



2025

# Benefits Guide



# Welcome

We are committed to providing you with a competitive, comprehensive benefits program that provides the care you and your family need to lead healthy, productive lives. Please review this guide carefully for highlights of our benefits and discuss your options with your family.

## Eligibility

- Employees working 4 hours or more per day/5 days a week
- Benefits are effective on your date of employment

## Qualified Life Events

Elections you make at this time will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualified life event during the year, you may make changes to your elections at that time.

Qualified life events include:

- Change in status: Marriage, divorce, legal separation, annulment or death
- Change in number of dependents: Birth, death, adoption/placement for adoption or dependent reaching limiting age
- Change in employment status of employee, dependent or spouse that affects that individual's eligibility
- Change in employee, spouse or dependent coverage on spouse's plan during spouse's Open Enrollment period
- Changes in entitlement to Medicare, Medicaid or State Children's Health Insurance Program (CHIP)\* for employee, dependent or spouse
- Change in eligibility for group health plan premium assistance under Medicaid or CHIP\* for employee, dependent or spouse

It is your responsibility to notify the Business Office within **31** days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. When you, your dependent(s) or your spouse become enrolled as a result of a qualified life event, coverage will be made effective retroactive to the date of the event. For more information, please contact the Business Office.

\*In such cases you have 60 days to notify the Business Office of the event instead of 31.

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# Benefits

## Medical Coverage: Blue Cross® Blue Shield® of Illinois (BCBSIL)

We're proud to offer employees medical coverage that not only provides coverage for illness and injury, but also enables you and your family to focus on staying well. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Insurance Plan Booklet(s), located on the D211 website; Staff Quick Links under Employee Benefits information.

Plan Feature	PL4521-PPO500		PL4524-PPO750	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
► Employee only	\$500		\$750	
► Family	\$1,500		\$2,250	
Annual Out-of-Pocket Maximum				
► Employee only	\$1,500	\$4,500	\$2,700	\$8,100
► Family	\$4,500	\$18,000	\$8,100	\$24,300
Office Visit				
► Primary Care Physician	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met
► Specialist	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met
MDLive	\$20 copay, no deductible		\$20 copay, no deductible	
Preventive Care	Plan pays 100%, no deductible	Plan pays 60% after deductible is met	Plan pays 100%, no deductible	Plan pays 60% after deductible is met
Emergency Room Visit (copay waived if admitted)	\$100 copay, then plan pays 90%, no deductible		\$100 copay, then plan pays 90%, no deductible	
Inpatient Hospital Stay	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met	Plan pays 80% after deductible is met	Plan pays 60% after deductible is met
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier)				
► Rx Out-of-Pocket Maximum (Individual/Family)	\$5,100/\$8,700		\$3,900/\$5,100	
► Retail (up to a 34-day supply)	\$10/\$20/\$35/\$75 copay	\$10/\$20/\$35 plus member is responsible for 25% of eligible amount after copay	\$10/\$20/\$35/\$75 copay	\$10/\$20/\$35/\$75 plus member is responsible for 25% of eligible amount after copay
► Mail Order (up to a 90-day supply)	\$10/\$20/\$35 copay	N/A	\$10/\$20/\$35 copay	N/A

## MDLIVE® Telehealth Program: BCBSIL (available to PPO and HSA members)

You have 24/7 access to MDLIVE, a leader in telehealth services providing live, confidential access to medical advice via online by secure video or phone from the convenience of your home or office. With a simple click or touch of a screen, you'll be connected to a Board-certified physician directly, who can diagnose your condition and even prescribe you medicine. Turn to MDLIVE to address non-emergency health concerns including:

- Allergies
- Ear ache
- Insect bites
- Cold and flu
- Fever
- Nausea
- Diarrhea
- Headache
- Pink eye



- Call MDLIVE at 888-676-4204
- Go to [MDLIVE.com/bcbsil](https://MDLIVE.com/bcbsil)
- Text BCBSIL to 635-483
- Download the MDLIVE app

