

Benefit Enrollment for 2025

You **MUST** complete the online enrollment process **by November 15, 2024** even if you are opting out or keeping your current health and/or dental insurance. If you do nothing, your current coverage will end December 31, 2024.

The Township High School District 211 Health, Dental, Vision, HSA, and Flexible Spending 2025 open enrollment will take place **November 1 (12:01am CT) through November 15, 2024 (11:59pm CT)** for the plan year January 1 – December 31, 2025. **All benefit eligible employees** are required to complete their 2025 annual benefit enrollment on-line via the District 211 Employee Access Portal during the open enrollment period. Instructions for enrolling on the portal are included on page 2.

After you have read all of the information, should you have any questions, feel free to contact the Business Office via email at MyD211benefits@d211.org, ext. 6649, or you may contact the insurance representative in your building (contacts are listed on page 9).

A benefit enrollment informational table has been scheduled at each D211 location. For general questions on insurance plans or open enrollment, etc., visit one of the locations listed below.

Date	Building	Location	Time
Nov 1	Higgins Education Center	Room 137	11:00am – 1:00pm
Nov 4	Fremd High School	Staff Cafeteria	10:00am – 2:00pm
Nov 6	Conant High School	Staff Cafeteria	10:00am – 2:00pm
Nov 7	Schaumburg High School	Staff Cafeteria	10:00am – 2:00pm
Nov 8	Palatine High School	Staff Cafeteria	10:00am – 2:00pm
Nov 11	North Campus	Staff Cafeteria	12:00pm – 1:30pm
Nov 12	Administration Center	Meeting Room 1	11:00am – 1:00pm
Nov 13	Hoffman Estates High School	Staff Cafeteria	10:00am – 2:00pm

How do I complete the open enrollment process?

The open enrollment portal will be available from Wednesday, November 1, 2024 through Wednesday, November 15, 2024 for 2025 insurance.

Step 1. Decide which plan to enroll in. If you decide to enroll in the HMO plan for the first time, determine which medical group (3-digit code) your primary doctor participates in. You will need this number during the enrollment process.

Step 2. Connect to the internet with the preferred browsers of either **Chrome** or **Firefox**. If you have questions about browsers or about logging on, please see a tech coordinator in your building.

Step 3. Log on to the Employee Access Portal. Clicking [HERE](#) will take you directly to the enrollment screen.

Hint: your username is your full D211 email address

Read each page carefully and **follow the prompts**, as they do change yearly. You will be led through the process according to your individual eligibility and choices. The system will save your responses as you go along, so if you need to come back later, you can start where you left off.

Step 5. At the end of the process, you will be given the chance to **Review** your elections and make any necessary changes before you submit your enrollment.

Step 6. Submit your enrollment. If after you have submitted your elections, you realize you made a mistake and are still within the open enrollment period (Nov 1-15), please contact the Insurance office (X6649) to have your enrollment reset, allowing you to restart the enrollment process.

Step 7. Print a copy of your elections for your own records.

What if I need to change my coverage after open enrollment?

The elections you make during your enrollment period are generally considered permanent for the entire **calendar** year unless you have a qualified life event as defined by IRS regulations. Changes to your benefits can be made if preceded by a documented IRS qualifying life event and completed within 30 days of the event. Here are some examples, but not inclusive, of IRS deemed circumstances that qualify for change in coverage:

- Marriage;
- Civil Union;
- Termination of a domestic partnership;
- Divorce or legal separation;
- Addition of a new dependent through birth, adoption, or court placement;
- Change in employment status for you or your spouse/domestic partner;
- Entitlement to Medicare or Medicaid

Employees experiencing a qualifying life event are required to contact the Insurance Office (X6648). If you are enrolling dependents in insurance, documentation is required.

Health and Dental Rates for 2025

For 2025, the District will offer employees a choice of three Participating Provider Organization (PPO) options, which includes a Health Savings Account (HSA) option, a Health Maintenance Organization (HMO) option and a cash-out option for employees who do not elect health coverage and will not be covered under another D211 employee's plan. The plan options offer varied levels of benefit coverage, deductibles, co-insurance, co-payments, and premium rates. If you are on Medicare (or any other health insurance), please consult with your tax advisor before enrolling in the PPO-HSA plan. More information can be found on the D211 website under Staff Quick Links, Employee Benefit Information, Health Savings Account – HSA, "Health Equity / Health Savings Account."

