



CENTRAL
UNIT SCHOOL DISTRICT 301

2024-2025

Benefit Updates- What's new for 2024

WASSUP!!
Wednesday

Gallagher Representative:
Nancy Meyers



Gallagher

Insurance | Risk Management | Consulting

Open Enrollment

Presentation Overview

- I. Open Enrollment is Coming!
- II. What's New for 2024
- III. Medical Insurance
 - A. PPO
 - B. HMO
- IV. Provider Finder
- V. Benefitsolver Enrollment

Open Enrollment

- ***Open Enrollment runs from May 20 – May 31st***
- Changes will be effective September 1, 2024 until August 31, 2025.
- Open Enrollment allows employees to:
 - Elect/waive/change coverage
 - Add/remove dependents from coverage
- Outside of Open Enrollment, you must have a qualified life event/status change to make changes to your benefit elections.
 - Qualified Status Changes include marriage, divorce, legal separation, annulment, death of spouse, birth, adoption, spouse's open enrollment
 - Employees have 30 days from the event to notify their Benefits Coordinator

Benefit Summary



Central Community Unit School District 301

September 1, 2024 to August 31, 2025 Benefit Summary



Medical Plan Comparison

As always, you can go to their website www.bcsil.com to learn more.

Blue Choice Options	PPO 750 Blue Choice Options						PPO 1200 Blue Choice Options			HDHP 6350		Blue Advantage HMO 30
	PPO IN	Out-of-Network	BCO IN	PPO IN	Out-of-Network	BCO In-Network	PPO In-Network	Out-of-Network	In-Network	Out-of-Network	Blue Advantage	
	\$1,500	\$1,500	\$750	\$1,500	\$1,500	\$1,200	\$2,400	\$2,400	\$6,350	\$6,350	\$0	
	\$3,000	\$3,000	\$1,500	\$3,000	\$3,000	\$2,400	\$4,800	\$4,800	\$12,700*	\$12,700*	\$0	
	80%	70%	80%	70%	60%	80%	70%	60%	100%	80%	100%	
	\$3,500	\$5,600	\$3,800	\$4,200	\$6,800	\$4,250	\$4,800	\$7,700	\$6,350	\$1,500	\$1,500	
	\$7,000	\$11,200	\$7,600	\$8,000	\$13,600	\$8,500	\$8,900	\$15,400	Unlimited	Unlimited	\$3,000	
	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
	150 copay then 80%*	\$150 copay then 70%*	\$150 copay then 80%*	\$150 copay then 70%*	\$150 copay then 60%*	150 copay, then 90% inpatient admission copay applies if admitted	\$150 copay then 80%*	\$150 copay then 70%*	100%*	80%*	100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	100%	
	150 copay then 90%*, waived if admitted	150 copay then 90%*, waived if admitted	150 copay then 90%*, waived if admitted	150 copay then 90%*, waived if admitted	150 copay then 90%*, waived if admitted	150 copay, then 90% inpatient admission copay applies if admitted	150 copay, then 90% inpatient admission copay applies if admitted	150 copay, then 90% inpatient admission copay applies if admitted	100%*	80%*	150 copay, waived if admitted	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	100%	
	\$30 copay	70%*	\$30 copay	\$30 copay	60%*	\$30 copay	\$30 copay	60%*	100%*	80%*	\$30 copay	
	\$50 copay	70%*	\$50 copay	\$50 copay	60%*	\$50 copay	\$50 copay	60%*	100%*	80%*	\$50 copay	
	100%	70%*	100%	100%	60%*	100%	100%	60%*	100%	80%*	100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	Only if referred through PCP then copay 100%	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	Only if referred through PCP then copay	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	Only if referred through PCP then copay	
	80%*	70%*	80%*	70%*	60%*	80%*	70%*	60%*	100%*	80%*	Check with your Medical Group	
	\$10 copay	N/A	\$10 copay	\$10 copay	N/A	\$10 copay	\$10 copay	N/A	\$44/visit, 100%*	N/A	100% through EyeMed	
	\$10 copay with VSP	Reimbursed up to \$45 with VSP	\$10 copay with VSP	\$10 copay with VSP	Reimbursed up to \$45 with VSP	100% after \$10 copay	100% after \$10 copay	Reimbursed up to \$45 with VSP	\$10 copay with VSP	Reimbursed up to \$45 with VSP	100% through EyeMed	
	to \$2,500/ear every 24 months / \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	Adults: device up to \$2,500/ear every 24 months / Children: device \$0 cost to member, every 24 months	
	c. \$25 Formulary Brand; non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	\$10 Generic; \$25 Formulary Brand; \$40 Non-Formulary Brand	80%*	80%*	\$20 Generic; \$40 Formulary Brand; \$70 Non-Formulary Brand; \$40 Generic; \$30 Formulary Brand; \$140 Non-Formulary Brand; \$1,000 individual / \$2,000 family	
	c. \$50 Formulary Brand; non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	\$20 Generic; \$50 Formulary Brand; \$80 Non-Formulary Brand	80%*	80%*	\$20 Generic; \$40 Formulary Brand; \$70 Non-Formulary Brand; \$40 Generic; \$30 Formulary Brand; \$140 Non-Formulary Brand; \$1,000 individual / \$2,000 family	
	individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	\$2,750 individual / \$5,500 family	Integrated with Medical	Integrated with Medical	\$2,000 family	

