

To: All Benefit Eligible Employees  
Re: Employee Benefit Plans 2024 Open Enrollment

March 2024

We are pleased to announce Glantz Design will continue to offer a complete and competitive benefit package through the 2024-25 plan year with a few minor changes. At the forefront of our decision was the ability to provide you the most comprehensive coverage possible at an affordable cost with quality insurance carriers. Here is a review of your benefits and a description of the changes in more detail:



*Principal will remain our carrier for the following benefits as of 4/1/24:*

#### Basic Life/AD&D

- Glantz Design provides a Basic Life/AD&D benefit to all full-time employees at no cost!
- It is a \$10,000 benefit, which reduces if you are still an employee at age 70 by 35% and an additional 20% reduction at age 75. See the plan certificate for details.
- Now is a good time to make sure your beneficiary information is up to date by listing your beneficiary information on the enrollment form.

#### Short-Term Disability

- Glantz Design provides a Short-Term Disability benefit *at no cost to you!*
- In the event you become sick and/or disabled outside of work (and as defined by the policy), on the 1<sup>st</sup> day after an Injury and 8<sup>th</sup> day due to sickness Principal will replace 60% of your weekly earnings (regular pay or draw only) to a maximum of \$1,500 per week subject to offsets.
- This taxable weekly benefit will last for as long as your physician and Principal deems appropriate for the disability, but only up to a maximum of 13 weeks. See the plan certificate for details.

#### Voluntary Dental Insurance

- Glantz Design will continue to offer a Voluntary Dental plan with Principal. One of the leading Dental providers in Illinois.
- You will continue to be able to purchase dental insurance for you and your family through a regular payroll deduction.
- You should consider the “NETWORK” plan and an In-Network Principal dentist to save yourself money.
- The Principal PPO dentist directory can be found at: [www.principal.com](http://www.principal.com) (under, “Individuals” then “Insure” select Find a Dentist).
- Please ask HR for the dental plan summary for more details.
- See the following table for your dental plan options and costs (if enrolled) as of 4/1/24:

Principal PPO Dental Plans		PPO	
		In-network	Out-network
Network		Principal Dental PPO	
Deductible	Individual	\$50	\$50
	Family max	2 x ind	2 x ind.
		Ded waived for Prev & Basic Services	Ded waived for Preventive Services
Annual Benefit Maximum		\$1,500/person	\$1,500/person
Principal Benefit %	Unit 1 - Preventative	100%	100%
	Unit 2 - Basic	80%	80%
	Unit 3 - Major	50%	50%
<b><u>Pre-Tax Payroll Deductions</u></b>		<b><u>Per Paycheck (24)</u></b>	
Employee Only		\$23.37	
Employee + Spouse		\$43.26	
Employee + Child(ren)		\$51.24	
Family		\$74.46	

Note: This is a summary of benefits only. Please refer to your certificate of coverage for actual plan provisions  
If differences, default to certificate of coverage.

#### Vision Insurance

- Glantz is happy to announce that we will now be offering Vision coverage with Principal Financial.
- Principal uses the VSP Vision network. Please be sure to log on to [www.vsp.com](http://www.vsp.com) to look up providers in your area.
- Following is a brief summary of the benefits and the costs per paycheck:

VSP Vision Network		In-Network	Out-of-Network
Exam		\$10 copay	Reimbursed up to \$45
Lenses		\$25 copay	Reimbursed up to \$30-\$100
Necessary Contacts (instead of glasses)		\$25 copay	Reimbursed up to \$210
Elective Contacts (instead of glasses)		\$130 allowance	Reimbursed up to \$105
Frames		\$130 allowance + 20% of any amount over the allowance	Reimbursed up to \$70
Frequency	Exam	Once every 12 months	
	Lenses/Contacts	Once every 12 months	
	Frames	Once every 24 months	
Payroll Deductions		Per Paycheck (24)	
	EE Only	\$1.77	
	Employee + Spouse	\$5.17	
	Employee + Child(ren)	\$5.66	
	Family	\$9.83	

Note: This is a summary of benefits only. Please refer to the certificate of coverage (default).



BCBSIL will remain our carrier for the following benefits effective 4/1/24.

