

## Summary of Material Modification for the Business Solutions Health and Welfare Plan 2020

Idilus, LLC and Employer's Network Systems sponsor the Business Solutions Health and Welfare Plan, Plan Number 501 and hereby provide notice of the following change(s) which take(s) effect on January 1, 2020.

### Medical Plan Designs

The plan designs using the Cigna Open Access network defined as the Flex 1000 PPO (801, 801N), Flex 2500 PPO, Flex 3500 PPO, Choice EPO 600, Choice 2000 HDHP, Flex 5350 PPO, Premium Plus, Choice 100 PPO will be closed. The plan designs using the Cost Plus/ELAP network\* model will be closed. Current enrollees will need to choose a new plan design during open enrollment.

California locations will be offered plans from Kaiser Permanente. Plan numbers selected for 2020 are the 2019 plan numbers 10048, 8792, 8818, 9151, and 10426. Participating physicians and services for Kaiser are available online at Kaiser Permanente.

The following plan designs will be changed on January 1, 2020 the Flex 2500 PPO, the Flex 3500 PPO, the Flex 5000 PPO, the Choice 2000 HDHP.

The following plans will be added on January 1, 2020 the Flex 1500 PPO, the Choice 3000 HDHP, the Choice 5000 HDHP. California locations will be offered Kaiser Permanente fully-insured plan designs effective 1/1/2020.

#### 2020 Flex 1500 PPO

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$1,500	\$3,000
Deductible (Family)	\$3,000	\$6,000
Co-Insurance	70%	50%
Office Visit Copay	\$30	50%
Specialist Copay	\$50	50%
Urgent Care Copay	\$75	50%
Emergency Room Copay	\$150	\$150
Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$8,150	\$16,300
OOP Maximum (Family)	\$16,300	\$32,600
RX Deductible		
RX Copays		
Generic	\$15	NA
Brand Formulary	\$40	NA
Brand Non-Formulary	25%	NA
Specialty	Limited	NA

#### 2020 Flex 2500 PPO

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$2,500	\$3,000

Deductible (Family)	\$5,000	\$10,000
Co-Insurance	80%	50%
Office Visit Copay	\$30	50%
Specialist Copay	\$50	50%
Urgent Care Copay	\$75	50%
Emergency Room Copay	Subject to deductible and co-insurance	
Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$8,150	\$16,300
OOP Maximum (Family)	\$16,300	\$32,600
RX Deductible		
RX Copays		
Generic	\$15	NA
Brand Formulary	\$40	NA
Brand Non-Formulary	25%	NA
Specialty	Limited	NA

2020 Flex 3500 PPO

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$3,500	\$7,000
Deductible (Family)	\$7,000	\$14,000
Co-Insurance	80%	50%
Office Visit Copay	\$30	50%
Specialist Copay	\$50	50%
Urgent Care Copay	\$75	50%
Emergency Room Copay	Subject to deductible and co-insurance	
Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$8,150	\$16,300
OOP Maximum (Family)	\$16,300	\$32,600
RX Deductible		
RX Copays		
Generic	\$15	NA
Brand Formulary	\$40	NA
Brand Non-Formulary	25%	NA
Specialty	Limited	NA

2020 Flex 5000 PPO

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$5,000	\$10,000
Deductible (Family)	\$10,000	\$20,000
Co-Insurance	80%	50%
Office Visit Copay	\$30	50%
Specialist Copay	\$50	50%
Urgent Care Copay	\$75	50%
Emergency Room Copay	Subject to deductible and co-insurance	

Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$8,150	\$16,300
OOP Maximum (Family)	\$16,300	\$32,600
RX Deductible		
RX Copays		
Generic	\$15	NA
Brand Formulary	\$40	NA
Brand Non-Formulary	25%	NA
Specialty	Limited	NA

2020 Choice 3000 HSA

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$3,000	\$6,000
Deductible (Family)	\$6,000	\$12,000
Co-Insurance	80%	50%
Office Visit Copay	Subject to deductible and co-insurance	
Specialist Copay	Subject to deductible and co-insurance	
Urgent Care Copay	Subject to deductible and co-insurance	
Emergency Room Copay	Subject to deductible and co-insurance	
Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$6,900	\$13,800
OOP Maximum (Family)	\$13,800	\$27,600
RX Deductible		
RX Copays		
Generic	Subject to deductible and co-insurance	
Brand Formulary	Subject to deductible and co-insurance	
Brand Non-Formulary	Subject to deductible and co-insurance	
Specialty	Subject to deductible and co-insurance	

