduling a visit with a doctor you can be diagnosed, treated and prescribed medication if necessary. HealthiestYou includes general medicine, mental health, dermatology, nutrition, back and neck care & expert medical services for FREE!

Services are unlimited and available to you and your whole family!

*When should I use HealthiestYou?

1. If you're considering the ER or urgent care center for a non-emergency medical issue
2. On vacation, on a business trip, or away from home—services available in all 50 states
3. Your physician is out of town or not available
4. For short term prescription refills that are not a DEA controlled substance



Download the app to talk to a doctor

Visit member.healthiestyou.com

Call 866-703-1259 | Download the app  

How can I start using HealthiestYou?

Register Your Account. Activate your employee membership any of these 3 different ways.



App: download the HealthiestYou or HY app in your googleplay/app store



Website: member.healthiestyou.com



Call our Hotline#: 866-703-1259 x1

Set up your account in 4 Easy Steps-

1. **Select "Register"** - then choose "Employee" as your membership type.
**Dependents 18+ will need to register their own accounts and create a separate login. Same steps as Primary!*
2. **Enter Primary members info to verify Eligibility** - Last name, Date of Birth, and ZIP code.
3. **Finalize your account** - Enter a valid email address, password, best number for our doctors to reach you, your preferred language, and accept terms and conditions.
4. **Complete Medical History** - enter current Height, Weight, list of current medications etc.

You're all set! Just remember you have HealthiestYou as your first line of defense the next time you or your family members get sick.



Dental Insurance





Dental Insurance | Delta Dental

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Oral Surgery
- Periodontics
- Endodontics
- And more

Major:

- Dentures/bridges/partials
- Crowns
- Implants
- And more

Choice of plan options:	Low Plan <i>In-Network / Out-of-Network</i>	High Plan <i>In-Network / Out-of-Network</i>
Network	Delta Dental PPO	Delta Dental PPO
Individual Deductible (Family = 3x)	\$50 / \$50	\$50 / \$50
Office Visit Copay	None	None
Preventive Coinsurance	100% / 100%	100% / 100%
Basic Coinsurance	80% / 80%	90% / 90%
Major Coinsurance	50% / 50%	60% / 60%
Annual Plan Maximum	\$1,500 / \$1,500	\$2,000 / \$2,000
Orthodontia Coinsurance	50% / 50%	60% / 60%
Orthodontia Lifetime Maximum	\$1,000 / \$1,000	\$2,000 / \$2,000



Smart plans for smart mouths.



Vision Insurance





Vision Insurance | VSP

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 12 or 24 months depending on which plan you select. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

Low Plan:

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Choice		
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment	\$30 Allowance \$50 Allowance \$65 Allowance \$100 Allowance
Frames	Every 24 months*	\$130 allowance + 20% off balance	\$70 max allowance
Elective Contacts	Every 12 months**	\$140 Allowance	\$105 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

High Plan:

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	VSP Choice		
Eye Exam	Every 12 months	\$10 copayment	\$45 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment	\$30 Allowance \$50 Allowance \$65 Allowance \$100 Allowance
Frames	Every 12 months*	\$130 allowance + 20% off balance	\$70 max allowance
Elective Contacts	Every 12 months**	\$140 Allowance	\$105 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

Medical Insurance Rates (26 Pay Periods)

PPO

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$149.33	\$323.55
Employee & Spouse	\$246.60	\$534.31
Employee & Child(ren)	\$237.49	\$514.56
Family	\$311.31	\$674.51

PPO NN (Narrow Network)

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$59.07	\$127.99
Employee & Spouse	\$111.08	\$240.67
Employee & Child(ren)	\$99.37	\$215.31
Family	\$162.43	\$351.94

HSA

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$73.84	\$159.98
Employee & Spouse	\$138.85	\$300.85
Employee & Child(ren)	\$124.23	\$269.16
Family	\$203.04	\$439.92

Dental Insurance Rates

Low Plan

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$7.28	\$15.77
Employee & Spouse	\$10.45	\$22.64
Employee & Child(ren)	\$12.79	\$27.71
Family	\$18.98	\$41.13

High Plan

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$8.23	\$17.83
Employee & Spouse	\$11.81	\$25.59
Employee & Child(ren)	\$15.14	\$32.81
Family	\$22.11	\$47.90

Vision Insurance Rates

Low Plan

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$2.79	\$6.04
Employee & Spouse	\$4.46	\$9.66
Employee & Child(ren)	\$4.56	\$9.87
Family	\$7.34	\$15.90

High Plan

Contributions:	Per Pay Period:	Monthly:
Employee Only	\$3.81	\$8.25
Employee & Spouse	\$6.10	\$13.21
Employee & Child(ren)	\$6.22	\$13.48
Family	\$10.03	\$21.74

Additional Benefits





Basic Life and AD&D Insurance | BCBSIL

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Employee	
Benefit Amount	2x annual base salary per employee - Life 2x annual base salary per employee - AD&D
Guaranteed Issue Amount	Lesser of 2x annual earnings or \$375,000
Maximum Benefit Amount	\$750,000



Voluntary Term Life and AD&D Insurance | BCBSIL

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 4x their basic annual earnings.

