

My150 Active Eligible Member Dashboard Preview

My150 Impersonation Mode

What is vacation savings?

27,243 MY PROFILE

HOME My HOURS My LIBRARY My CASES My RMSP My CLAIMS My DUES

NEXT YEAR'S HEALTH PLAN
Plan A - 2019 - Family

PLAN DATES: 4/1/2019 - 3/31/2020
 MONTHLY CREDITS: 1,719

VIEW PLAN DETAILS HEALTHCARE CARD
 VENDOR CARD

IN NETWORK DEDUCTIBLE SUMMARY
 The below information represents the progress you and your family have made towards meeting the maximum amount you need to pay related to medical claims from in-network providers before the insurance plan starts to pay for a portion of your medical charges.

Individual Deductibles: Member (\$300/\$300), Individual 1 (\$300/\$300), Individual 2 (\$100/\$300)
 Family Deductibles: You have used \$700 of \$700.

OUT OF NETWORK DEDUCTIBLE SUMMARY
 The below information represents the progress you and your family have made towards meeting the maximum amount you need to pay related to medical claims from out-of-network providers before the insurance plan starts to pay for a portion of your medical charges.

Individual Deductibles: Member (\$0/\$500), Individual 1 (\$0/\$500), Individual 2 (\$0/\$500)
 Family Deductibles: You have used \$0 of \$700.

FAMILY SUPPLEMENTAL BENEFIT (FSB)
 The below information represents the amount of reimbursements you and/or your eligible dependents have received reimbursement for non-covered, medically necessary, and unreimbursed medical, dental or pharmacy expenses (that are considered deductible medical expenses by the IRS) under the Family Supplemental Benefit (FSB).

You have used \$1,320.45 of \$1,500
 You will forfeit any unused FSB on 3/31/2019

MEDICAL CLAIMS SUMMARY
 The below information represents a summary of the value of your medical insurance coverage based on the amount providers have billed, the corresponding network discounts and ultimately the amount the member is responsible to pay. *These amounts do not include Pharmacy or Dental claims*

Amounts Billed: \$20,149.26
 Allowed Amounts: \$9,359.10
 Member Responsibility: \$1,619.40
[View Claims](#)

QUICK LINKS

- [My Claims](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [My Marketplace](#)
- [Operators' Health Center \(OHC\)](#)
- [Find A Provider](#)
- [Contact our Member Services Team \(Open a Case\)](#)

The above information includes claims that have been processed and applied toward your Plan Year deductible, maximum out of pocket, or paid in full by the Fund. Non-Covered (Denied) claims or claims pending additional information are not included in these totals. Please navigate to [My CLAIMS](#) for a full listing of all claims received and processed by the Fund. Contact the Fund Office at (708) 579-6600 if you have any questions.

The above information includes claims that have been processed and applied toward your Plan Year deductible, maximum out of pocket, or paid in full by the Fund. Non-Covered (Denied) claims or claims pending additional information are not included in these totals. Please navigate to **My CLAIMS** for a full listing of all claims received and processed by the Fund. Contact the Fund Office at (708) 579-6600 if you have any questions.

New Community Features

Home Page

The new home page dashboard displays important metrics about your benefits for the current Plan Year. At the start of each Plan Year, April 1, all the metrics will reset to zero.

For display purposes, the information shown below is based on the Plan Year commencing April 1, 2018 through March 31, 2019.