The annual premiums for the period January 1 – December 31, 2025 are listed below. If you participated in the Wellness Program through HealthCheck360 by the October 4, 2024 deadline, the below discounts will be applied. For PPO plan members, your annual premium contribution will be reduced by \$991.76 for single coverage or \$2,675.94 for family coverage. For HMO plan members, your annual premium contribution will be reduced by \$879.44 for single coverage or \$2,372.87 for family coverage.

Health Employee Annual Premium Rates - 2025

<u>Single Coverage</u>	PPO-500	PPO-750	PPO-HSA*	HMO/BA
Employee Premium without Wellness Participation	\$1,852.48	\$1,165.62	\$1,078.59	\$883.49
Wellness Premium Credit	(\$991.76)	(\$991.76)	(\$991.76)	(\$879.44)
Employee Premium with Wellness Participation	\$860.72	\$173.86	\$86.83	\$4.05
*District contribution to Employee's H S A account Enrollments after January 1 will receive a prorated amount			\$1,250.00	

<u>Family Coverage</u>	PPO-500	PPO-750	PPO-HSA*	HMO/BA
Employee Premium without Wellness Participation	\$8,336.21	\$4,720.82	\$4,368.33	\$3,578.31
Wellness Premium Credit	(\$2,675.94)	(\$2,675.94)	(\$2,675.94)	(\$2,372.87)
Employee Premium with Wellness Participation	\$5,660.27	\$2,044.88	\$1,692.39	\$1,205.44
*District contribution to Employee's H S A account Enrollments after January 1 will receive a prorated amount			\$2,500.00	

Dental Employee Annual Premium Rates - 2025

	<u>Single</u>	<u>Family</u>
7.5 - 8 Hrs.	\$0.00	\$78.00
4 - 7 Hrs.	\$591.23	\$1,629.44

Distributed Cash-Out: Eligible employees who are not covered under any other District 211 health insurance plan and waive District 211 health insurance for 2025 receive \$1,000, prorated based on the months/days you are not enrolled in health insurance, distributed among 18 of your pay checks: 9 checks January through May and 9 checks August through December. If you are covered under any other District 211 Health Insurance Plan (spouse, domestic partner, civil union or parent), you are not eligible for the cash-out option.

Wellness Program and Premium Credit

Employees who participated in the wellness biometric screening or met the requirements of a reasonable alternative standard through HealthCheck360 by the October 4, 2024 deadline are entitled to a reduction in healthcare premium for their 2025 health insurance. Employees hired on/after September 1, 2024, will be granted the premium reduction for 2025 but must participate in the summer/fall 2025 screenings to qualify for 2026 premium reductions. If you are eligible for the wellness reduction, it will be automatically applied to premiums displayed within your enrollment screens in Employee Access Portal.

Preauthorization: Medical/Surgical Services

Preauthorization (also known as 'prior authorization') means that approval is needed from Blue Cross/Blue Shield before you have certain medical tests or services. To help make sure your care is appropriate and avoid unexpected costs, it's important that approval is received before you receive these services. For more details, please see the [Preauthorization information flyer](#) on the D211 website Staff Quick Links, Employee Benefits Information category "Employee Insurance" or call the toll-free number found on the back of your BCBS Medical insurance card.

Pre-Tax Premium Deductions

Employees are able to authorize the District to deduct insurance premium payments on a pre-tax basis as part of the 2025 benefit enrollment by selecting a "Pre -Tax" insurance plan rather than a "Post-Tax" plan. This election is made while going through the enrollment process on both the health and dental insurance screens in the Employee Portal.

Annual Notifications

The following annual notifications are available on the D211 website under Staff Quick Links>Employee Benefits Information>Open Enrollment/New Hire Enrollment. Click on the annual notice to view the document.