## Medical Insurance

- We are happy to announce that our Medical coverage will continue to be administered by BCBS, the largest health insurance provider in Illinois.
- You will continue to have six plans to choose from: three HMO plans an Options PPO plan, and two High Deductible HSA qualified medical plans.
- We have replaced the S532PPO plan with the Options PPO (G507OPT) plan, as it was 3% less, It has 2 In network Networks. The Tier 1 network has a much lower deductible (\$2,000) & out of pocket (\$4,350) & the Tier 2 uses the same network as your current plan with a lower deductible (\$3,500) & out of pocket (\$7,350) compared to the S532PPO plan which has a \$3,600 deductible and a \$9,100 out of pocket.*
- The Options HSA plan allows the member access to two Networks. Tier 1 benefits have a lower deductible and out of pocket and the slightly smaller IL based network (Blue Choice Preferred Network) and Tier 2 uses the large PPO network. Also, the Tier 1 out of pocket feeds into the Tier 2 out of pocket.
- The HSA plan has a few minor changes to remain compliant with the Affordable Care Act. The changes are highlighted in yellow below.
- A summary of your health insurance options follow:

Plan Name:	HMO (P506PSN)	HMO (G532PSN)	HMO (S530PSN)	NEW OPTIONS PPO (G507OPT)		
Plan Availability:	Illinois Employees	Illinois Employees	Illinois Employees	Nationwide Employees		
PCP / Referrals required?:	Yes	Yes	Yes	No		
HSA Compatible?:	No	No	No	No		
Network Name:	Blue Precision HMO (BAV1)	Blue Precision HMO (BAV1)	Blue Precision HMO (BAV1)	Blue Choice Options <sup>SM</sup> [BCO]		
	In-Network	In-Network	In-Network	In-Network Tier 1	In-Network Tier 2	Out-of-Network*
Deductible (Individual):	\$0	\$2,750	\$7,000	\$2,000	\$3,500	\$7,000
Deductible (Family):	\$0	\$8,250	\$17,100	\$4,000	\$8,500	\$17,000
Your Coinsurance Share:	0%	30%	30%	10%	30%	50%
Out of Pocket (Individual):	\$1,500	\$9,100	\$9,100	\$4,350	\$7,350	Unlimited
Out of Pocket (Family):	\$4,500	\$18,200	\$18,200	\$9,300	\$18,200	Unlimited
Preventive (Wellness) :	\$0 (No charge)	\$0 (No charge)	\$0 (No charge)	\$0 (No charge)	\$0 (No charge)	50% after Deductible
Primary/Specialist Office Visit:	\$10 / \$45 Copay	\$55 / \$75 Copay	\$55 / \$75 Copay	\$35 / \$50 Copay	\$60 / \$100 Copay	50% after Deductible
Telehealth:	Check with your Medical Grp	Check with your Medical Grp	Check with your Medical Grp	Available	Available	No Benefit
Urgent Care:	\$45 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay	50% after Deductible
Emergency Room:	\$300 Per visit	\$1,000 +30% Per visit	\$700 +30% Per visit	\$400 Copay +10%	\$400 Copay +10%	\$400 Copay +10%
Outpatient Surgery (Facility) :	\$100 Per visit	\$350 +30% Per visit	\$250 +30% Per visit	\$200 Copay +10%	\$400 Copay +30%	\$500+50% after Ded
Inpatient Hospital:	\$150 Per visit	\$400 +30% Per visit	\$300 +30% Per visit	\$250 Copay +10%	\$500 Copay +30%	\$600/ Visit +50%
Preferred Generic Rx:	\$0 / \$10 Copay**	\$10 Copay	\$0 Copay	\$10/\$20 Copay	\$10/\$20 Copay	\$20 Copay +50%
Non- Preferred Generic Rx:	\$10 / \$20 Copay**	\$20 Copay	\$10 Copay	\$20/\$30 Copay	\$20/\$30 Copay	\$30 Copay +50%
Preferred Brand Rx:	\$35 / \$55 Copay**	\$50 Copay	\$50 Copay	\$50/\$70 Copay	\$50/\$70 Copay	\$70 Copay +50%
Non- Preferred Brand Rx:	\$75 / \$95 Copay**	\$100 Copay	\$100 Copay	\$100/\$120 Copay	\$100/\$120 Copay	\$120 Copay +50%
Preferred Specialty Rx:	\$150 Copay	\$250 Copay	\$150 Copay	\$250 Copay	\$250 Copay	\$250 Copay +50%
Non- Preferred Specialty Rx:	\$250 Copay	\$350 Copay	\$250 Copay	\$350 Copay	\$350 Copay	\$350 Copay +50%

