



4208 W. Partridge Way, Unit 3 • Peoria, IL 61615

**Toll Free:** 1-866-692-0860 • **Phone:** 309-692-0860 • **Fax:** 309-692-0862

2024

Dear Fund Member:

During this Open Enrollment period, you have the opportunity to choose the network under which you will receive your benefit coverage for the upcoming year. The benefit design of each of the Plans offered by the Health & Welfare Fund are outlined in the Schedule of Benefits.

Enclosed with this letter are brief descriptions of your network choices:

Blue Cross Blue Shield of Illinois network, a PPO plan network that offers both in and out-of-network benefits;

CIGNA network, a PPO plan network that offers both in and out-of-network benefits.

Each network description includes both customer service phone numbers and websites where physician and hospital participation can be reviewed.

If you decide to change from your current network to a new one for the 2025 calendar year, please complete the enclosed Enrollment Form entirely, making sure to indicate your network choice on Part A of the form. If you are adding dependents to your insurance, the Fund office will need copies of marriage and/or birth certificates. Please sign and return all required forms to the Fund office by December 15, 2024.

**Please note that all changes become effective January 1, 2025 and remain effective until December 31, 2025.**

If you are currently enrolled in Blue Cross Blue Shield of Illinois or CIGNA, and you decide **NOT** to change your network for the upcoming year, no further action is required.

Sincerely,

The North Central Illinois Laborers' Health & Welfare Fund

## Blue Cross Blue Shield PPO Network

To: *North Central Illinois Laborers' Health & Welfare Fund Members*

Subject: **Blue Cross Blue Shield Participating Provider Option**

The Trustees are pleased to announce that your Health Benefits Plan offers the Blue Cross Blue Shield PPO Network as part of your benefit choices.

The Blue Cross Blue Shield Network includes over 225 hospitals and 22,000 physicians.

In order to receive maximum benefits, refer to the BCBS website at [www.bcbsil.com](http://www.bcbsil.com) or call 1-800-810-2583 to find out whether or not your hospital is in the PPO network. To determine if your physician is in the network, please either contact your physician's office, contact our customer service department or go online to [www.bcbsil.com](http://www.bcbsil.com).

### **Blue Cross Blue Shield of Illinois**

800-810-2583

[www.bcbsil.com](http://www.bcbsil.com)

1. Click on the *Find a Doctor or Hospital* tab
2. Click on *Find a Doctor with Provider Finder – Big box in the middle of page, a new page will open up*
3. Select the State that you are looking in, then click search
4. Under *Select Network or Plan, Scroll to Participating Provider Organization PPO*
5. Enter in criteria to search for a provider – Name, State, Zip Code etc...

After choosing the BCBS Network, within two weeks of the January 1<sup>st</sup> effective date, Blue Cross Blue Shield will send you a new ID card. Please utilize the new card for hospital and physician treatment only after the effective date. **In order to receive the benefits of using the BCBS network, you must show the card any time you obtain medical treatment.**

All PPO hospitals and physicians should file directly to Blue Cross Blue Shield and should not expect payment in full up front. Be sure to show your card in order to avoid a delay in claim processing. If any PPO hospitals advise differently, please notify the Fund Office.

Remember, your benefits are determined through the Fund's benefit SPD as administered by PBA. The Blue Cross Blue Shield PPO Network simply provides the network discounts, and does not determine benefits.

## **Let Us Welcome You to Our Community**

A CIGNA PPO plan is one of your health insurance options offered through North Central Illinois Laborers' Health & Welfare Fund. We are very excited about this opportunity. As a member of the CIGNA community, you can expect all the benefits and services explained below, plus much more!

### **PPO**

A Preferred Provider Organization (PPO) plan allows you and your covered dependents to choose where to receive health care services. Your level of coverage is determined by where you choose to receive services. You may choose to receive the highest level of coverage for services from a preferred provider. You may also choose to receive a lower level of coverage (and pay more out-of-pocket expenses) for services from a non-preferred provider.

### **Your Preferred Provider Network**

Our extensive network of preferred providers and hospitals throughout Illinois allow our members to receive the care they need, when and where they need it.

Preferred provider health care services are paid according to the Schedule of Benefits. After members provide the necessary information, preferred providers will file claims to CIGNA for the members.

You can find network providers by calling CIGNA Customer Service Department c/o Professional Benefit Administrators, Inc at 800-435-5694. In addition, you can conveniently view providers online anytime by visiting [www.cigna.com](http://www.cigna.com). To search for a provider on the website prior to January 1, 2019, follow these steps:

1. Click on the *Find a Doctor* tab
2. Under *Select a Directory* click on "For plans offered through work or school"
3. Click "Pick" under *Select a Plan*
4. Expand "Medical Plans" in the popup window and choose "PPO, Choice Fund PPO"
5. Click "Choose"
6. Enter your location and doctor search criteria
7. Click "Search"

### **Non-Preferred Providers**

Benefits for services from non-preferred providers are paid according to the Schedule of Benefits, up to the usual, customary and reasonable charges after the individual or family deductible has been met. Members are responsible for submitting the claim or bill to CIGNA if the provider does not agree to send a claim on his or her behalf.