- Medicare Part D Notice
- [Children's Health Insurance Program Reauthorization Act \(CHIPRA/CHIP\)](#)
- [HIPPA Notice of Privacy Practices](#)
- [Women's Health and Cancer Rights Act Notice \(WHCRA\)](#)
- [COBRA Continuation Coverage Rights](#)
- [Notice of Special Enrollment Rights](#)
- [Wellness Program Disclosure](#)
- [Health Insurance Consumer Coverage Disclosure Act – PPO Plans](#)
- [Health Insurance Consumer Coverage Disclosure Act – HMO Plans](#)

Blue Cross Blue Shield Summary of Benefits & Coverage information

- [PPO 500 Summary of Benefits & Coverage](#)
- [PPO 750 Summary of Benefits & Coverage](#)
- [PPO HSA Summary of Benefits & Coverage](#)
- [HMO - Blue Advantage Summary of Benefits & Coverage](#)
- [HMO - Illinois Summary of Benefits & Coverage](#)

HMO Plan Notes

- **“HMO/BA” - *Blue Advantage HMO* and “HMO/IL” - *HMO Illinois***
HMO Illinois is a grandfathered plan option available only to those currently enrolled in the District’s **HMO Illinois** plan
- **Enrolling in an HMO for the First Time**
During the enrollment process you will need to enter the 3-digit medical group number of your selected doctor. To find the medical group number you can call your doctor’s office, access provider information on the Blue Cross/Blue Shield website (<https://www.bcbsil.com/find-a-doctor-or-hospital>) or call Blue Cross/Blue Shield directly at 800-892-2803.
- **Changing your Primary Care Physician or Woman’s Principal Health Care Provider**
You may change your primary care physician or woman’s principal health care provider to another physician in your participating medical group by notifying your medical group directly of your desire to change. Your medical group phone number is listed on the front of your Blue Cross/Blue Shield health insurance card.
- **Changing your Participating IPA/Medical Group**
To change your current medical group to another participating medical group, you must call Blue Cross /Blue Shield at 800-892-2803; you cannot complete this action via the open enrollment portal. **If you are currently enrolled in either HMO Blue Advantage or HMO Illinois and during open enrollment you select a new medical group, Blue Cross/Blue Shield will not accept it – you must call Blue Cross/Blue Shield to change the medical group.**

A medical group change will be effective the first day of the month following your telephone call to BCBS. However, if you are an inpatient or in the third trimester of pregnancy at the time of your request, the change will not be effective until you are no longer an inpatient or until your pregnancy is completed.

PPO Plan Notes

- **PPO-500, and PPO-750** are traditional **Participating Provider Organization** plans. The number (500 or 750) refers to the in-network deductible for the single coverage plan.
- **PPO-HSA /BlueEdge Participating Provider Organization HSA** is a high deductible health plan with a tax-advantaged Health Savings Account consistent with IRS regulations. **To be eligible, you cannot be covered by another health plan (including Medicare or Tricare) or be claimed as a dependent on another person's tax return.** There is more information on how the HSA plan and Medicare work together available on the D211 website under Staff Quick Links, Employee Benefits Information, category "Health Savings Account-HSA." Medicare and Your HSA: [Frequently asked Questions](#) and- [Medicare and Your HSA](#).
- **HSA participants** will receive a \$1,250/single or \$2,500/family contribution paid by the District to their Health Savings HealthEquity account on January 15, 2025. Enrollments after January 1 will receive a prorated amount based on months/days you participate in the PPO-HSA medical plan.
 - **HSA Benefit Plan for Calendar Year 2025**

Employees enrolling in the high deductible medical plan (PPO-HSA) will participate in a Health Savings Account (HSA) through HealthEquity. An HSA is a special bank account that allows you to save and pay for your share of everyday qualified health care expenses tax-free. You can pay for your expenses, those of your spouse, and any tax dependent with your HSA — even if they are not covered by your health plan. More information can be found on the D211 website Staff Quick Links, Employee Benefits Information, category "Health Equity/Health Savings Account."
 - **HSA Account**