What's New beginning 9.1.24?

NIHIP Changes: NIHIP changes affect all 35 Districts of NIHIP

- Prescription Copays on all **HMO Plans** are changing:
 - Retail Pharmacies (30 day supply): \$15/\$30/\$50 to \$20/\$40/\$70
 - Mail Order (90 day supply): \$30/\$60/\$100 to \$40/\$80/\$140
- Chiropractic visit coverage will change from 40 visits to 35 visits per calendar year on all **PPO and HDHP plans**.

ALL Members enrolled in a NIHIP PPO and/or HDHP Plan will receive a NEW ID CARD in August!

What's New beginning 9.1.24?

Burlington PPO Changes:

- PPO Plan Changes:
 - The current PPO 500 and PPO 750 plans will both become a BlueChoice Options Plan (BCO) - ALL CCUSD301 PPO plans will now be Blue Choice Options plans.
 - Deductibles will remain the same.
 - Prescription copays will remain the same.
 - Out-of-Pocket maximums will increase ONLY when using non-BCO providers.
 - Office visit copays will increase \$10 from:
 - \$20 to \$30 for a Primary Care Physician
 - \$40 to \$50 for a Specialist

For the 2023 calendar year 95-96% of all CCUSD301 PPO500 and PPO750 claims were submitted by a BlueChoice Provider.

What's New beginning 9.1.24?

Burlington HMO Changes:

- HMO Plan Changes:
 - The current HMOIL 20 plan is being discontinued.
 - The current BlueAdvantage 30 plan will continue to be offered.
- The BlueAdvantage HMO is a slightly smaller network of HMO providers.
 - As of March 13, 2024 every CCUSD 301 HMOIL participant had elected a medical group that was in both the HMOIL and BlueAdvantage HMO networks therefore, this change should cause no disruption to members choice of current doctors.

Medical Plan Overview

PPO Changes

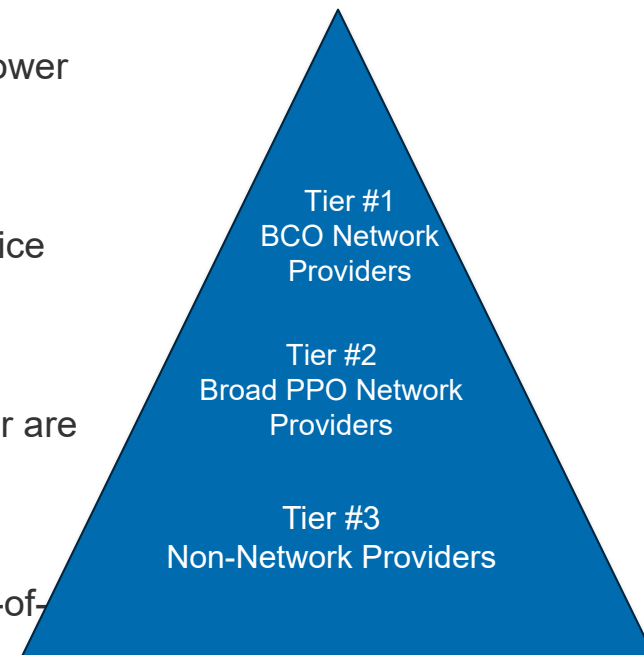
New Blue Choice Options (BCO) Plan

It's a PPO with two levels of Network Benefits

Using Blue Choice Options PPO

This plan is a PPO with an added tier to receive greater discounts and lower premiums. The plan has three coverage tiers:

- **Tier 1** — You'll have the lowest out-of-pocket costs if you see a contracted provider in the Blue Choice OPT PPO network. Blue Choice providers are selected by BCBSIL. They are top providers.
- **Tier 2** — You'll have a slightly higher out-of-pocket cost if you see a contracted provider in the larger PPO network. The copays in this tier are the same as in Tier 1. This is the same PPO network for the Districts other PPO plan options.
- **Tier 3** — You'll have the highest out-of-pocket cost if you see an out-of-network doctor.



The way you use this plan is the same as other PPOs, there's just an additional network/tier of benefits to consider.

PPO Plan Comparison



Benefit	Blue Choice Options 500			Blue Choice Options 750		
	BCO In-Network 95.1% of CCUSD 301 Claims in this network	PPO In-Network	Out-of-Network	BCO In-Network 95.9% of CCUSD 301 Claims in this network	PPO In-Network	Out-of-Network
Deductible (Individual/Family)	\$500 / \$1,000		\$1,500/\$3,000	\$750 / \$1,500		\$1,500/\$3,000
Out-of-Pocket Max (Individual/Family)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,600 / \$11,200	\$3,800 / \$7,600	\$4,200/\$8,000	\$6,800/\$13,600
Primary Care Office Visit	\$30 copay		70% after ded	\$30 copay		60% after ded
Specialist Office Visit	\$50 copay		70% after ded	\$50 copay		60% after ded
Preventive Care	100% no deductible		70% after ded	100% no deductible		60% after ded
Inpatient Admission \$150 copay/admit up to max of 5/cal. yr.	90% after ded	80% after ded	70% after ded	80% after ded	70% after ded	60% after ded
Emergency Room	\$100 copay then 90% after ded			\$100 copay then 90% after ded		
All Other Covered Services	90% after ded	80% after ded	70% after ded	80% after ded	70% after ded	60% after ded
Retail Rx Copays Generic /Formulary/Non-Formulary	\$10 / \$25 / \$40		70% after applicable copay	\$10 / \$25 / \$40		60% after applicable copay
Mail Order Rx Copays Generic /Formulary/Non-Formulary	\$20 / \$50 / \$80			\$20 / \$50 / \$80		
Rx out-of-pocket maximum	\$2,750 / \$5,500			\$2,750 / \$5,500		

New Blue Choice Options (BCO) – BCO 500 Plan

Claim Examples

	Tier 1 Blue Choice OPT PPO Network Plan pays 90%	Tier 2 Larger Statewide PPO Network Plan pays 80%	Tier 3 Out-of-Network** Plan pays 70%
Primary Doctor Visit cost is \$200	You pay \$30	You pay \$30	You pay \$200
Specialist Visit cost is \$300	You pay \$50	You pay \$50	You pay \$300
2-Day Hospital Stay* Cost is \$5,000	You pay \$950 +\$150 admission copay	You pay \$1,400 +\$150 admission copay	You pay \$2,550 +\$150 admission copay

* Applied to member's deductible. Once your deductible is met, the plan pays at percentage designated by tier. The sample shown is based on a \$500 deductible and 10% coinsurance for Tier 1, the same combined \$500 deductible and 20% coinsurance for Tier 2 and a \$1,500 deductible and 30% coinsurance for out-of-network.

** *Out-of-network providers may balance bill the patient for any amount over what BCBSIL allows.*

New Blue Choice Options (BCO) – BCO 750 Plan

Claim Examples

	Tier 1 Blue Choice OPT PPO Network Plan pays 80%	Tier 2 Larger Statewide PPO Network Plan pays 70%	Tier 3 Out-of-Network** Plan pays 60%
Doctor Visit Cost is \$200	You pay \$30	You pay \$30	You pay \$200
Specialist Visit Cost is \$300	You pay \$50	You pay \$50	You pay \$300
2-Day Hospital Stay* Cost is \$5,000	You pay \$1,600 +\$150 admission copay	You pay \$2,025 +\$150 admission copay	You pay \$2,900 +\$150 admission copay

* Applied to member's deductible. Once deductible is met, pays at percentage designated by plan. \$750 deductible and 20% coinsurance for Tier 1, the same combined \$750 deductible and 30% coinsurance for Tier 2 and a \$1,500 deductible and 40% coinsurance for out-of-network.