	Employee	Spouse	Child(ren)
Coverage Increments	1-4x Annual Earnings	\$5,000	\$5,000 or \$10,000
Maximum Benefit Amount	4x Annual Earnings	\$50,000	\$10,000
Guaranteed Issue Amount*	\$300,000	\$25,000	\$10,000

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

***All new elections for existing employees will be subject to medical underwriting, no amount of coverage is guaranteed.**



Short-Term / Long-Term Disability | BCBSIL

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Disability Coverage	Short-Term	Long-Term
Pre-Existing Condition	None	3/12
Maternity Benefit	2 weeks pre-partum 6 weeks post-partum (Vaginal Delivery) 8 weeks post-partum (C-Section Delivery)	Applicable if complications arise from recovery
Waiting Period	Begins on the 8th day of continuous injury or illness	Begins on the 91st day of continuous injury or illness
Benefit Amount	60% of weekly earnings	60% of monthly earnings
Maximum Benefit	\$1,000 per week	\$10,000 per month
Length of Payment Period	12 weeks	SSNRA
Premium Contribution	Company paid	Company paid



Flexible Spending Account (FSA)

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

Health Care FSA - Employees can designate an annual election of pre-tax dollars up to the annual IRS limit (\$3,200) in 2024 to cover eligible out-of-pocket healthcare expenses, including copayments, coinsurance, and prescriptions. The annual amount is divided by the number of pay periods in the plan year, and deducted from each paycheck before taxes are calculated. The funds are available on a pre-paid debit card to use throughout the year.

Brightpoint will rollover a portion of unused medical FSA funds following the conclusion of the run out period on March 31st, 2024. For employees enrolling in the HSA for the first time, any 2023 FSA rollover dollars remaining following the runout period through March 31st 2024 will be converted into a Limited Purpose FSA. Run out period runs from January 1, 2024—March 31st, 2024, during this period you will be allowed to submit for reimbursement any claims incurred during the 2023 plan year against your remaining FSA balance.

Most debit card transactions for medical, dental, and vision services are automated to provide more ease with FSA substantiation. Each debit card swipe will be automatically validated by the carriers and BRi to eliminate work on your end. There still may be instances where substantiation will be required and you will need to submit proof of claim to BRi (Benefit Resource, Inc.).

Limited Purpose FSA - For those employees enrolled in the HSA plan and eligible to receive an employer contribution into their Health Savings Account, any FSA contributions will be limited to qualified non-medical expenses only. The IRS does not allow medical FSA and HSA contribution dollars in the same plan year.

Dependent Care FSA - Similar to the Healthcare FSA plan, employees can designate an annual election of pre-tax dollars up to the IRS limit (\$5,000 in 2024) to be used to cover eligible dependent care expenses. Funds are available after each payroll deduction.

Transit and Parking FSA - Certain transit and parking expenses can be covered by two separate FSA plans. Eligible mass transit FSA expenses include costs for any fare card, pass, voucher, or ticket to cover commuting costs. Qualified parking expenses include parking near work, or a location where an employee commutes to work. The maximum amounts allowed in 2024 are \$315/month for parking and \$315/month for mass transit.

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute.



Employee Assistance Program (EAP)

CCA is the EAP service that offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more

The EAP is there for when you need it. Need some more specialized face-to-face assistance? The EAP offers up to 5 sessions with trained counselors for each issue you may have.



MetLife Auto and Home Insurance

MetLife's Auto and Home insurance through CH&A offers special group discounts.

Employees can receive a quote by calling 800.GET.MET8 or online at metlife.com.



Legal Insurance

Brightpoint is offering a group legal plan and an identity theft protection program through LegalShield. LegalShield includes legal consultation, court representation, and legal document preparation. IDShield offers identity consultation, credit monitoring, and identity restoration. Employees can elect LegalShield as standalone coverage or LegalShield can be paired alongside IDShield.

To get more information contact Tonya Mack at 773.729.9111 or tonyammack@legalshieldassociate.com

Per Pay Contributions:	Individual or Family
LegalShield	\$7.38



Identity Theft Protection

IDShield offers identity consultation, credit monitoring, and identity restoration. Employees can elect LegalShield as standalone coverage or LegalShield can be paired alongside IDShield. The rates below include LegalShield coverage as the benefit is paired if you elect ID Protection.

Per Pay Contributions:	Individual	Family
LegalShield and IDShield	\$10.92	\$14.05



Nationwide Pet Insurance

Nationwide® pet insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles, and other exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep them healthy year after year.

Call 877.738.7874 and include the name of your organization or visit www.petinsurance.com/childrenshome.

The rates given will include your preferred pricing.



