



March/April 2021

Newsletter

Business Services

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From the Business Office.....

This is the third issue of the District 211 Benefit Newsletter! This issue will focus on insurance eligibility, life events, dental plan and vision plans. Each newsletter is also posted on the [iVisions employee portal](#). Please select the category Newsletter.

We want the newsletters to be valuable to you so please share your feedback and suggestions by emailing MyD211benefits@d211.org.



What does insurance eligibility mean?

Health insurance provides financial protection from health care costs by covering some or all of the expenses of routine and emergency medical areas. To ensure those enrolled in coverage through Blue Cross Blue Shield (BCBS) are eligible, BCBS uses a number of pages in their Booklets to define/describe what individual and family coverage is. You can find these BCBS booklets on [iVisions](#), category is Insurance Plan Booklet. As you will see when you view the family section, BCBS also defines what a dependent is.



What is a dependent?

It is important to understand who qualifies as a dependent when adding them to your insurance. The consequences of adding a non-qualified dependent onto your insurance can be very steep, ranging from being liable

for all medical claims (not just the ones you have paid), to tax implications to insurance fraud. Listed below are definitions of what each type of dependent is.

- **Civil Union:**

A legal relationship between two persons established pursuant to or as otherwise recognized by the Illinois Religious Freedom Protection and Civil Union Act.

- **Child(ren):**

- A natural child, a stepchild, an adopted child, a foster child, a child of your certified Domestic Partner.
- A child for who you are the legal guardian or a child for who you have received a court order requiring that you are financially responsible for providing coverage under 26 years of age.
- A child who is in your custody under an interim court order prior to the finalization of adoption or placement of adoption vesting temporary care, whichever comes first
- A child you are the legal guardian, under 26 years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, eligibility for other coverage or any combination of those factors.

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Any newborn child(ren) will be covered from the moment of birth. You must notify the Business Office within 31 days of birth of a newborn child for coverage to continue beyond the 31-day period or you will have to wait until the open enrollment period in November to enroll the child for the next year.

Any child who is incapable of self-sustaining employment and is dependent upon you or other care providers for lifetime care and supervision because of a disabling condition occurring prior to reaching the limiting age (26 years old) will be covered regardless of age if they were covered prior to reaching the limiting age stated above. If you are enrolling a disabled child in your health plan for the first time, please contact the Business Office (X6649) to obtain and complete the Blue Cross Blue Shield Disabled Dependent Certification form.

District 211 insurance coverage does not include benefits for parents or grandchildren (unless such children have been legally adopted or are under your legal guardianship).

- **Domestic Partner:**

A long-term committed relationship of indefinite duration with a person which meets certain criteria. In order to add a domestic partner to your insurance, you must contact the Business Office (X6649) to obtain and complete the Blue Cross Blue Shield Affidavit of Domestic Partnership certification form.

- **Spouse:**

Persons lawfully married (license and legally married). An engaged couple is not considered married.



What happens if my dependent's eligibility changes (qualifying life event)?

If you or one of one of your dependents has a change to eligibility, it is your responsibility to notify the Business Office (within 30 days) of any change. Such changes may result in coverage/benefit changes for you and your eligible family members.

Our employee benefit plan is considered a "Cafeteria Plan", which is a plan that offers employees a choice

between cash or health insurance and is governed by the IRS Section 125 Code requiring employees to make irrevocable elections before the start of our January 1 plan year. Mid-year changes are prohibited except with certain status change events. IRS regulations outline the types of events and permitted election changes. These qualifying life events could have an effect on your health, dental and vision insurance, health flexible spending, dependent care flexible spending and life insurance (including LTD). Listed below are some examples of the type of life event changes we encounter at District 211:

1. Change in legal marital status (e.g. marriage, divorce, legal separation, death of a spouse)
2. Change in number of dependents (e.g. birth, adoption or placement for adoption, death)
3. Change in employment status that triggers gaining eligibility (e.g. moving from part-time to full-time).
4. Change in employment status that triggers losing eligibility (e.g. moving from full-time to part-time).
5. Dependent gains or loses eligibility (e.g. child reaches age limit under employee's plan or ends coverage under parent's plan).
6. Judgements, decrees or orders (e.g. order requiring District 211 plan to add child to health plan or child's non-D211 parent to add child to health plan).
7. Medicare or Medicaid or CHIP (e.g. employee or dependent becomes entitled to Medicare, Medicaid or CHIP or loses entitlement).




What happens when my dependent child turns 26 (or 30 if previous active military duty)?

There is no action required on your part, as Blue Cross Blue Shield sends us a list of affected dependents every month.

- The Insurance Office will submit your dependent's insurance information to our COBRA administrator, Allied Benefits.