For those enrolling in the PPO-HSA/**BlueEdge HSA** plan for the first time through Township High School District 211, the District will provide HealthEquity with data and information requested by HealthEquity and reasonably needed by HealthEquity in order to open your HSA account. This includes accepting the terms and conditions, rates and fee schedule on your behalf and agreeing to receive account statements and other account documents electronically. If you have any questions regarding your account set up, please visit healthequity.com or via phone at 866-346-5800.
 - **HSA Contributions**

For 2025, the IRS limit on total contributions to an HSA (employer plus employee) is \$4,300 for single enrollment or \$8,550 for family enrollment. Those who will be 55 years old by December 31, 2025 may contribute an additional \$1,000.
- **NurseLine** - The 24/7 Nurseline can help when you or a covered family member need an answer to a health question or help you decide whether you should go to the emergency room, urgent care center or make an appointment with your doctor. The 24/7 Nurseline is staffed by personnel who are available 24 hours a day, 7 days a week and can be reached at (800) 299-0274.
- **MDLIVE** is a leading virtual visits vendor that allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. The toll-free number can be found on the back of your medical insurance card. There is a MDLIVE summary on the D211 website under Staff Quick Links, Employee Benefits Information category "Employee Insurance" or [Virtual Visits Flyer](#).

Note: Only for PPO members

Vision Benefits

- **VSP Vision Care Insurance** - All three PPO plans offer a vision benefit through VSP Vision Care at no additional cost/premium to the employee. There is a [VSP summary flyer](#) available on the D211 website, Staff Quick Links, Employee Benefits Information, category “Employee Insurance.”
 - This vision benefit is offered through VSP Vision Care. You can access the VSP network through their website (vsp.com) or via phone (800-877-7195).
 - Employees enrolled in HMO-BA, HMO-IL and those electing to waive health insurance are not eligible for VSP Vision Care insurance.
- **EyeMed Vision Discount Plan** – The HMO Blue Advantage plan offers a vision benefit through EyeMed & Blue Cross Blue Shield at no additional cost/premium to the employee. There is an [HMO EyeMed flyer](#) available on the D211 website, Staff Quick Links, Employee Benefits Information, category “Employee Insurance.”
 - This vision benefit is offered through EyeMed. You can access the EyeMed network through their website (eyemedvisioncare.com/bcbsil) or via phone (844-684-2254).
 - All employees on District 211 health plans are eligible for vision discounts with EyeMed Vision through Blue Cross/Blue Shield. This is not insurance coverage, but a discount plan, which can provide substantial savings. Show your Blue Cross/Blue Shield card to an EyeMed provider for the discount blue365deals.com

Flexible Spending Benefit Plans for Calendar Year 2025

- **Flexible Plan Administrator** - District 211’s Flexible Spending Plan is administered by WEX (formally known as Discovery Benefits). If you have questions regarding plan benefits, eligible expenses, or claims processing please contact WEX directly at 866-451-3399 or via the [WEX website](#). There is a [Flexible Spending Account Guide](#) available via the D211 website Staff Quick Links, Employee Benefits Information, category “Flexible Spending Account (FSA).”
- **Flexible Spending Plan Enrollment** – In accordance with Section 125 of the Internal Revenue Service (IRS) Code, employees will have the opportunity to enroll (or make new elections if already enrolled) at the beginning of each plan year. The plan year will end on December 31, 2025.

IRS regulation mandates an annual enrollment for all Flexible Spending Plan Participants. Employees who are currently participating in the 2024 Flexible Spending Plan and wish to continue participating for 2025 MUST complete the 2025 Flexible Spending Plan enrollment through the District 211 open enrollment via the Employee Access Portal.

The District 211 Flex Plan allows employees to contribute on a tax-exempt basis to a medical, limited medical and/or dependent care expense account. Those electing to participate in the PPO-HSA health insurance plan can tax shelter expenses related to vision and dental out-of-pocket expenses only.