Critical Illness Plan | MetLife

The Critical Illness plan can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, and does not offset any other insurance you may have. If you meet the policy requirements, the critical illness plan will provide you with a lump-sum payment upon diagnosis for many conditions. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Eligible Individual	Benefit
Employee	\$15,000, \$20,000 or \$30,000
Spouse	50% of employee amount
Dependent Child(ren)	50% of employee amount



Accident Plan | MetLife

The Accident plan helps to fill financial gaps caused by expenses related to an injury caused by a covered accident. Cash benefits are paid directly to you, no matter what is covered by your medical plan or any other insurance. Benefits are paid for initial and follow-up care, medical imaging, X-rays, dislocations, fractures, physical therapy and more. Benefits can be used to pay expenses like coinsurance, deductibles, or everyday expenses like your mortgage, child care, or groceries. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Note, this coverage applies to accidents that occur on or off the job.



Hospital Indemnity Plan | MetLife

The Hospital Indemnity plan pays cash benefits to you for an inpatient hospital admission and daily stays. Benefits can help pay towards your medical plan's deductible, coinsurance or everyday expenses like day care, utilities and groceries. Your plan also includes a health screening benefit for a covered preventative test. See your plan summary for specific coverage details, including limitations and exclusions.

Subcategory	Benefit Limits	Benefit	Amount
Admission Benefit	4 time(s) per calendar year	Admission	\$500
Confinement	15 days per calendar year; ICU supplemental confinement will pay an additional benefit for 15 of those days	Confinement (non-ICU)	\$100
		Confinement (ICU)	\$100

Carrier Information





Carrier Information

Medical	
Carrier	BlueCross BlueShield of Illinois
Website	www.BCBSIL.com
Phone Number	800-828-3116
PPO Network / Group Number	Participating Provider Organization (PPO) / PI4759
PPO NN (Narrow Network) Network / Group Number	Blue Choice PPO [BCS] / 0MD399
HSA Network / Group Number	Participating Provider Organization (PPO) / PK2845

Dental	
Carrier	Delta Dental
Website	www.deltadentalil.com
Phone Number	800-323-1743

Vision	
Carrier	VSP
Website	www.vsp.com
Phone Number	800-877-7195

Employee Assistance Program	
Carrier	CCA
Website	www.ccainc.com
Phone Number	800-833-8707

Accident, Hospital Indemnity & Critical Illness Plans	
Carrier	MetLife
Website	www.metlife.com
Phone Number	800-638-5433

Pharmacy	
Carrier	CVS / Caremark
Website	www.caremark.com
Phone Number	866-818-6911
RxBin#	004336
RxPCN	ADV
RxGroup	RX20YU

Basic Life and AD&D Insurance	
Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-367-6401

Voluntary Term Life and AD&D Insurance	
Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-367-6401

Short-Term / Long-Term Disability Insurance	
Carrier	Blue Cross Blue Shield
Website	www.bcbsil.com
Phone Number	800-367-6401

HSA, FSA, Commuter Benefits	
Carrier	Benefit Resource, Inc. (BRi)
Website	www.BenefitResource.com
Phone Number	800-473-9595

HealthiestYou by Teladoc	
Carrier	Teladoc
Website	www.healthiestyou.com
Phone Number	866-703-1259

Human Resources Contact Information	
Contact	HR Department
Email Address	HRDepartment@childrenshomeandaid.org

Tips, Tricks & Tools





BlueCross BlueShield Value Added Benefits

BlueAccess for Members: www.bcbsil.com

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

BlueAccess Mobile™

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

Virtual Visits—HealthiestYou

HealthiestYou's telehealth program provides enrolled members with access to non-emergency medical care without even leaving the couch. Visit a doctor virtually 24 hours a day, 7 days a week for a variety of different ailments and symptoms. Log on to member.healthiestyou.com to register or call 866.703.1259 x1 today to find out additional info on this awesome benefit. There is no charge to you or your family members for this benefit.

24/7 Nurseline: 800.299.0274

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

Maternity Care Program: 888.421.7781

Personalized support provided by Obstetrical nurses.

Blue365 Discounts

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

Well onTarget Member Wellness Program

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

CVS Pharmacy

Save time and money, access Caremark.com and/or download the mobile app to check for Rx savings, refill prescriptions, access 90-day mail order supply and find general info on the pharmacy program.



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual physical exam
- No out-of-pocket costs apply - these exams are fully covered as long as your physician codes them as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of any medication you're currently taking or being prescribed
- Take advantage of the Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates
- HSA plans cover some generic & brand maintenance medications at 100%, see preventive drug list in benefits library

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Whenever possible, compare cost options prior to scheduling your necessary services

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Virtual visits through HealthiestYou: For symptoms that can be diagnosed over the phone you have access 24/7 to doctors who can send prescription requests to local pharmacies
- Doctor's office: for symptoms that aren't life threatening, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you*

* If enrolled in a BCBS medical plan, before filling any prescription at CVS, please refer Caremark.com or contact CareMark at their customer service number.



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.