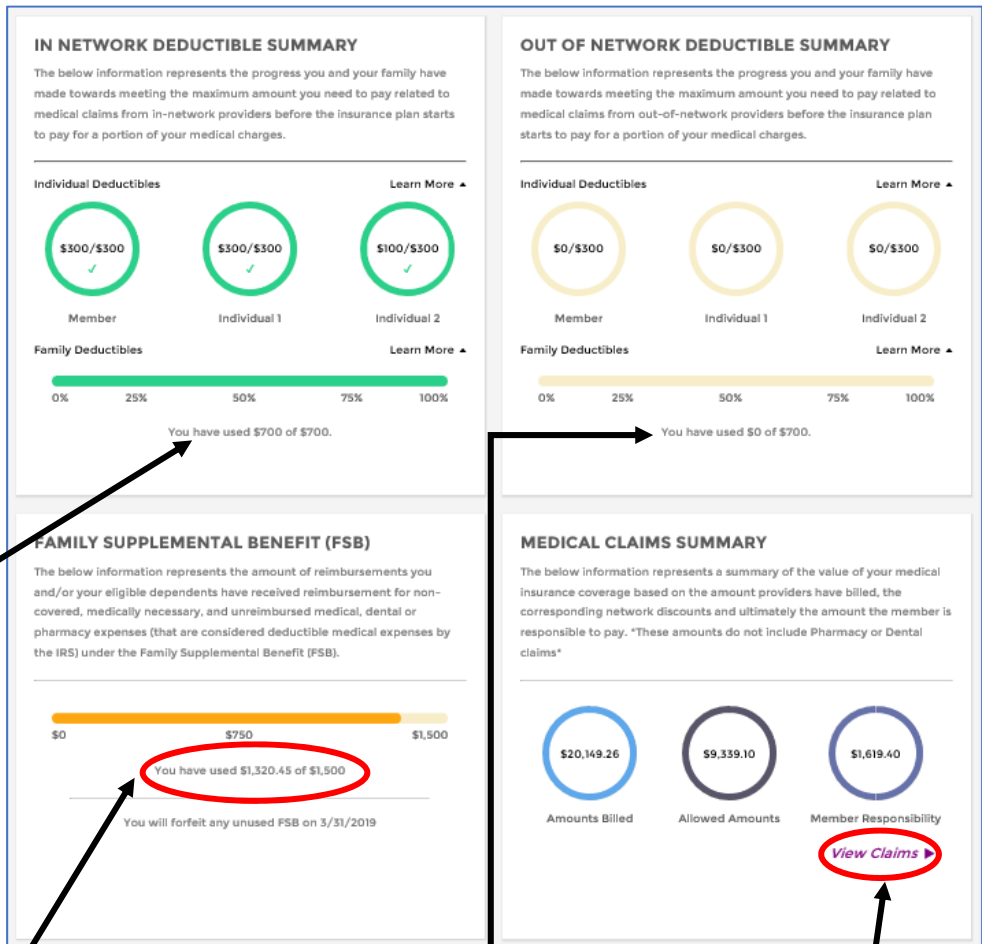
This member has Family coverage for himself and two dependents. Each covered individual will have an associated “donut” to easily track when the individual deductible or family deductible is met.

If this individual only had Member Only coverage, the family deductible bar would be removed and there would only be one “donut” for the member.

The dashboard will display each person’s in-network and out-of-network deductibles. In this preview, the in-network Family Deductible of \$700 has been met for the Plan Year and NO family member went outside of the network.

You can now easily track your FSB account to see how much is remaining for the Plan Year. **REMINDER:** You must submit claim forms within 12-months from the date of service. Be sure to check your **My CLAIMS** to see if a claim was processed for FSB reimbursement.

You can easily view your Explanation of Benefits for you and anyone in your family that is less than age 18. **Your adult dependent and/or spouse will need to create their own My150 account to view their claims.**




Home Page - Continued

For members that are not yet eligible, their home page will display as follows.

<p>FAMILY SUPPLEMENTAL BENEFITS (FSB)</p> <p>We would add some text which explains the value of the FSB Benefits to the member and a link to eligible items.</p> <p>Once you become eligible, this area will display the amount of FSB left for you and your family to utilize during the Plan Year.</p> <p>To learn more about FSB please click here. (assumption would be to link to a corresponding knowledge article)</p>	<p>MEDICAL CLAIMS</p> <p>We would add some text which explains the value of the FSB Benefits to the member and a link to eligible items.</p> <p>Once you become eligible, this area will display the value of the healthcare option you and your family are enrolled in based on the amounts billed versus the total member's responsibility.</p>
<p>IN NETWORK SUMMARY</p> <p>We would add some text explaining what the difference between In Network and Out of Network Services are.</p> <p>Once you become eligible, this area will display you and your family's progress towards your per-person and per-family in-network deductibles.</p> <p>To learn more about an in-network deductible please click here. (assumption would be to link to a corresponding knowledge article)</p>	<p>OUT OF NETWORK SUMMARY</p> <p>We would add some text explaining what the difference between In Network and Out of Network Services are.</p> <p>Once you become eligible, this area will display you and your family's progress towards your per person and per family out-of-network deductibles.</p> <p>To learn more about an in-network deductible please click here. (assumption would be to link to a corresponding knowledge article)</p>

NOTE: Members that have retired but are running out of their active credit bank, your dashboard will reflect the Active Plan information. Once you deplete your Credit Bank, AND if you are eligible for the Retiree Welfare Plan (RWP), you will no longer see the Active Plan information. Recall, the RWP is based on a Calendar Year (1/1 -12/31). Your deductible, out-of-pocket maximum, FSB under the RWP are all reset to zero once you are under the RWP.