Plan Name:	HSA (G533PPO)		Options (G5K1OPT)		
Plan Availability:	Nationwide Employees		Nationwide Employees		
PCP / Referrals required?:	No		No		
HSA Compatible?:	No		Yes		
Network Name:	Participating Provider Organization (PPO)		Blue Choice Options <sup>SM</sup> [BCO]		
	In-Network	Out-of-Network *	In-Network Tier 1	In-Network Tier 2	Out-of-Network*
Deductible (Individual):	\$3,200	\$6,400	\$3,200	\$4,700	\$9,400
Deductible (Family):	\$9,600	\$19,200	\$9,600	\$14,100	\$28,200
Your Coinsurance Share:	10%	40%	0%	30%	50%
Out of Pocket (Individual):	\$3,700	Unlimited	\$3,200	\$6,650	Unlimited
Out of Pocket (Family):	\$11,100	Unlimited	\$9,600	\$14,100	Unlimited
Preventive (wellness) :	\$0 (No charge)	40% after Deductible	\$0 (No charge)	\$0 (No charge)	40% after Deductible
Primary/Specialist Office Visit:	10% after ded.	40% after Deductible	0% after ded.	20% after ded.	40% after Deductible
Telehealth:	10% after ded.	Not covered	Available	Available	No Benefit
Urgent Care:	10% after ded.	40% after Deductible	0% after ded.	20% after ded.	40% after ded.
Emergency Room:	10% after ded.	10% after Deductible	0% after ded.	20% after ded.	40% after ded.
Outpatient Surgery (Facility) :	10% after ded.	40% after Deductible	0% after ded.	20% after ded.	40% after ded.
Inpatient Hospital:	10% after ded.	40% after Deductible	0% after ded.	20% after ded.	40% after ded.
Preferred Generic Rx:	10% after ded.	20% after ded.	0% after ded.		
Non- Preferred Generic Rx:	10% after ded.	20% after ded.	0% after ded.		
Preferred Brand Rx:	20% after ded.	30% after ded.	0% after ded.		
Non- Preferred Brand Rx:	30% after ded.	40% after ded.	0% after ded.		
Preferred Specialty Rx:	40% after ded.	40% after ded.	0% after ded.		
Non- Preferred Specialty Rx:	50% after ded.	50% after ded.	0% after ded.		

- Deductibles and out-of-pocket maximums run on a calendar year, and “reset” on 1/1.
- Plan summaries for all plans are available upon request.
- You should use the “Find a Doctor” link at [www.bcbsil.com](http://www.bcbsil.com) to review the BCBSIL network of doctors and hospitals. Be sure to search the **Blue Precision network** for the HMO plan, the **Preferred Provider Organization network** for the HSA plan, and the **Blue Choice Options Network** for the Options PPO & Options HSA Plans.
- The following applies to PPO plans ONLY (i.e. not applicable to HMO members):**
  - CVS pharmacies are no longer considered “in-network” with BCBSIL as of 1/1/17.
  - MD Live is for the PPO plans as of 1/1/19**, which gives you the ability to see & talk to a doctor from your mobile device or computer without an appointment. Doctors can diagnose and treat a wide range of non-emergency medical conditions, and even write a prescription that you can pick up at your local pharmacy. Access MD Live through the “Virtual Visit” Quick Link on your Blue Access for Members portal.
- For all plans, specialty drugs are limited to one month at a time and the “Member Pays the Difference” program will apply IF filling a brand name drug & there is a generic equivalent available. For the PPO plan, the Rx copays listed above are only at Osco, Walmart, or Walgreens. Refer to your Summary of Benefits & Coverage for more information.
- As a reminder, log in at [www.bcbsil.com](http://www.bcbsil.com) and register your personalized online account to:
  - Gain access to your Claims & Benefits info
  - Use the Personal Health Manager
  - Print/request new BCBS ID cards
  - Update personal contract information
  - View BCBSIL’s vendor discount programs! Specifically, [www.blue365deals.com](http://www.blue365deals.com)
- The “HSA” plan options are an IRS qualified ‘high deductible health plans’ (HDHP) that allows an enrollee to open a personal Health Savings Account (HSA) at a bank of their choice and contribute tax-free dollars that roll over annually. Then HSA funds can be used to pay for eligible medical, dental, and vision expenses. IRS contribution maximums for the 2024 tax year are as follows: \$4,150 single, \$8,300 family, \$1,000 catch-up (if over 55). It is the enrollee’s responsibility to administer their personal HSA and report annual contributions on their personal tax return.

## What you need to do:

*This is our **ANNUAL OPEN ENROLLMENT**, which allows you to enroll in the benefits, add dependents to your coverage, or change plans. Once Open Enrollment ends, you will not be able to make any changes for another 12 months (unless you have a qualifying event). Any changes received will be made effective 4/1/2024, unless you are a new hire or if the change is due to a Qualifying event.*

*☞ All employees must complete the Enrollment form & Employee Contribution Worksheet to confirm your elections/waivers for the upcoming plan year.*

**Please return all forms to Laura by Wednesday, March 20th.**

We are making these plans available to you and paying a majority of the costs because Glantz Design employees are the most important part of our team and because we care about your financial security.

Thank you, Laura Glantz!