

This summary is designed to give you an outline of the health benefit programs offered through Community Consolidated School District 146. Contained in the summary are tips for you on using the plans.

Your 2024 Benefit Summary provides information on your district's benefit plans, including:

- BCBS Member Resources
- Medical Options—PPO and HMO
- Vision Plan
- Dental Plan
- Voluntary Life and AD&D
- Medical Plans Comparison
- Blue365 Discount Programs

BCBS Member Resources

Blue Access for Members

To access the many resources available to Blue Cross and Blue Shield members, register to participate in Blue Access for Members at www.bcbsil.com. To register, click on "Log In" tab located on the right side of the homepage and click on "Register Now" for new users. Be sure to have your BCBS ID card handy.

Blue Access is available 24 hours a day, 7 days a week, 365 days a year.

Blue Access Features

- Cost Estimator
- Claim status
- View your personal information
- Locate a provider
- Access to health and wellness information
- Compare hospitals and physicians
- Receive email alerts
- Print a temporary ID card or order a replacement card
- View and print Explanation of Benefits (EOB)

BCBS Global Core

BCBS Global Core provides members with access to doctors and hospitals in nearly 200 countries and territories around the world. Members can also search for providers, file a claim, translate medical terms, and much more.

To take advantage of the BCBS Global Core program, visit www.bcbsglobalcore.com or download the BCBS Global Core mobile app. The BCBS Global Core Service Center is available **24 hours a day, 7 days a week**, toll-free at **800.810.BLUE (2583)** or by calling collect at **804.673.1177**.

Wellbeing Management

The Wellbeing Management program is designed to help you take charge of your health and provide you with the tools to better manage your benefits. Members have access to a variety of resources through Blue Cross and Blue Shield's secure website and Blue Access for Members.

24/7 Nurseline — Around-the-Clock, Toll-Free Support (PPO Members Only)

The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself.

Health concerns don't always follow a 9-to-5 schedule. Fortunately, registered nurses are on call at **800.299.0274** to answer your health questions, wherever you may be, 24 hours a day, 7 days a week.

Note: For medical emergencies, call 911 or your local emergency service first.

Teladoc Diabetes and Hypertension Management (only available to PPO members)

The Teladoc for Diabetes and Hypertension management programs provide 24/7 personalized coaching, connected blood glucose meter, connected blood pressure monitor and an app to help manage chronic conditions. Services are covered as preventative with no out-of-pocket costs to members. The program is provided to all PPO members as well as covered family members with diabetes or hypertension. Join today at TeladocHealth.com/Smile/EBC or call **(800) 835.2362**. Use registration code: **EBC**

Benefits Value Advisor (PPO only)

Call a Benefits Value Advisor to help you compare cost on your next procedure!

The BVA is a personal concierge service that will help you choose doctors, providers, and facilities while helping you to maximize your benefits.

A Benefits Value Advisor can:

- Help you compare costs at different providers near you
- Help you schedule your appointment
- Tell you about online educational tools

Call **800.458.6024** before your next procedure!

BCBS Member Rewards (PPO only)

Earn **CASH REWARDS** when you choose a low-cost provider for certain services and procedures. The program uses the Provider Finder® —a database of independently contracted providers, which can help members:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Assist in making treatment decisions with their doctors

Using this resource to shop for services based on price and location, as well as quality metrics, allows you to earn cash for selecting lower-cost care. The result puts extra cash in your pocket. **Please note, all rewards are taxable to the member.**

Seasons of Life

Seasons of Life is an outreach program that provides personalized claims resolution assistance to members and their families who are dealing with the death of a loved one. Seasons of Life ensures that members and their families have compassionate help when they need it.

Teladoc

Your district offers virtual care, through Teladoc, to you and your dependents enrolled in medical coverage through the district. With Teladoc, members can connect with a doctor in minutes, not hours or days like the ER, urgent care or doctor's office. Plus, you can get care from anywhere in the US: home, office, or on the road!

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care:

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On a vacation, on a business trip, or away from home
- For short-term prescription refills when medically necessary

Set up your account by going to Teladoc.com, calling **1.800.Teladoc** or downloading the Teladoc mobile app. Once you register your account and complete your medical history, you will have access to speak with a doctor by phone or video on your mobile device, computer, or phone.

Copay for PPO/HMO is \$0



Your Medical Options

Blue Cross and Blue Shield of Illinois

Blue Cross and Blue Shield of Illinois (BCBSIL) is the claims administrator for your district's medical plan(s).

