

# Benefits Spotlight

## Equity-League Benefit Funds Newsletter

### Improving your health benefits!

- ➔ Cigna Tier 2 benefit improvements
- ➔ New mental health support
- ➔ Expanded flu shot coverage
- ➔ Vision benefit increase
- ➔ Family-building benefits

# Health Benefit Improvements

## Cigna Tier 2 improvements

The Board of Trustees is proud to announce several improvements to the Health Plan's Cigna Tier 2 benefits. The changes explained below will be effective January 1, 2025.

- The Health Plan is **reducing the in-network deductible** that is required only for certain benefits under this Tier from \$2,000 per person (\$4,000 per family) to \$1,000 per person (or \$2,500 per family).
- The Health Plan is **eliminating the copayment for urgent care** entirely. The coverage for urgent care visits will now be the same as what is required under Tier 1.
- Finally, the Health Plan is **lowering the copayment for in-network specialist office visits** from \$50 to \$35.

The rest of the Tier 2 benefits will remain the same in 2025.

## New fertility benefits—Coming in 2025

The Trustees have also approved adding fertility benefits in 2025 and are in the process of finalizing the benefit provisions. More information about the details of this coverage will be announced soon in the coming months.

## Vision benefit increase

You are now able to get eyeglasses and contact lenses once a year with Davis Vision, instead of once every 24 months. Remember to see a network provider to make the most of your vision benefits. Visit [davisvision.com](https://www.davisvision.com) to find a network provider near you and other helpful information about your coverage.

## Prescription drug benefit improvements!

The Trustees made it easier to get a flu shot this year by adding coverage through your prescription drug benefits. See page 4 for more about flu shots and vaccinations.

In addition, the Trustees added Optum Rx's Price Edge program to help you save money on your prescriptions. See page 4 for more about this program.

# New Mental Health Support Program

## Over 10,000 providers at your fingertips!

**The Health Plan is partnering with Spring Health to ensure that you can easily get mental health support whenever and wherever you need it. Spring Health offers personalized, convenient care and resources to support you through any of life's challenges.**

We are proud to offer Spring Health as another important mental health and substance use resource for participants, effective February 1, 2025. Spring Health has a network of over 10,000 mental health providers. You'll be able to make appointments in days (not weeks or months).

You can still use Cigna to find providers for mental health and substance use care, as well.

Services offered through Spring Health will be available to all covered participants and their eligible covered dependents who have Cigna coverage. (Participants who have enrolled in any of the Fund's HMO plans or who have enrolled in Medicare as their primary coverage are not eligible for the Spring Health benefit.) This benefit will apply in the same manner for both Cigna Plans—Tiers 1 and 2.

When you need help from Spring Health, the first step is to complete an assessment that will only take a few minutes. Spring Health will then design a care plan that is customized for you. If you have questions, you can meet with a Care Navigator, a licensed clinician, who will ensure that you receive the best care for your needs. Your Care Navigator can also help you find providers who are licensed in states where you may be traveling.

## Kaiser Permanente's mental health and substance use resources

If you have coverage through Kaiser Permanente, you can visit [kp.org/mentalhealthservices](https://kp.org/mentalhealthservices) for information on available options and how to make an appointment with a Kaiser mental health care professional—and you don't need a referral. This includes dedicated help for those struggling with alcohol or drugs. Kaiser also offers many tools including self-care apps (Calm and Headspace) that can help with stress, anxiety, and sleep—available at no cost. You can also try wellness coaching, join a health class, or take an online self-assessment. Visit Kaiser's website to learn more about the resources available.

Spring Health offers therapy, coaching, medication prescribing, family support, 24/7 crisis support, and more. The program includes a library of self-guided exercises that can help you manage stress, calm anxiety, beat burnout, improve sleep, and be more mindful.

Participants and/or dependents (ages 6 and older) get eight therapy sessions per year with no copayments for medication management, alcohol and substance use support, and more. Participants who are 18 or older can access advanced substance use support at in-network rates.

If you need more than eight sessions, your Cigna Plan's Tier 1 or Tier 2 in-network copayments will apply. That means you will pay a \$35 copayment per session for any sessions after your first eight.

For questions or support, visit [springhealth.com/support](https://springhealth.com/support) or call **(855) 980-0380** (press 2 for 24/7 crisis support). Please note that this phone number will be active starting February 1, 2025.