** *Out-of-network providers may balance bill the patient for any amount over what BCBSIL allows.*

Express Scripts – BCO and HDHP Members

REFILLS
ARE A PIECE OF CAKE!

Refills & Renewals
Refill and renew home delivery prescriptions.

MY MEDICATION HISTORY
IN THE PALM OF MY HAND.

Claims History
View your past prescription activity and payment details.

MEETING IS ALL SET.
SO IS MY PRESCRIPTION.

Order Status
Is it ready? Has it shipped? Check it here.

PRESCRIPTION FOR SAFETY?
TAKE MY MEDICINE CABINET WITH ME.

Medicine Cabinet
Manage prescriptions and check for drug interactions.

EXPRESS SCRIPTS®

Millions trust Express Scripts for safety, care and convenience.

IT'S SIMPLE!

[Create online account](#)

Log in securely for quick access to your account

user name

password [sign in](#)

[I forgot my user name](#)
[I forgot my password](#)

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Medical Plan Overview

HMO Changes

Medical Benefit Comparison

This Plan Terming 8/31/24

Benefit	HMO 20	BAHMO 30
	HMO Illinois	Blue Advantage HMO Illinois
Deductible (Individual/Family)	\$0	\$0
Out-of-Pocket Max (Individual/Family)	\$1,500 / \$3,000	\$1,500 / \$3,000
Primary Care Office Visit	\$20 copay	\$30 copay
Specialist Office Visit	\$40 copay	\$50 copay
Preventive Care	100%	100%
Inpatient Admission	100%	100%
Emergency Room	\$100 copay	\$100 copay
All Other Covered Services	100%	100%
Retail Rx Copays		
Generic /Formulary/Non-Formulary	\$15 / \$30 / \$50	\$20 / \$40 / \$70
Mail Order Rx Copays		
Generic /Formulary/Non-Formulary	\$30 / \$60 / \$100	\$40 / \$80 / \$140
Rx out-of-pocket maximum	\$1,000 / \$2,000	\$1,000 / \$2,000

As of March 13, 2024 every CCUSD 301 HMOIL participant had elected a medical group that was in both the HMOIL and Blue Advantage HMO networks therefore, this change should cause no disruption to members choice of current doctors.

Blue Advantage HMO vs. HMO Illinois

Compare the Advantages	BlueAdvantage HMO	HMO Illinois
An HMO of Blue Cross and Blue Shield of Illinois?	YES	
Same range of Blue Cross HMO benefits?		
Same member services?		
Same referral process?		
Same pharmacy network?		
Same Excellent, four-star NCQA* accreditation?		
Number of network Medical Groups/IPAs** and hospitals?	57 Medical Groups/IPAs 71 Hospitals	60 Medical Groups/IPAs 75 Hospitals
Which HMO costs less?	BlueAdvantage HMO costs less than HMO Illinois	

*National Committee for Quality Assurance

**Independent Practice Association

Note: Medical Group counts may change based upon negotiated contracts. Several Medical Groups have joined together to become larger with more facilities available to our members.

As of March 13, 2024 every CCUSD301 HMOIL member elected a medical group that was in both networks. Therefore, there should be no disruption to members.