2020 Choice 5000 HSA

	<b>In Network</b>	<b>Out of Network</b>
Deductible (EE)	\$5,000	\$10,000
Deductible (Family)	\$10,000	\$20,000
Co-Insurance	80%	50%
Office Visit Copay	Subject to deductible and co-insurance	
Specialist Copay	Subject to deductible and co-insurance	
Urgent Care Copay	Subject to deductible and co-insurance	
Emergency Room Copay	Subject to deductible and co-insurance	
Hospital Facility Fee	Subject to deductible and co-insurance	
Outpatient Surgery Facility Fee	Subject to deductible and co-insurance	
OOP Maximum (EE)	\$6,900	\$13,800
OOP Maximum (Family)	\$13,800	\$27,600
RX Deductible		
RX Copays		

Generic	Subject to deductible and co-insurance
Brand Formulary	Subject to deductible and co-insurance
Brand Non-Formulary	Subject to deductible and co-insurance
Specialty	Subject to deductible and co-insurance

## Pharmacy Benefits

Pharmacy benefits will change in the following manner: Specialty (Tier 4) medications will be covered for a maximum of three (3) months, during which time employees would be assisted with a prescription assistance program. If no program is available to the member after the member engages in the process in good faith, then the member may appeal the plan's decision to pay for the specialty medication.

## Dental Plans

The dental plan network will change from Guardian to MetLife. The 1500 PPO and 1000 PPO plan designs will remain the same. The DHMO from Guardian/First Commonwealth will be dropped. Both the 1500 PPO plan and the 1000 PPO plan will be available.

## Vision Plan

The vision plan carrier will change from Guardian/VSP to the MetLife Vision PPO. The plan design will remain the same.

## Life Insurance

The Life Insurance carrier will change from Guardian to MetLife. Current in-force Life Insurance plans will be transferred to MetLife effective 1/1/20.

## Voluntary Life Insurance

The Voluntary Life Insurance carrier will change from Guardian to MetLife. Current in-force Voluntary Life Insurance plans will be transferred to MetLife effective 1/1/20.

## Short Term Disability

The Short-Term Disability carrier will change from Guardian to MetLife. Current in force Short Term Disability plans will be transferred to MetLife effective 1/1/20.

## Long Term Disability

The Long -Term Disability carrier will change from Guardian to MetLife. Current, in force Long Term Disability plans will be transferred to MetLife effective 1/1/20.

## Group Accident Plans

The Group Accident carrier will change from Guardian to MetLife. Current, in force plans will be transferred to MetLife effective 1/1/20.

## Group Hospital Indemnity Plans

The Group Hospital Indemnity carrier will change from Guardian to MetLife. Current, in force plans will be transferred to MetLife effective 1/1/20.

## Flexible Spending Programs

Our flexible spending benefit program vendor will change from Wage Works to Discovery Benefits. If you have an FSA balance less than \$500 remaining at the end of the 2019 plan year, funds will be transferred to Discovery.

## Frequently Asked Questions

### **My plan was dropped for 2020, what do I do now?**

You will be provided an opportunity to elect a different plan during open enrollment which is scheduled from 11/1/19 – 11/22/19. You will be notified by email or by postal mail about plan options that will be available for you based, on your location.

### **If my plan was dropped and I still have claims pending for 2019, will my claims be paid?**

Yes! Even if a plan design is closing, the Business Solutions Health and Welfare Plan is still open. It is important to note the plan does have a timely filing deadline which states that all in-network claims must be filed within 90 days of the date of service and all out-of-network claims must be submitted for reimbursement within 180 days of the date of service.

### **If I my plan did not change for 2020, do I need to do anything for open enrollment?**

Yes, you will need to complete your open enrollment elections online by the end of business 11/22/2019. Members that fail to elect a new plan will be enrolled in a default plan, the 2020 Flex 3500 PPO and will not be able to elect a new plan until the next open enrollment period.

## Contacts

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Teladoc (Teladoc.com)  
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Medical Claims: Use the mailing address provided on your ID card.

Cigna Claims  
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Or

Cigna Claims  
PO Box 188061  
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Mental Health & Substance Abuse Claims:

Cigna Behavioral Health, Inc.  
Attn: Claims Service Dept.  
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Telehealth

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