**Care provided by Spring Health is private and confidential. No information will be shared with the Plan without your written consent, except by court order or as provided by law.**

## Easy online access!

Spring Health offers an easy-to-use website ([springhealth.com/equityleaguehealth](https://springhealth.com/equityleaguehealth)) and a free app. You can use either to choose an experienced therapist you feel comfortable with, book appointments online, and get support when it's convenient for you, either virtually or in person. While a few therapists will be suggested to you based on your assessment, you'll also be able to filter your search by gender, ethnicity, and more. Therapy appointments are available evenings and weekends, and providers are available within two days. Unlike other mental health providers, Spring Health extensively vets its providers to ensure that they only use treatment methods directly proven to improve your well-being.

# It's Flu Season—And We've Got You Covered!

The holidays are coming—and that means it's also cold and flu season. We encourage you to consider getting your annual vaccines. Vaccines help your immune system fight infections faster and more effectively. When you get a vaccine, it sparks your immune response, helping your body fight off and remember the germ so it can attack it if the germ ever invades again.

## Flu shots and vaccines now covered by Optum Rx

The Trustees worked with Optum Rx to improve your coverage this year. Your prescription drug benefits now cover flu shots and other vaccinations (including the vaccine for COVID-19) 100%, subject to the mandates of the Affordable Care Act (ACA), for both Tiers when you go to a retail pharmacy.

You'll need to show the pharmacist your Optum Rx ID card. We recommend contacting your local pharmacy before you go, to make sure the vaccination(s) that you want are available and to check whether you need to make an appointment. Just about all major retail pharmacy chains are in the Optum Rx network.

You can visit the Optum Rx website at [optumrx.com](https://optumrx.com) or call them at (800) 797-9791; TTY 711 for more information.



## How to use your Cigna benefits for flu shots and vaccines

As a reminder, flu vaccination shots—including the COVID-19 vaccine—are also covered under the Cigna medical plan at no cost, but only when obtained from an in-network provider through the Cigna medical plan; this would also include retail pharmacies that are in-network with Cigna. Coverage for vaccines obtained from an out-of-network medical provider will be based on the rules for your Tier of coverage.

Some of the major participating in-network retail pharmacies with Cigna include Walgreens, Rite Aid, Duane Reade, and Costco. For a complete list, click on the following link that lists other participating pharmacies that are in-network with Cigna. For a complete list of in-network providers, including locating retail pharmacies, please visit [mycigna.com](https://mycigna.com).

You shouldn't need to make an appointment to get a vaccine, but you should call your pharmacy to make sure your vaccine is available at that location and to see if they suggest making an appointment.

Please remember to use your Cigna medical card when getting your vaccines at the retail pharmacy. The pharmacy will need the medical ID and group number listed on your ID card. Your pharmacist may also need to use one of the following BIN and PCN codes in order to make certain that the claim submitted to Cigna gets approved:

### Change Healthcare/Emdeon

- ➔ BIN: 004766
- ➔ PCN: COM62308

### OmniSYS

- ➔ BIN: 004303
- ➔ PCN: CIGPPOIMM

## Reminder for participants with Cigna coverage

CVS retail pharmacies that do not have CVS MinuteClinics and HealthHUBs are considered out-of-network providers. Only vaccines obtained at CVS locations with MinuteClinics and HealthHUBs would be processed as an in-network benefit. **Even though CVS is not in the Cigna retail pharmacy network, you can still use your Optum Rx coverage at any CVS pharmacy location in order to get your vaccines covered!**

## New Rx Program Can Save You \$\$\$\$

### The Health Plan has added Optum Rx's Price Edge program to your prescription drug benefits.

The Price Edge program can help you save on:

- ➔ Generic medications whether they are covered by the Health Plan or not
- ➔ Over-the-counter (OTC) medications if you have a prescription

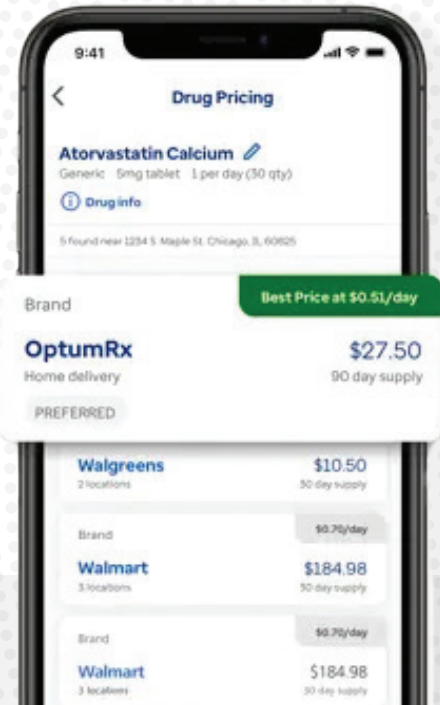
All you have to do is get a prescription from your doctor and then show your ID card at a network pharmacy.