➤ **Flexible Spending Account (FSA) Options for 2025**

- *Medical FSA* – Pre-tax dollars deducted from your paycheck for qualified medical, dental and vision out-of-pocket expenses. Not allowed for those enrolled in a Health Savings Account (HSA) health plan. There is a maximum of \$3,300 *per employee*. Click [HERE](#) for a how-to video.
- *Limited Medical FSA* - Pre-Tax dollars deducted from your paycheck for qualified dental and vision out-of-pocket expenses. Only for use by those enrolled in a Health Savings Account health plan (PPO-HSA). There is a maximum of \$3,300 *per employee*. Click [HERE](#) for a how-to video.
- *Dependent Care FSA* - Pre-tax dollars deducted from your paycheck for qualified dependent care expenses. There is a maximum of \$5,000 *per family*. Click [HERE](#) for a how-to video.

➤ **Flexible Spending Rollover / Grace Period**

- For the 2025 plan year, up to \$660 remaining in your Medical FSA or Limited Medical FSA on December 31, 2025, will be “rolled-over.”
- The IRS allows employers to permit a grace period of up to 2 ½ months for Dependent Care FSA accounts only. All Dependent Care FSA funds that are not expended by December 31, 2025, must be used by March 15, 2026.

HELPFUL CONTACT INFORMATION

Vendor	Phone	Website/E-mail Address
Blue Cross /Blue Shield		
PPO Customer Service	(800) 458-6024	bcbsil.com
MDLIVE	(888) 876-4201	members.mdlive.com/bcbsil
24/7 Bilingual NurseLine (English & Spanish)	(800) 299-0274	N/A
HMO Customer Service	(800) 892-2803	bcbsil.com
Dental Customer Service	(800) 367-6401	bcbsil.com
Mental Health/Chemical Dependency	(800) 851-7498	bcbsil.com
Medical Services Advisory	(800) 826-8551	bcbsil.com
Provider Finder9	(800) 810-2583	bcbsil.com
HealthEquity (HSA)	(866)346-5800	Healthequity.com
D211 Business Office/Insurance	(847) 755-6649	MyD211benefits@d211.org
Discovery Benefits/WEX (Flex Plans)	(866) 451-3399	wexinc.com
Express Scripts Pharmacy (Mail order Pharmacy)	(833)715-0942	express-scripts.com/rx
EyeMed (HMO & Discount Program)	(844) 684-2254	eyemedvisioncare.com/bcbsil
HealthCheck 360 (Wellness program)	(866) 511-0360	myhealthcheck360.com
HUB International (D211 Advocate/Consultant)	(847) 390-3700	www.hubinternational.com/midwest
TSA/Omni Consulting Group (403b plan Administrator)	(888) 796-3786	tsacg.com
VSP Vision Care (with PPOs)	(800) 877-7195	vsp.com
Workplace Solutions (EAP)	(877) 215-6614	wseap.com

	<u>Insurance Contact</u>		<u>Wellness Contact</u>	
Overall District 211	Charlie Filipek	cfilipek@d211.org	Kara Waddell	kwaddell@d211.org
Admin Center	Ashley Cannestra	MyD211benefits@d211.org	Ashley Cannestra	MyD211benefits@d211.org
Conant HS	Jason Sherko	jsherko@d211.org	Dave Cromer	dcromer@d211.org
Custodial/Maint.	Danny Hurtado	dhurtado@d211.org	Bob Zimmerman	bzimmerman@d211.org
Food Service	Debbie Madaj	dmadaj@d211.org	Debbie Madaj	dmadaj@d211.org
Fremd HS	Jessica Monticello	jmonticello@d211.org	Niki Baldassano	nbaldassano@d211.org
Higgins Ed Ctr	Kali Zanona	kzanona@d211.org	Laura Rovelstad	lrovelstad@d211.org
Hoffman Estates HS	Larry Clarke	lclarke@d211.org	Wade Heisler	wheisler@d211.org
North Campus	Amy Laskiewicz	alaskiewicz@d211.org	Francesca Anderson	fanderson@d211.org
Palatine HS	Charlie Filipek	cfilipek@d211.org	Jim Kautz	jkautz@d211.org
Schaumburg HS	Chris Rich	crich@d211.org	Kelli Mallas	kmallas@d211.org
			Cindi Manning	cmanning@d211.org
Transportation	Nick Kozin	nkozin@d211.org	Nick Kozin	nkozin@d211.org
	Garry Passafiume	GPassafiume@d211.org	Garry Passafiume	GPassafiume@d211.org

The following pages highlight the benefits and coverage of each insurance plan. They are intended as highlights only, and should not be relied upon to fully determine coverage. Please refer to the plan coverage booklets for complete details of covered services, limitations, and exclusions. All plan books are available on the D211 website Staff Quick Links Employee Benefits Information, category "Employee Insurance" or click [HERE](#) .