# Benefits

## Medical Coverage: Blue Cross® Blue Shield® of Illinois (BCBSIL)

Plan Feature	PL4523-PPO HSA		Blue Advantage HMO
	In-Network	Out-of-Network	In-Network
Annual Deductible			
► Employee only	\$1,650		\$0
► Family	\$3,300		\$0
Annual Out-of-Pocket Maximum			
► Employee only	\$3,000	\$6,000	\$1,500
► Family	\$6,550	\$18,000	\$3,000
Office Visit			
► Primary Care Physician	Plan pays 90% after deductible is met	Plan pays 70% after deductible is met	\$20 copay per visit
► Specialist	Plan pays 90% after deductible is met	Plan pays 70% after deductible is met	\$40 copay per visit
MDLive	Plan pays 90% after deductible is met		N/A
Preventive Care	Plan pays 100%, no deductible	Plan pays 70% after deductible is met	Plan pays 100%
Emergency Room Visit (copay waived if admitted)	\$75 copay after deductible is met		\$100 copay per visit
Inpatient Hospital Stay	Plan pays 90% after deductible is met	Plan pays 70% after deductible is met	Plan pays 100%
Prescription Drugs (Tier 1/Tier 2/Tier 3/Tier)			
► Rx Out-of-Pocket Maximum (Individual/Family)	Medical and Rx out-of-pocket maximums are combined		\$5,100/\$10,200
► Retail (up to a 30-day supply)	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met	\$10/\$20/\$35/\$75 copay
► Mail Order (up to a 90-day supply)	Plan pays 80% after deductible is met	N/A	\$20/\$40/\$70 copay

## Dental Coverage: BCBSIL

Following is a high-level overview of dental coverage. For complete coverage details, please refer to the Insurance Plan Booklet(s), located on the D211 website; Staff Quick Links under Employee Benefits information.

Plan Feature	Dental PPO	
	In-Network	Out-of-Network
Annual Deductible		
Single	\$50	
Family	\$150	
Annual Maximum Benefit	\$2,000	
Preventive	Plan pays 80%, no deductible	Plan pays 80% of the U&C* after deductible
Basic	Plan pays 80% after deductible	Plan pays 80% of the U&C* after deductible
Major	Plan pays 50% after deductible	Plan pays 50% of the U&C* after deductible
Orthodontia	Plan pays 50% after deductible	Plan pays 50% of the U&C* after deductible
Orthodontia Lifetime Maximum (up to age 19)	\$2,000	

\*Usual and Customary fee.

## Vision Coverage: VSP (available to PPO and HSA members)

Following is a high-level overview of your vision coverage. For complete coverage details, please refer to the VSP Vision Benefits Summary, located on the D211 website; Staff Quick Links under Employee Benefits information.

Plan Feature	VSP (available to PPO and HSA members)		
	Frequency	In-Network	Out-of-Network
Examination	Every calendar year	\$10 copay	Up to \$50
Basic Lenses (single/bifocal/trifocal/lenticular)	Every other calendar year	\$25 copay	Up to \$50/\$75/\$100/\$125 reimbursement
Frames	Every other calendar year	Regular: \$120 Featured Brands: \$140 20% savings on amount over your allowance	Up to \$70 reimbursement
Contact Lenses (in lieu of glasses)	Every other calendar year	\$120 allowance, copay does not apply	Up to \$105 reimbursement
LASIK Surgery	N/A	15% off regular price or 5% off promotional price; discounts only available from contracted facilities	N/A

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change in the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail based on applicable laws, benefits may vary by location.

## Vision Coverage: EyeMed (available to HMO members)

If you are enrolling in an HMO Medical plan, you are automatically enrolled in the EyeMed vision plan through Blue Cross/Blue Shield at no cost to you.