It can also lower copayment costs on certain covered retail and home delivery medications. If your next fill qualifies, you will automatically receive a discount. You don't have to do anything!

**Reminder:** Medications not covered by the Health Plan, including OTC products, do not count toward your annual out-of-pocket limit or deductible.

You can visit [OptumRx.com](https://www.optumrx.com) or use the Optum Rx app to learn more about this program.

Optum Rx®



## 401(k) News: Contribution Limits



### The IRS sets an annual limit on 401(k) contributions. For 2025, you can contribute up to \$23,500 through salary deferrals.

In addition, the IRS also has provisions that let people approaching retirement to make what is known as catch-up contributions.

Current law allows participants over age 50 to make catch-up contributions up to a limit (\$7,500 in 2025). This means that participants over age 50 will be allowed to contribute more—up to \$31,000 in the 2025 calendar year (\$23,500 plus \$7,500).

As part of the SECURE Act 2.0, participants who are 60 to 63 years old will be allowed to make even more catch-up contributions beginning in 2025. The SECURE Act 2.0 increases

the yearly amount for participants ages 60 to 63 to the greater of \$11,250 or 50% more than the regular catch-up amount in 2025. These amounts change each year.

As a result, the contribution limit for participants who are 60 to 63 years old will be \$34,750 (\$23,500 plus \$11,250) for 2025.

The law says that to be considered age 60, you must reach that age during the course of the calendar year (the same rule it uses for age 50). The law also says that to be considered age 64, you must turn that age during the calendar year.

# Helpful Healthcare Definitions

Here are some common terms that may come up when you see a doctor or fill a prescription that relate to what you may be asked to pay. We have put together a list of other important healthcare terms and what they mean on our website at [equityleague.org/resources/terms-to-know](https://equityleague.org/resources/terms-to-know).

**Deductible** is the amount that you must pay before the Fund helps pay for the cost of your health care expenses. The deductible is different depending on whether you are covering just yourself or other dependents as well.

**Copays** are fixed amounts you pay when you receive health care services.

**Out-of-pocket maximum** is the most that you could pay for covered expenses in a calendar year before the Fund covers the rest of your health care costs up to the allowable charge. The out-of-pocket maximum is different depending on whether you are covering just yourself or other dependents as well. There is a separate out-of-pocket maximum for prescription drug costs.

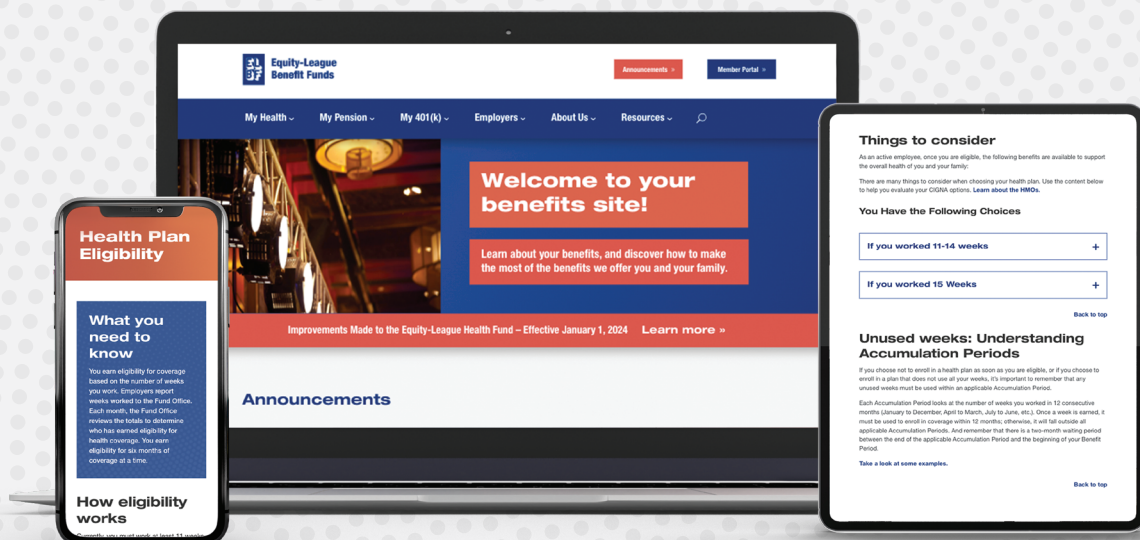
**Coinsurance** is the percentage of the health care cost you pay. The Fund pays the rest up to the allowable charge. You pay coinsurance for prescription drugs in all three health plans. However, each handles coinsurance for medical or hospital services differently.