Blue Cross Blue Shield Medical and Prescription Drug Benefit Summary Comparison

	Participating Provider Organization PPO Plans						HMO Plan	
	<u>PPO-500</u> PL4521		<u>PPO-750</u> PL4524		<u>PPO-HSA</u> PL4523		<u>HMO-Blue Advantage</u> B02807	
	In-Network Care	Out-of-Network Care	In-Network Care	Out-of-Network Care	In-Network Care	Out-of-Network Care	In-Network Care	Out-of-Network Care
Deductible								
Single	\$500		\$750		\$1,650		\$0	NA
Family	\$1,500		\$2,250		\$3,300		\$0	NA
District Health Equity HSA Contribution								
Single	NA		NA		\$1,250		NA	
Family	NA		NA		\$2,500		NA	
Annual Out-of-pocket Maximum-Medical								
Single	\$1,500	\$4,500	\$2,700	\$8,100	\$3,000	\$6,000	\$1,500	NA
Family	\$4,500	\$18,000	\$8,100	\$24,300	\$6,550	\$18,000	\$3,000	NA
Hospital Services								
Inpatient Hospital	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100%	Not covered
Hospital Emergency Care (copay waived if admitted)	90% after \$100 copay, no deductible		90% after \$100 copay, no deductible		\$75 Copay after deductible		100% after \$100 copay	
Urgent Care Facility	80%	60% after deductible	80%	60% after deductible	90% after deductible	70% after deductible	100% after \$20 copay	
Outpatient Surgery-facility	80%	60% after deductible	80%	60% after deductible	90% after deductible	70% after deductible	100%	Not covered
Outpatient Surgery-Physician/Surgeon	80%	60% after deductible	80%	60% after deductible	90% after deductible	70% after deductible	100%	Not covered
Inpatient Mental Health	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100%	Not covered
Outpatient Mental Health	80%	60% after deductible	80%	60% after deductible	90% after deductible	70% after deductible	100% after \$20 copay/visit	Not covered
Physician Services								
Preventive Services	100%	60% after deductible	100%	60% after deductible	100%	70% after deductible	100%	Not covered
Primary Care visit/injury or illness	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100% after \$20 copay/visit	Not covered
Specialist Visit	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100% after \$40 copay/visit	Not covered
MDLive With Blue Cross Blue Shield	\$20 copay	NA	\$20 copay	NA	90% after deductible	NA	NA	NA
Telehealth	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	\$20 copay/visit	NA
Additional Services								
Rehabilitation/Habilitation Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100%	Not covered
Chiropractic Services (limited number of visits per benefit period)	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	70% after deductible	100% after \$20 copay/visit	Not Covered
Prescription Drugs								
Retail Purchases (34-day supply)	\$10 / \$20 / \$35	\$10/\$20/\$35 copay Plus 25% of eligible amount	\$10 / \$20 / \$35	\$10/\$20/\$35 copay Plus 25% of eligible amount	80% after deductible	80% after deductible	\$10/\$20/\$35/\$50* copay/prescription	Not covered
Mail Order Purchases (90-day supply)	\$10 / \$20 / \$35	NA	\$10 / \$20 / \$35	NA	80% after deductible	NA	\$20/\$40/\$70/\$50* copay/prescription	NA
Specialty Drugs	\$75 copay Deductible does not apply	Not Covered	\$75 copay Deductible does not apply	Not Covered	80% after deductible	Not Covered	\$75 copay	Not Covered
Prescription Drug - Annual Out-of-pocket Maximum								
Single	\$ 5,100.00		\$ 3,900.00		NA	NA	\$ 5,100	NA
Family	\$ 8,700.00		\$ 5,100.00		NA	NA	\$ 10,200	NA
							* Self-injectable drugs other than insulin and infertility drugs	

[Dental Benefits](#)

(Click on title above to access BCBS benefit booklet)

The Dental plan provides access to Blue Cross / Blue Shield participating and non-participating dentists.