Blue Advantage HMO / HMO Illinois FAQs

Question	Answer
<p>Why is the Blue Advantage HMO (BAHMO) less expensive than HMO Illinois (HMOIL)?</p>	<p>The BAHMO is a slightly smaller network of hospitals and medical groups with whom BCBS of Illinois has negotiated greater discounts.</p>
<p>How do I know if my current doctor/medical group participates in the Blue Advantage HMO?</p>	<p>You can find out several ways:</p> <ul style="list-style-type: none"> • Call BCBSIL at 800.892.2803 and ask the Representative to assist you • Log on to www.bcbsil.com • - Click on “Find Care” • - Then click on “Find a Doctor or Hospital” • - Click on “Search as Guest” • - Select “All Plans/Networks”, then enter your city & zip code • - From the drop down select “Blue Advantage HMO” • - From there you can search for your provider.
<p>Who are the hospitals, in the Chicagoland area, that participate in the HMO Illinois Network but DO NOT participate in Blue Advantage HMO?</p>	<p>Franciscan Hospital (Indiana) HSHS Hospital (Springfield, IL)</p>
<p>Are office visit, prescription or emergency room copays different on the BAHMO than on the HMOIL plan?</p>	<p>The current HMOIL plan that is being discontinued has office visit copays that are \$10 less. Prescription copays are changing for all HMOs effective 9.1.24. ER Copays are the same.</p>
<p>If I’m currently enrolled in the HMOIL plan and I know my current doctor also participates in the BAHMO plan, will I need to get new referrals to my Specialist?</p>	<p>Yes.</p>

* Only in-network coverage levels displayed. Please reference your benefit summary, plan document or SBC for out-of-network coverage levels.

HMO Members

02113 0416134 0000 0000001 0000001 999 117

BlueCross BlueShield of Illinois
An Independent Licensee of the Blue Cross and Blue Shield Association

HMO Illinois

Subscriber Name:
NORTHSHORE EMPLOYEE

Identification Number:
XOH0000000000

Group Number: **H00083**

HMO
284 NORTHSHORE MG IPA
866-295-1403 09/01/18
WPHCP: 284 NORTHSHORE MG IPA
866-295-1403 09/01/18

Northshore SD 112

Office Visit	\$30
Emergency Room	\$100
Specialist	\$50
Wellness	\$0

RxBIN: 011552
RxPCN: ILDR



www.bcbsil.com

BlueCross BlueShield of Illinois

Physicians: The enrollee named on this card, is entitled to benefits while enrolled. Medical services, except emergencies, must be preauthorized by the Individual Practice Association named on this card. To locate a Provider when traveling, call the BlueCard access number.
Claims Filing Address: Blue Cross and Blue Shield of Illinois, PO Box 805107, Chicago, IL 60680-4112

Customer Service	1-800-892-2803
BlueCard Access	1-800-810-2583
Eligibility #	1-800-676-2583
Pharmacy Program	1-800-423-1973

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the BlueCross and BlueShield Association.

Pharmacy Benefits Manager

Locating a BlueCross BlueShield Network Provider

BCBSIL Provider Finder Tool – www.bcbsil.com

How do I search for a provider?

1. [Find Care](#)

BlueCross BlueShield of Illinois

Search

Make a Payment

Log In or Sign Up

Shop Plans Prescription Drugs Insurance Basics Member Services

Considering Medicare?

We can help you find the right Medicare Plan.

[Learn More](#)

Coverage to Meet Life's Changes
Stay covered at every time in your life, like losing Medicaid or leaving a job. Find affordable individual and family options.

[Find a Plan](#)

Basic Guest Search

Even if you're not a member, you can answer a few questions to find the right network to search for doctors.

2. [Find Care](#)

BlueCross BlueShield of Illinois

Search

Pay My Bill

Log In

Shop Plans Prescription Drugs Insurance Basics

[Find a Doctor or Hospital](#)

[Find a Pharmacy](#)

[Find a Vision Provider](#)

[Virtual Visit](#)

[Providers Outside of U.S.](#)

[Breastfeeding Counseling](#)

[Teledentistry](#)

[Behavioral Health](#)

Blue Distinction® Specialty Care

- Blue Distinction Centers
- Bariatric Surgery
- Cardiac Care
- Cellular Immunotherapy
- Fertility Care
- Gene Therapy
- Knee and Hip Replacement
- Maternity Care
- Spine Surgery
- Substance Use Treatment and Recovery
- Transplants

Where You Go Matters

- Know Your Network
- Choosing Health Care Options
- Tips To Find a Doctor or Hospital
- What Is an Emergency
- Understanding Costs and Quality
- Provider Network Selection Criteria
- Provider Information Validation
- Blue Star Group Report
- Utilization Management

3. [Search for Doctors as a Guest](#)

BCBSIL Provider Finder Tool

How do I search for a provider?