For members who participate in the EPO plan, the "In Network Summary" chart, the "Out of Network Summary" chart, and the "Medical Claims" chart will be removed. The following message will be displayed "Since you are enrolled in the EPO Health Plan Option, which is administered by BCBS of IL, you can review summaries of your healthcare usage by logging into <https://www.bcbsil.com/member>." The "Family Supplemental Benefits (FSB)" chart **will be** displayed.

<p>IN NETWORK SUMMARY</p> <p>We would add some text explaining what the difference between In Network and Out of Network Services are.</p> <p>Since you are enrolled in the EPO Health Plan Option, which is administered by BCBS of IL, you can review summaries of your healthcare usage by logging into https://www.bcbsil.com/member.</p>	<p>OUT OF NETWORK SUMMARY</p> <p>We would add some text explaining what the difference between In Network and Out of Network Services are.</p> <p>Since you are enrolled in the EPO Health Plan Option, which is administered by BCBS of IL, you can review summaries of your healthcare usage by logging into https://www.bcbsil.com/member.</p>
<p>FAMILY SUPPLEMENTAL BENEFITS (FSB)</p> <p>We would add some text which explains the value of the FSB Benefits to the member and a link to eligible items.</p>  <p>\$0 \$750 \$1500</p> <p>You have used \$732.28 of \$ 1,500.00</p> <p>You will forfeit any unused FSB on 3/31/2018</p>	<p>MEDICAL CLAIMS</p> <p>We would add some text which explains the value of the FSB Benefits to the member and a link to eligible items.</p> <p>Since you are enrolled in the EPO Health Plan Option, which is administered by BCBS of IL, you can review summaries of your healthcare usage by logging into https://www.bcbsil.com/member.</p>

Summary Panel

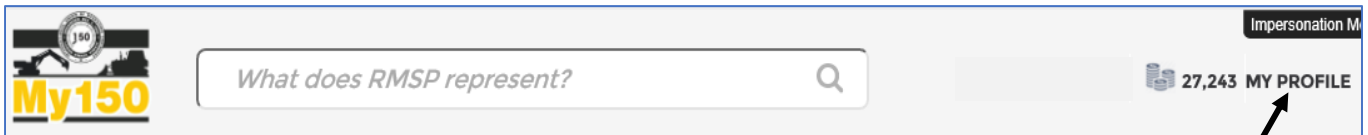


The summary panel contains the information for the **current Plan Year; April 1, 2019 through March 31, 2020**. The new summary panel tile allows you to see a brief view of the health plan option costs, the plan dates and several buttons to view your full plan details.

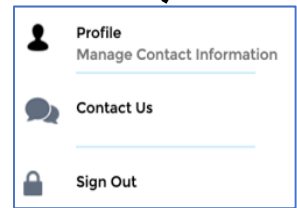
Easy access to your healthcare card or vendor card.

FAQ Search

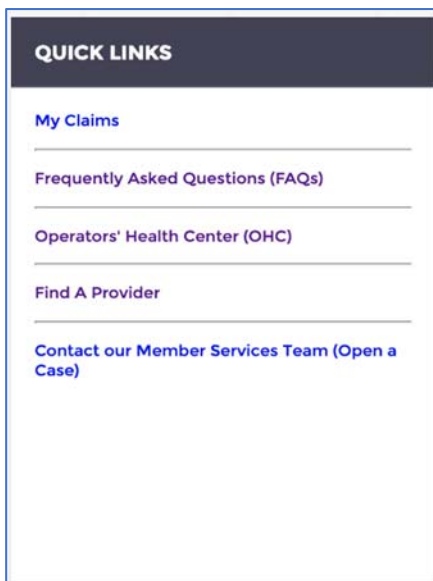
The FAQ Search bar provides you with a self-service tool. The FAQ Search will be located at the top of the display in a FAQ Search Bar. This will always allow you to utilize this feature, rather than having to navigate to a separate FAQ tab.



The **MY PROFILE** tab has been moved to the upper right-hand corner by your name. Upon clicking on **MY PROFILE**, there is a drop-down menu where you can change your contact information, start a case or sign out of your My150 account.



Quick Links



A quick links tile has been added to the homepage to reduce clutter from the main navigation while still providing a quick and easy way to navigate to important sections of the community.