- Unless noted with a “+”, you must first meet the plan deductible before the co-insurance benefit begins.
- Once the plan deductible is met, the plan pays the co-insurance percentage amount as noted. If you have any expenses during the last three months of a benefit period which were or could have been applied to that benefit period's deductible, these expenses will also count as credit toward the deductible of the next benefit period.

Summary of Dental Benefits		
Annual Premium:		
Single: 7.5-8 hours per day: \$ 0.00		Single: 4-7 hours per day: \$ 591.23
Family: 7.5-8 hours per day: \$ 78.00		Family: 4-7 hours per day: \$1,629.44
Individual Benefit Period Maximum: \$2,000 (excluding orthodontics)		
BENEFITS	Participating Provider	Non-Participating Provider
Deductible		
Individual	\$50	
Family	\$150	
Annual Maximum Benefit		\$2,000
Co-Insurance		
Diagnostic & Preventive Services (i.e., exam, x-rays, cleanings)	80% +	80% of the U&C Fee +
Miscellaneous Dental Services (i.e., space maintainers, labs, test)	80% +	80% of the U&C Fee+
Restorative Dental Service (i.e., fillings, simple extractions)	80%	80% of the U&C Fee
General Dental Services (i.e., anesthesia)	80%	80% of the U&C Fee
Endodontic Services (i.e., root canal)	80%	80% of the U&C Fee
Periodontic Services (i.e., tissue grafts)	80%	80% of the U&C Fee
Oral Surgery Services (i.e., surgical tooth extraction)	80%	80% of the U&C Fee
Crown, Inlays/Inlays Services	50%	50% of the U&C Fee
Prosthetic Services (i.e., bridges, dentures)	50%	50% of the U&C Fee
Orthodontic Dental Services (only available for persons under age 19)	50%	50% of the U&C Fee
Orthodontic Dental Services Lifetime Maximum		\$2,000

U&C means “Usual and Customary.” This 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.

[VSP Vision Coverage](#)

(Click on title above to access the VSP benefit summary)

If you are enrolling in one of the three PPO health plans, you are eligible to enroll in the VSP vision insurance plan at no cost to you.

- There are no claim forms to complete when seeing a VSP provider.
- There is no ID card necessary.
- VSP can be contacted at 800-877-7195 or vsp.com

Summary of VSP Provider Network (VSP Signature)		
There is no employee premium		
BENEFITS	Copay	Frequency
WellVision Exam	\$10	Every calendar year
Retinal Screening <ul style="list-style-type: none"> • routine retinal screening 	No more than \$39	As an enhancement to a WellVision Exam
Prescription Frames <ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • \$140 allowance for featured frame brands • 20% savings on the amount over your allowance • \$65 Costco® frame allowance 	Included in prescription glasses	Every other calendar year
Prescription Lenses <ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in prescription glasses \$25 copay	Every other calendar year
Prescription Lens Enhancements <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses 	\$50 \$80 - \$90 \$120 - \$160	Every other calendar year
Contacts (instead of glasses) <ul style="list-style-type: none"> • \$120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every other calendar year
Diabetic Eyecare Plus Program <ul style="list-style-type: none"> • Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed

[HMO EyeMed Vision Coverage](#)

(Click on title above to access the BCBS benefit summary)

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 eyemedvisioncare.com/bcbsil

Summary of HMO EyeMed Coverage		
There is no employee premium		
BENEFITS	Copay	Frequency
WellVision Exam	\$0	Once every 12 months (from date of services.
Retinal Screening	Not covered	NA
Prescription Frames	35% off retail price	Unlimited
Prescription Lenses	Single Vision - Covered up to \$50 Lined Bifocal - Covered up to \$70 Lined Trifocal - Covered up to \$105 Polycarbonate - Covered up to \$40	Unlimited
Prescription Lens Enhancements	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	Unlimited
Contacts	Conventional – 15% off retail Disposable – No discount	Once every 12 months (from date of service)