BlueCross BlueShield of Illinois

English Log In

4. Search All Providers

Plans: All plans/networks

Good Afternoon!
Browse or search to find the care you need.

Search for Names and Specialties

Common Searches: Primary Care Urgent Care Behavioral Health Hospital Durable Medical Equipment

5. Select your network

From the drop down menu, select the following based on the plan you are enrolled in or are considering:

- Blue Choice Options (BCO)
- Participating Provider Organization (PPO)
- Blue Advantage HMO (ADV)

6. Browse providers by category or get cost estimates

Browse by Category

Find results using these care categories

Cost Estimates Compare costs for any procedure, or find out what your copay is.

Medical Care Find general doctors, specialists, hospitals, urgent care centers, group practices, labs, an...

Urgent Care Center Treatment for a condition that is not life threatening, but requires prompt attention

Behavioral Health Treatment for Mental Health and Substance Use Disorders



benefitsolver[®]

Benefitsolver – Online Enrollment

ENROLLING IS EASY

LOG IN

Visit www.enrollwithNIHIP.com from any computer or smart device and **Login** with your **User Name** and **Password**.

New users must **Register** and answer security questions. Our case-sensitive company key is **NIHIP**.

GET STARTED

Click **Start Here** and follow the instructions to make your benefit choices by the deadline on the calendar. If you miss the deadline you will have to wait until the next annual enrollment period to enroll or make changes.

FIND INFORMATION

View plan details, carrier specifics and resources in the **Reference Center**.

CONFIRM YOUR ADDRESS

After selecting **Start Here** and navigating through the opening message, you will want to review and confirm your current **Home Address** is correct to ensure you receive your ID card timely.

MAKE YOUR ELECTIONS

Using **Previous** and **Next** to navigate, review your options as you move through the enrollment process.

Select plan(s) and who you would like to cover.

Track your choices and costs along the left side.



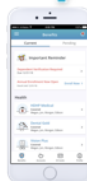
www.enrollwithNIHIP.com
Company Key: NIHIP

Need to reset your user name or password?

1. Click **Forgot your user name or password?**
2. Enter your **Social Security** number, birth date and our company key, **NIHIP**.
3. Answer your security phrase.
4. Enter and confirm your new password, then click **Continue** and **Login** with your new credentials.

Download the MyChoice™ Mobile App

1. Visit your device's app store and download the **MyChoice by Businessolver®** Mobile App.
2. Visit www.enrollwithNIHIP.com to **Get Access Code**.
3. Activate the app with your access code. (If you don't use the code within 20 minutes, you'll need to generate a new one.)
4. Follow the instructions within the Mobile App to have easy access to your benefits on the go.



REVIEW AND CONFIRM

Make sure your personal information, elections, dependents and beneficiaries are accurate and **Approve** your enrollment.

To finalize your enrollment, click **I Agree**

FINALIZE

When your enrollment is complete, you will receive a confirmation number and you can **Print Benefit Summary**.

Your **To Do** list will notify you if you have any additional actions needed to complete your enrollment.

REVIEW YOUR BENEFITS

You have year-round access to a **benefits summary** that shows your personal selections. Click **Benefit Summary** on the homepage to review your current benefits at any time.

Change your benefits

Once approved, your benefit elections will remain in effect until the end of the plan year, unless you have a qualifying life event such as marriage, divorce or having a baby. Find detailed information in the **Reference Center**.

1. Click on **Change My Benefits**.
2. Select **Life Event** and the event type.
3. Review your options and follow the election steps outlined above to complete your changes.

Change your beneficiary(ies)

1. Click on **Change My Benefits**.
2. Select **Basic Info** and **Change of Beneficiary**.
3. Follow the prompts to complete your change.

Beneficiary changes can be made at any time of the year.



www.enrollwithNIHIP.com
Company Key: NIHIP



CCUSD301 Open Enrollment is here!

16 Days Left

Start Here >

Thank You!

Transaction Complete - Pending Approval

[Benefit Summary PDF](#)

Your information has been submitted.
To print a copy of your elections, click the print option above the confirmation number.
Select Home to return to your benefits home page or Log Out to end this session.

Confirmation Number

107-66-60-883

Thank You.

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