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Claims

- Allied Benefits will send your dependent a COBRA package to the employee address on file.
- If your dependent wishes to continue on your existing medical and/or dental plan on a direct pay basis, they would complete the Allied Benefits form and return to Allied as soon as possible.
- Your dependent can continue on Cobra for up to 18 months.

What if I obtain a divorce or legal separation from my spouse?

Depending on your circumstances, if your spouse was covered under your health/dental plan before the divorce the spouse/dependent(s) the last day of coverage is the date of the divorce or legal separation. The judge will determine which parent is responsible for providing coverage and paying premiums. Our insurance policy dictates that insurance coverage ends on the date the judge grants the divorce or legal separation. The Insurance Office will offer COBRA coverage, via Allied Benefits, to the ex-spouse, and if applicable, the dependent children for up to 36 months. Once the court grants the divorce or separation, notify the Insurance Office (847-755-6649) within 30 days.



DENTAL - Plan

The Township High School District 211 dental plan is through Blue Cross Blue Shield. The individual deductible is \$50, with the family deductible of \$150. If you see a [participating provider](#) you will receive a PPO discount between 20% and 40% on your covered services. If you see a provider that does not participate in the BCBS Dental PPO program, then your co-insurance coverage will be based on the UC or “usual and customary fee.” The UC is the fee the provider usually charges for a particular dental covered service, as long as it is within the range of usual fees other dentists of similar training and experience in a similar geographic area charge for the same service under similar or comparable circumstances, as determined by Blue Cross / Blue Shield.



If you are planning some type of major oral surgery (such as wisdom teeth removal), make sure your surgeon provides you a written pre-treatment plan so you understand what specific procedure, along with the details, is planned for you. Armed with

that information, you can contact BCBS directly to enquire if the procedure will be covered under your BCBS medical or dental. Depending on what the surgeon's plan is will determine if it falls under medical or dental.

Blue Cross Blue Shield offers an online [Dental Wellness Center](#) where you will find a variety of dental related topics ranging from a dictionary to dental treatment and procedure animations to various dental health topics.



You should have a separate Blue Cross Blue Shield Dental ID card that contains your dental ID number, group number (163851) and PPO DENTF imprinted on the card. Dependents that are enrolled in your plan through Township High School District 211 can use your card to receive dental benefits. If you want additional cards or need to replace a lost card, you can print a temporary card online or order a card via your [BCBSIL](#) account. You can also call BCBS directly at 800-367-6401.

iVisions portal category: [Insurance Plan Booklet](#).



VISION – Plans

If you are enrolled in one of the District's PPO medical Plans (PPO300, 500, 750 or HSA) during open enrollment you can enroll in the VSP Signature vision plan at no cost to you.



As long as you go through a VSP provider, your well vision eye exams are covered with a \$10 copay. Well vision exams can be done every calendar year. There is no insurance card needed, just provide the last 4 digits of your social security number to the participating VSP provider. Questions about covered vision benefits, in-network providers, or about benefits provided can be found on the iVisions portal under the [VSP Vision Benefits Summary](#), the VSP member services team at 1-800-877-7195 or visit [VSP.com](#).



BCBS/EyeMed

Members of the BCBS HMOs (HMO Illinois or HMO Blue Advantage) have their vision benefits administered by EyeMed Vision Care*, a leading national provider of routine vision care programs. The EyeMed network consists of major national and regional retail locations, as well as independent ophthalmologists and optometrists. When visiting a participating EyeMed provider, just show them your BCBS Health insurance card. All HMO members and their covered dependent(s) are eligible to

receive an eye examination every 12 months with no copay (it is considered a wellness visit). Also included is coverage for one contact lens examination and fitting every 12 months when performed on the same day as your eye examination. Additionally, discounts on frames, lenses and contact lenses are included.

Questions about covered vision benefits, in-network providers, or about benefits provided can be found on the iVisions portal under the [HMO EyeMed Vision Member Flier](#), the EyeMed Vision Care* at 1-844-684-2254 or visit <https://www.eyemedvisioncare.com/bcbs/>.



EyeMed Vision Discount Program

BCBSIL is also pleased to offer Blue Cross Blue Shield members a discount vision program through the [Blue365® discount program](#). As a member, you will be able to save on:

- Eyeglasses
- Contact Lenses
- Accessories
- Laser Vision Correction and more

Visit [Blue365](#) to start enjoying these exclusive deals. First time users will be asked to sign up. Be sure to have your BCBSIL member ID card handy to sign up.

No referral is necessary and there is no limit to the number of times you can receive discounts on purchases. Simply present your BCBSIL member ID card to use the discount.

iVisions portal category: [Insurance - Vision](#).