- There are no claim forms to complete when seeing an EyeMed provider.
- You show your BlueCross BlueShield medical card.
- EyeMed customer care center can be reached at 844-684-2254 or [eyemed.com](http://eyemed.com)

Plan Feature	EyeMed (available to HMO members)	
	Frequency	Copay
WellVision Exam	Once every 12 months (from date of services)	\$0
Retinal Screening	NA	Not covered
Prescription Frames	Unlimited	35% off retail price
Prescription Lenses	Unlimited	Single Vision - Covered up to \$50 Lined Bifocal - Covered up to \$70 Lined Trifocal - Covered up to \$105 Polycarbonate - Covered up to \$40
Prescription Lens Enhancements	Unlimited	Progressive (standard) - Covered up to \$135 Progressive (premium) - 20% off retail price Anti-Reflective (standard) - Covered up to \$45 Anti-Reflective (premium) - 20% off retail price Scratch Coating (standard) - Covered up to \$15
Contacts	Once every 12 months (from date of services)	Conventional – 15% off retail Disposable – No discount



## Flexible Spending Program: Wex, Inc.

Flexible spending accounts (FSAs) allow you to pay for eligible health and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced and you get to keep a greater portion of your paycheck.

An FSA is a great option if you expect to incur medical, vision, dental and/or dependent care expenses that won't be reimbursed by your benefit plans. You have the following options:

Health Care FSA	
Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance
Maximum Annual Contribution	\$3,300
Limited Health Care FSA (for HSA participants only)	
Eligible Expenses	Qualified dental and vision expenses not covered by insurance
Maximum Annual Contribution	\$3,300
Dependent Care FSA	
Eligible Expenses	Qualified dependent care, such as child or eldercare
Maximum Annual Contribution	\$5,000 (or \$2,500 if married and filing separately)

For a complete list of qualified health care expenses, visit: <http://www.irs.gov/pub/irs-pdf/p502.pdf>. For a complete list of qualified dependent care expenses, visit: <http://www.irs.gov/pub/irs-pdf/p503.pdf>.

## More On FSAs

### YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

**“Use it or lose it.”** The IRS allows you to carry over up to \$640 in unused Health Care FSA funds to the new plan year. Any remaining funds over \$640 in your account at the end of the plan year will be forfeited.

Dependent Care FSA plans have a *grace period*. Funds that are not expended by December 31, must be used by March 15 or it is forfeited.



## Basic Life and AD&D Coverage: The Standard

We help our eligible employees maintain financial security by providing a group life and accidental death and dismemberment (AD&D) benefit. This benefit is District paid.

### Employee Life and AD&D

<b>Amount</b>	<b>All Certified Staff:</b> 1x base yearly salary to a maximum of \$200,000, with a minimum benefit amount of \$50,000  <b>Non-Certified Staff:</b> 1x base yearly salary to a maximum of \$200,000, with a minimum benefit amount of \$50,000
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## Supplemental Life Coverage: The Standard

Eligible employees also have the opportunity to purchase additional life coverage for yourself and your dependents at group rates. The chart below shows the coverage available.

	Amount	Guaranteed Issue
<b>Employee</b>	All eligible employees: Choice of one, two or three times base yearly salary to a maximum of \$500,000	Lesser of 3X salary amount or \$250,000
<b>Spouse</b>	\$10,000	\$10,000
<b>Child(ren)</b>	\$5,000	\$5,000

Employees and dependents, spouses and children to age 25, who elect coverage when first eligible can elect up to the Guaranteed Issue amounts without being required to submit Evidence of Insurability (EOI). If you wish for more than the Guaranteed Issue amount or to waive coverage now and elect at a later date, you will be required to submit EOI.

**Note:** You can not be insured as both an employee and a dependent. Your child can not be insured by more than one employee.

## Disability Coverage: The Standard

We offer eligible employees long-term disability (LTD) coverage for your financial needs should you need to take a leave from work due to a serious illness or non-work-related injury. Following is a brief summary of our LTD coverage.

These benefits are District paid.

### LTD Coverage Features

	Certified Employees	Non-Certified Employees
<b>Income Replacement</b>	60%	60%
<b>Monthly Maximum Benefit</b>	\$6,500	\$5,000
<b>When Benefit Begins</b>	180 days	180 days

## 403(b) Plans

A 403(b) plan, also known as tax-sheltered annuity plan, is a retirement savings plan. All employees can participate in the 403(b) at any time during their employment, it is not tied to our annual open enrollment. Through our plan administrator, U.S. Omni & TSACG Compliance Services, traditional 403(b) and Roth 403(b) plans are offered. Their primary role is to ensure the District's 403(b) retirement plans adhere to IRS regulations, as well as approval of distributions, enrollment, exchanges, transfers, 403(b) loans and rollovers.