Contact Blue Cross for questions regarding:

- Eligibility
- Plan benefits
- Status of claim payments

Please remember to present your insurance ID card to your healthcare provider at your appointment. This informs providers where they need to send your claims and identifies you as a Blue Cross member.

PPO Medical Plan

To find a contracting doctor or hospital, just go to www.bcbsil.com and use the Provider Finder.

PPO Customer Service: **800.458.6024**

(8:00 a.m. to 6:00 p.m., Monday through Friday).

IL Network Provider Search: **800.458.6024** (8:00 a.m. to 6:00 p.m., Monday through Friday) or www.bcbsil.com.

PPO RX Information

Prime Therapeutics is the administrator of the PPO prescription drug program. They oversee the retail and mail order prescriptions under this plan. Your medical ID card also serves as your prescription ID card. PPO members utilize the Balanced Drug List. To find a participating retail pharmacy or for more information on the Balanced Drug List, log into Blue Access for Members and click on the Prescription Drug link or visit myprime.com.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: myprime.com

Home Delivery Customer Service

through Express Scripts

Phone: **833.715.0942** | Website: express-scripts.com/rx

Specialty Customer Service

through Accredo Pharmacy

Phone: **833.721.1619** | Website: accredo.com

HMO Medical Plan

When you join one of the HMOs of Blue Cross and Blue Shield of Illinois, you choose a contracting medical group within your network and then a family practitioner, internist or pediatrician from your chosen medical group to serve as your primary care physician (PCP).

To find a medical group and PCP in either network, go to www.bcbsil.com and use the Provider Finder.

HMO Customer Service: **800.892.2803**

(8:00 a.m. to 6:00 p.m., Monday through Friday).

Your HMO ID number is located on your ID Card (Blue Cross and Blue Shield of IL).

HMO RX Information

Prime Therapeutics is the administrator for the HMO prescription drug program. Your HMO medical card serves as your prescription ID card. HMO members utilize the Performance Drug List. To find a participating retail or mail-order pharmacy and for more information visit myprime.com. Or, log into BlueAccess for Members and click on the Prescription Drugs link.

Prescription Drug Inquiry Unit

Phone: **800.423.1973** (Available 24 Hours Per Day, 7 Days Per Week) | Website: myprime.com

Hearing Aid Benefit Coverage

Benefits will be provided for Hearing Aids for covered persons when a Hearing Care Professional prescribes a Hearing Aid to augment communications. Some related services are included, such as audiological examinations and selection, fitting and adjustment of ear molds to maintain optimal fit when Medically Necessary; Hearing Aid repairs will be covered when deemed Medically Necessary.

MetLife Dental Coverage

MetLife is the administrator of the dental benefits for you and your family. As a member of this plan, you are free to use any dentist; however, additional discounts will be realized if you use one that participates in the MetLife PDP Plus Network.

Contact MetLife at **800.942.0854** for questions regarding:

- Network providers
- Eligibility status
- Plan benefits
- Claim status and claim forms

Additionally, you can access MyBenefits at www.metlife.com/mybenefits. This website offers you the ability to manage your personal information on your own personalized homepage, where you can view claims status and eligibility information, as well as view a summary of your dental benefits. MetLife offers a vision discount program through Vision Service Plan (VSP). For more information or to find a participating provider visit www.metlife.com/mybenefits.


MetLife does not issue ID cards, please use the subscriber name and SSN to verify coverage

MetLife Dental Plan		
Benefit	In-Network	Out-of-network 90th R&C*
Deductibles (calendar year)	\$50 \$150 Family	\$50 \$150 Family
Type A: Preventive Services (cleanings and exams)	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Type B: Basic Services (fillings, endodontics, periodontics and oral surgery)	Deductible applies, reimbursed at 90%	Deductible applies, reimbursed at 90%
Type C: Major Restorative (crowns, bridges and dentures)	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 60%
Orthodontics (to age 26)	Deductible applies, reimbursed at 60%	Deductible applies, reimbursed at 60%
Orthodontia Lifetime Maximum	\$1,000	\$1,000
Annual Maximum Benefit (Type A - C)	\$1,200	\$1,200

*R&C (Reasonable and Customary) refers to the amount the plan will pay for a service/treatment outside of the network. The amount paid by the plan is determined based on what providers in the geographic area typically charge for the same or similar service. If the amount charged by the provider is higher than the R&C determined amount, you will be responsible for paying the difference, which is referred to as balanced billing.