The provider will bill the portion of the cost the member is responsible for directly to the member after the plan has determined its payment. Members need to make sure claims for non-preferred providers are submitted to CIGNA within 60 days from the date of service. Claims submitted more than one year from the date of service are not covered by the plan.



### **Office Visits and Referrals**

When a member uses one of the thousands of CIGNA preferred providers, he or she will only have to pay a \$20 co-payment for a primary care physician and \$50 for a specialist. The member does not need to select a Primary Care Physician.

To make the most of his or her coverage, the member will want to be sure to request that any physician making a referral makes the referral to another CIGNA preferred provider.

Under this PPO plan, a member can see non-preferred providers; however, the member will incur more out-of-pocket expenses for services rendered by non-preferred providers.

### **Out-of-Pocket Maximums**

Once a member's share of *in-network* covered expenses reaches the out-of-pocket maximum of \$2,500 per person (or \$7,500 for the family), the NCILHWF Plan picks up 100% of the costs for covered services rendered by preferred providers for the remainder of the plan year. The deductible is included in the out-of-pocket maximum.

Routine mammograms and pap smears are covered at 100%, without payment of a deductible or co-pay by the participant. This benefit is in addition to the plans Wellness Benefit.

Please note that preventive care services received from a non-preferred provider are not covered.

### **Preauthorization**

Members must have non-emergency hospitalization (including mental health and substance abuse treatment), outpatient surgery, and rehabilitation authorized in advance. Failure to have these benefits preauthorized may result in a reduction of benefits.

To obtain preauthorization, a member or his or her physician should call the number listed on the plan ID card or in the Schedule of Benefits at least three days before the hospitalization or treatment. If a member has an emergency admission or treatment, the member or a family member should call the preauthorization number within 48 hours of admission or treatment.

Because providers can leave or join the network at any time, it's important for members to have access to an updated provider listing. Members can visit [mycigna.com](http://mycigna.com) and log in to view all the current providers available.

### **Convenient, Online Member Tools (Available beginning January 1, 2018)**

When you have more information, you'll feel better about your health and your health spending. That's why we have tools and resources to help you estimate and compare costs and improve your health and wellness.

**Medical cost estimator** – compare estimated costs for various procedures based on Cigna's historical cost data.



**Manage your health** – the “Manage My Health” section includes a wealth of tools and information to help you get healthy and stay healthy. You’ll find articles, support groups, and other resources on a variety of topics including blood pressure, cholesterol, tobacco cessation, weight management, stress and more.

*To request member access:*

1. Go to [mycigna.com](http://mycigna.com)
2. Click on "Register Now" at the login screen.
3. Provide the requested information.
4. You will need to choose a user ID and a password.

*To log on:*

Once you are registered, you can easily view your account information in a secure environment. Just follow these easy five steps:

1. Go to [mycigna.com](http://mycigna.com)
2. Log in with the user ID and password you chose at registration.
3. Click on "Member Services."
4. Select the service you wish to view from the menu of options.
5. Supply the requested information.

*To view providers:*

Login with your user name and password. Click on "Member Services," then click on "Provider Directory." Enter your search criteria. For your convenience, you can search by physician name or location. A listing of providers matching your criteria will appear.

After selecting a physician online, you can get driving directions to his or her office or, if available, view a photograph of the provider.

### **Questions? Please Call Customer Service!**

CIGNA has a dedicated team of Customer Service Professionals, c/o Professional Benefit Administrators, Inc available to answer your questions during this transition time and beyond. Call at 800-435-5694 for assistance. We are happy to help.

### **About CIGNA**

CIGNA and its predecessors have been in business since 1792, over 200 years. CIGNA has been winning awards for innovative health care delivery and services since it was created by merger in 1982. It is a leading provider-sponsored health insurer in the World, covering more than 15.2 million medical customers. It is accredited by both URAC and NCQA.





