

To all Hawthorn Benefit Eligible employees:

Open Enrollment runs May 24 through June 5, 2018.

Key changes for the 9/1/2018 through 8/31/2019 plan year:

NIHIP Medical Plan Changes

- **PPO Plans Only - Virtual Visits** is available through MDLive. Virtual Visits is on-demand care for non-emergency medical and/or behavioral health needs using electronic devices for a virtual visit with a medical provider online.
 - PPO members' medical and behavioral visits are a \$10 copay per visit.
- **HMO Plans** will now have a \$175 vision frame allowance every 24 months through EyeMed.

Medical ID Cards

All members on the medical plans will receive new BlueCross ID cards that feature the new NIHIP logo and the District name on the front.

PPO members will be receiving BlueCross ID cards with a new alpha pre-fix on the front. **This means that members must discard their old ID card and use the new ID card effective 9/1/18.** If you don't receive a card by September 20th, please contact BCBS Member Services at 800.458.6024 for PPO members and 800.423.1973 for HMO members.

NIHIP VSP Vision Buy Up Plan

Great news! **The VSP buy-up plan is NO LONGER BUNDLED WITH THE MEDICAL PLANS!** Employees can now enroll their family members in the VSP buy up plan without needing to match the enrollees on their medical plans.

FSA Plans

The Health Care Flexible Spending allowance is \$2650 and the Dependent Care Flexible Spending allowance is \$5000. *You must RE-ENROLL in the Flexible Spending Accounts EVERY PLAN YEAR to continue this benefit.*

Medical Plan Options

The District is offering the same medical plans as last year. Now is the time to review and possibly make changes to your benefits. Please remember that elections you make during open enrollment are for one year. Here are some things to consider when choosing a medical plan:

- Your costs- What is going to come out of your paycheck? What about for the whole year?
- Benefit payments- How much you will have to pay out of your pocket for your medical expenses?
- Medical services- Consider your health status and services you expect to consume during the year. What has your experience been in past years?
- Provider availability- Will you be able to visit the doctors, hospitals and other facilities you want to?
- How often do you see a PCP? Is it only once a year for your annual check-up? Are they a BCBS HMO Illinois provider?
- Do you rarely see a PCP, don't really have an established relationship with a PCP, or want to find a trusted PCP? You may want to consider the HMO 20 plan.
- Is your Primary Care Doctor (PCP) a member of a BCBS HMO Illinois Medical Group and you're seeing them under the PPO plan? You could save money by switching to the HMO 20 plan.

How can I determine if my PCP is within a BCBS HMO Illinois Medical Group?

1. Either call your PCP's office and ask the following questions:
 - "I have the option of enrolling in BCBS HMO Illinois, is my PCP part of this network?"
 - "If so, which medical group does my doctor belong to?"
 - "Can you tell me the medical group number?"
2. Or log on to BCBSIL.com and search for your doctor on their website. See the attached **Provider Finder instructions**.

If you want the ability to see specialists without consulting with your PCP, then the PPO plan might be for you. You will pay higher premiums and copays for that freedom.

Please review the following information regarding BCBS's HMOs and how they work:



HMO Benefit Overview

- The HMOs of BCBSIL believe that the best people to determine what medical care is needed are members and their doctors.
- Our model is unique and different from other HMOs. We don't get involved in deciding a member's treatment.
- Primary Care Physicians (PCPs) help members navigate the health care system by coordinating comprehensive care. They:
 - Determine medical needs
 - Help inform the member's health care treatment decisions
 - Get members involved in preventive care activities



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HMO Benefit Overview

- Each covered employee and dependent chooses a Primary Care Physician (PCP) from participating Medical Groups/IPAs
 - Female members may also choose an OB-GYN (must have referral arrangement PCP)
- Your PCP will coordinate your covered health care services and provide specialist referrals when appropriate
- You may change medical groups by calling BCBSIL Customer Service
 - Changes can be made up until the last day of the month for an effective date of the 1st of the following month
 - For example: Make changes by January 31st for an effective date of February 1st
- Change PCPs within your medical group by notifying the group directly
- Out-of-network coverage on the HMO plan is available in case of emergency

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HMO Benefit Overview

Preventive Care

- Your PCP provides preventive care for:
 - Childhood Immunizations
 - Breast / Cervical / Colorectal Cancer Screening
 - Cardiovascular Disease Prevention
 - Adult Wellness
 - Pediatric Wellness

Condition Management

- Your PCP manages care for:
 - Asthma
 - Diabetes
 - Cardiovascular Conditions
 - Hypertension
 - Mental Health

Your PCP will guide you in making health care treatment decisions

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Please refer to the attached **Medical Plan Comparison Chart** for an overview of your medical options.

Open Enrollment flyers with online enrollment instructions will also be sent to your school mailbox. Please take the time to open and review the attached documents for more details regarding the benefits being offered for the 2018-2019 plan year. Rates for your benefits are available when you login for Open Enrollment at www.benefitsolver.com.