In 2025 the maximum amount of employee contributions is \$23,500. If you are age 50 or over, the catch up contribution limit for 2025 is \$7,500. TSA offers several tools under the Financial Resource Center via their website <https://www.tsacg.com/> that can help you navigate your financial path.

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## **Employee Assistance Program (EAP) – Workplace Solutions**

We all experience personal and professional stress at some point in our lives. Our EAP provider, Workplace Solutions, is here to offer the support and guidance you need to effectively bounce back from life's challenges.

Workplace Solutions offers immediate access to caring professionals that will clarify the nature of your concern and present the best options available to meet your needs, including consultation, short-term counseling and/or referrals.

Counseling services are available for a wide variety of mental health and wellness issues, such as anxiety, depression, job related stress, parenting, relationship issues, substance abuse and many others. In addition, EAP can help with referrals and resources for financial and legal concerns as well as work life issues such as child or elder care, pet sitting and home services. EAP services are available to all District 211 employees and their family members. Services are free, confidential, and available 24/7.

To access EAP services call 877-215-6614 or go to [wseap.com](http://wseap.com), click on "Employee Services" and use D211 as the access code.

## **HC360**

Achieve your health and wellness goals, and get rewarded for doing it! Township High School District 211 partners with HealthCheck360 to offer the company-wide wellness program. This investment is an added benefit for all benefits eligible employees and spouses enrolled in our medical plan. We care about you and your family's health and are committed to help you achieve overall well-being.

### **Benefits of Participating**

By participating in the wellness program, you gain:

- Independence: You have the option to get more or less involved depending on your interests. The wellness program is customizable to your needs.
- Confidentiality: Everything is confidential; your personal results will not be shared with anyone at Township High School District 211.
- Convenience: Flexible program to make all components quick and easy for you.
- Complete access: The HealthCheck360 mobile app allows you to access all parts of your program and your health results on-the-go at any time.
- And more: One-on-one support from trained health professionals, company challenges to compete with your co-workers, and monthly webinars, just to name a few.

### **Additional Resources**

Don't miss out on the additional resources that will be offered through the Healthcheck360 wellness program! Along with access to the myHealthCheck360 mobile app you will have the opportunity to track your health on one platform and compete against your coworkers in challenges.



# Benefits Contact Directory

Topic	Contact	Phone Number	Website & Network
<b>General Benefits and/or Enrollment</b>	D211 Business Office	847-755-6649 <a href="mailto:MyD211benefits@d211.org">MyD211benefits@d211.org</a>	<a href="https://adc.d211.org">https://adc.d211.org</a> Staff, Quick Links under Employee Benefits Information
<b>Medical Coverage</b>	BCBSIL	800-458-6024	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Prescription (Rx) Coverage</b>	BCBSIL	800-423-1973	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Dental Coverage</b>	BCBSIL	800-367-6401	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
<b>Vision Coverage for PPO</b>	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Vision for Coverage HMO</b>	EyeMed	844-684-2254	<a href="http://eyemedvisioncare.com/bcbsil">eyemedvisioncare.com/bcbsil</a>
<b>Flexible Spending Accounts (FSAs)</b> (health care and dependent care FSAs)	Wex, Inc.	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>Health Saving Account (HSA) Contributions</b>	Health Equity	877-750-1445	<a href="http://www.healthequity.com">www.healthequity.com</a> Member Guide: <a href="http://www2.healthequity.com/learn/hsa/member-guide/getting-started">www2.healthequity.com/learn/hsa/member-guide/getting-started</a>
<b>Employee Assistance Program (EAP)</b>	Workplace Solutions	877-215-6614	<a href="http://www.wseap.com">www.wseap.com</a> Access code: D211
<b>Wellness Program</b>	HealthCheck360	866-511-0360	<a href="http://www.myhealthcheck360.com">www.myhealthcheck360.com</a>