- ➔ **Tier 1:** Coinsurance applies after reaching the deductible only if you use an out-of-network provider.
- ➔ **Tier 2:** There are separate deductibles for in- and out-of-network services. Coinsurance applies after reaching the deductible for all out-of-network services.

## Have you visited our new and improved website?

Earlier this year, we re-launched our website: [equityleague.org](https://equityleague.org). It contains lots of helpful information about your health, pension, and 401(k) benefits.

We hope the site will make it easier for you to learn about your benefits and discover how to make the most of the benefits we offer you and your family.



## Important Reminders

### Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act is a federal law that provides protection for breast cancer patients who choose breast reconstruction in connection with a mastectomy. All group health plans, including HMOs that provide medical and surgical benefits in connection with a mastectomy, must also provide for reconstructive surgery in a manner determined in consultation with the patient and attending physician. If you or an enrolled dependent is a breast cancer patient, you should know that in addition to providing medical and surgical benefits in connection with a mastectomy, the Equity-League Health Plan also includes coverage for the following:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas

This coverage is subject to applicable copayments, referral requirements, annual deductibles, and coinsurance provisions. Review the applicable provisions of the Health Plan about any restrictions that may apply to you. If you have any questions about this coverage, please contact the Fund Office at **(212) 869-9380** (New York City area) or toll-free nationwide at **(800) 344-5220**.

### HIPAA privacy notice

If you would like to see the Health Plan's HIPAA Notice of Privacy Practices, which was last revised in September 2013, please visit [equityleague.org](http://equityleague.org), click on **My Health**, and then select **Health Plan HIPAA Privacy Notice** from the drop-down menu. Or, to request your own printed copy of the notice, contact us as directed below:

- **Email:** [health@equityleague.org](mailto:health@equityleague.org)
- **Mail:** Privacy Officer, Equity-League Health Benefit Fund, 165 West 46th Street, Suite 812, New York, NY 10036
- **Phone:** Call **(212) 869-9380** (New York City area) or toll-free nationwide at **(800) 344-5220**

The HIPAA Notice of Privacy Practices describes how the Health Plan uses and discloses protected health information, and it also discusses important federal rights that you have with respect to your protected health information.

### Your right to request a pension benefit statement

If you would like to receive a detailed statement of the pension credit you've earned under the Equity-League Pension Plan, and whether you are vested, you must make the request in writing. Send your request to Equity-League's Benefit Services Department as directed below:

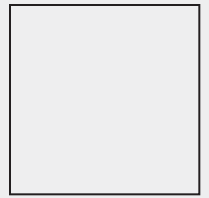
- **Email:** [pension@equityleague.org](mailto:pension@equityleague.org)
- **Mail:** Equity League Benefit Services Department  
165 West 46th Street, Suite 812, New York, NY 10036

You are entitled to receive a pension benefit statement, upon request, once every 12-month period. If you have questions, call the Benefit Services Department at **(212) 869-9380** (New York City area) or at **(800) 344-5220** (toll-free nationwide).

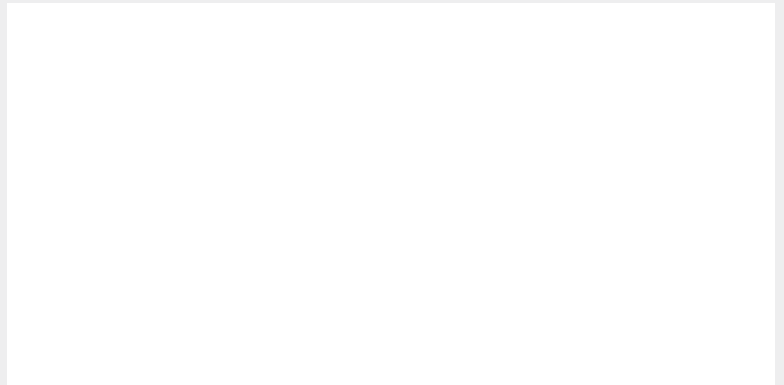


**Equity-League  
Benefit Funds**

Equity League Benefit Services  
Department  
165 West 46th Street, Suite 812  
New York, NY 10036



**Open Immediately!  
Important Benefit  
News**



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Newsletter**

**Winter 2024**

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