**THE NORTH CENTRAL ILLINOIS LABORERS' HEALTH & WELFARE FUND**

4208 W PARTRIDGE WAY, UNIT 3 • PEORIA, IL 61615

PHONE - 309-692-0860 • TOLL FREE - 866-692-0860 • FAX - 309-692-0862

**ENROLLMENT / CHANGE FORM**

EMPLOYMENT STATUS:  ACTIVE  RETIRED  SURVIVING SPOUSE  COBRA LABORERS' LOCAL # \_\_\_\_\_

**A. MARK PLAN OF CHOICE**

BLUE CROSS BLUE SHIELD  CIGNA  SWITCHED HEALTH PLANS TO: \_\_\_\_\_

**B. MEMBER DEPENDENT CHANGE**

INITIAL ENROLLMENT  ADDRESS/PHONE CORRECTION  
 OPEN ENROLLMENT  DELETE DEPENDENT (S)  
 ADD DEPENDENT (S)  
 NAME CHANGE: FORMER NAME: \_\_\_\_\_

**C. MARITAL STATUS**

MARRIED  SINGLE  
 DIVORCED  LEGALLY SEPERATED  
 WIDOWED

**D. MEMBER INFORMATION**

NAME (LAST, FIRST, MIDDLE) MAIDEN NAME OF APPLICANT OR SPOUSE:

MAILING ADDRESS CITY STATE ZIP

SEX  MALE  FEMALE SOCIAL SECURITY NUMBER AGE DATE OF BIRTH TELEPHONE NUMBER

**E. FAMILY INFORMATION**

List all family members to be covered. Please print name. Please attach copies of all documentation needed: e.g. birth certificates, marriage certificate, adoption paperwork, divorce decree, etc... Please use extra paper if additional room is needed.

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	RELATION	DATE OF BIRTH	SEX
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

**F. OTHER HEALTH INSURANCE INFORMATION**

**\*\* THIS SECTION MUST BE COMPLETED \*\***

On the day your coverage begins will any family members be covered by another health plan, Medicare, Medicaid?  YES  NO If yes, fill out this section. Use extra paper if more than one additional policy will be in force.

COVERAGE TYPE:  MEDICAID  MEDICAL INSURANCE  MEDICARE MEDICARE ELIGIBILITY DUE TO:  KIDNEY FAILURE  DISABILITY  AGE

INSURANCE COMPANY NAME AND NUMBER POLICY NUMBER POLICY COVERAGE DATES TO

NAME OF POLICY HOLDER DATE OF BIRTH FAMILY MEMBERS COVERED

EMPLOYER NAME EMPLOYERS ADDRESS EMPLOYERS PHONE NUMBER

MEDICARE COVERED FAMILY MEMBERS MEDICARE ID NUMBER PART A. EFFECTIVE DATE PART B. EFFECTIVE DATE

IS YOUR SPOUSE EMPLOYED?  YES  NO IF YES, IS HEALTH INSURANCE OFFERED?  YES  NO

NAME, ADDRESS AND PHONE NUMBER OF SPOUSES' EMPLOYER

**G. CERTIFICATION**

I, the undersigned applicant, apply for the healthcare coverage offered under the Plan of benefits established by the Plan Sponsor, for myself and any of my eligible dependents listed on this application. I certify and affirm that all statements made in this Enrollment/Change Form are true.

Date: Applicant's Signature

**THE NORTH CENTRAL ILLINOIS LABORERS' HEALTH & WELFARE FUND**

4208 W PARTRIDGE WAY, UNIT 3

PEORIA, IL 61615

**SPOUSAL INSURANCE COVERAGE INFORMATION**

**PART 1. MEMBER INFORMATION (To be completed by the Member and spouse)**

Member's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Is Spouse Employed? Yes  Member and spouse to sign below and continue to Part II

NO  Member and spouse to sign below and return form to Fund Office

**Member's Certification:** I certify that the above information is correct and that I understand my responsibility to notify you of any changes. I understand that if my spouse is eligible to participate in his or her employer-sponsored group health insurance plan, then that plan will be considered primary even if my spouse does **NOT** enroll in the plan.

**Member's Signature**

**Date**

**Spouse's Authorization to Release Information:** I hereby authorize my employer to release the information requested below to the North Central Illinois Laborers' Health & Welfare Fund or its claims administration, for the sole purpose of ascertaining eligibility for enrollment in my employer-sponsored plan.

**Spouse's Signature**

**Date**

**PART II. INFORMATION ON SPOUSE'S PLAN (To be completed by the spouse's employer.)**

Your Employee's Name: \_\_\_\_\_  
 Last, First, Middle

Medical

YES	NO
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Is employee eligible for your employee-sponsored group health insurance plan?  YES  NO

Is this employee currently enrolled in your plan?  YES  NO

Do you, the employer, pay at least 75% of the single coverage premium?  YES  NO

Does your plan enroll the employee in another plan and offer them a reduced medical coverage (for example, a "wrap-around" plan) based only on the fact that they are a participant/dependent in this Fund?  YES  NO

If employee is NOT enrolled in your plan, when will the employee be eligible to enroll in the plan?

Comments: \_\_\_\_\_

Month/Day/Year

Employer Name: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

If eligible employee is NOT enrolled in your plan (at least 75% of premium paid by the employer), please send Summary Plan Document.

Completed by: \_\_\_\_\_

Signature

Date

Print Name and Title

<p>You <b>MUST</b> enroll at your next open enrollment if your employer pays at least 75% of the single coverage premium.</p>
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