Community Consolidated School District 146 Medical Plans Comparison

	Blue Cross and Blue Shield PPO Plus Plan		Blue Cross and Blue Shield HMO Illinois / Blue Advantage HMO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*				
Individual	\$200	\$400	N/A	
Family	\$400	\$800	N/A	
Coinsurance	90%	70%	100%	No coverage
Out-of-Pocket Limit**1 (deductible included)				
Individual	\$700	\$1,900	\$1,500 copay	N/A
Family	\$1,400	\$3,800	\$3,000 copay	N/A

Covered Expenses

Hospital				
Inpatient Services	90%	70%	100%	No coverage
Outpatient Surgery	90%	70%	100%	No coverage
Emergency Room	90%		100% after \$50 copay (waived if admitted)	
Physician				
Inpatient Services	90%	70%	100%	No coverage
Outpatient Surgery	90%	70%	100%	No coverage
Office Visits	100% after \$10 copay	70%	100% after \$10 copay	No coverage
Other				
X-ray and Lab	90%	70%	100%	No coverage
Therapy-Speech, occupational or physical therapy	90%	70%	100% (60 visits combined per calendar year)	No coverage
Mental/Nervous- Inpatient	90%	70%	100%	No coverage
Mental/Nervous - Outpatient Professional Services	100% after \$10 copay	70%	100% after \$10 copay	No coverage
Substance Abuse- Inpatient	90%	70%	100%	No coverage
Substance Abuse - Outpatient Professional Services	100% after \$10 copay	70%	100% after \$10 copay	No coverage
Wellcare	100%	70%	100%	No coverage
Prescription Drugs	Prime Therapeutics		Prime Therapeutics	
Retail Pharmacy 34-day supply	\$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand		\$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand	
Mail Order 90-day supply	\$10 Generic \$24 Preferred Brand \$40 Non-Preferred Brand		\$10 Generic \$20 Preferred Brand \$35 Non-Preferred Brand	

Dependent Age: to 26 for all married or unmarried dependents and to age 30 for all unmarried military dependents who are Illinois residents.

Note: This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

*Deductible and Out-of-Pocket amounts accumulate based on the benefit period of Jan 1 to Dec 31.

¹Please note effective 07/01/2014, all medical copays are included in the out-of-pocket maximum.

Tinley Park CCSD 146 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN (Spanish): si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **708.614.4500**.

UWAGA (Polish): Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **708.614.4500**.



EyeMed Vision Coverage

Coverage from an EyeMed Doctor - Insight Network		
To see a list of participating providers near you, go to www.eyemed.com or call 866.804.0982		
Services	Member Cost	Out-of-Network Member Reimbursement
Exam	\$10 copay	Up to \$40
Frames	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
Standard Plastic Lenses		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Standard Progressive	\$80 copay	Up to \$50
Contact Lenses (allowance covers materials only)		
Conventional	\$150 allowance (15% off balance over \$150)	Up to \$105
Disposables	\$150 allowance	Up to \$105
Medically Necessary	Paid-in-Full	Up to \$210
Contact Lens Fit and Follow-Up		
Fit and Follow-up - Standard	\$40	N/A
Fit and Follow-up - Premium	\$10% off retail price	N/A
Frequency (Based on plan year)		
Exam	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	
Program Features		
Hearing Care from Amplifon NetworkCare	Discounts on hearing exam and aids; call 877.203.0675	
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price; For LASIK providers, call 800.988.4221	



Voluntary Life and AD&D Options

Insured by MetLife

Voluntary Term Life and AD&D

In addition to the basic life insurance coverage provided by the district, you can purchase Voluntary Term Life and AD&D for yourself and your eligible dependents. Rates are based on your age and coverage is available in increments.

Voluntary Life and AD&D Plan Design			
Coverage	Employee	Spouse	Child
Life Benefit	Increments of \$10,000	Increments of \$5,000	Flat amount: \$1,000, \$2,000, \$4,000 \$5,000 or \$10,000
Guarantee Issue Amount** (no medical underwriting required)	\$150,000	\$25,000	Flat amount: \$1,000, \$2,000, \$4,000 \$5,000 or \$10,000
Benefit Maximum	lesser of 5x your pay or \$500,000	\$250,000, not to exceed 50% of employee voluntary life benefit	\$10,000
AD&D Benefit	Benefit amount equals the elected life amount		
Employee Contribution	100%	100%	100%

*You must purchase coverage for yourself in order to purchase coverage for your spouse or children. Children age 14 days to 6 months are only eligible for \$1,000 benefit.
**The guarantee issue will be less if older than age 60.

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability (EOI). Coverage is subject to approval by MetLife. This is an outline of the benefit schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

Monthly Rates Employee & Spouse:	
Age	Rate per \$1,000 per month
<30	\$0.06
30-34	\$0.07
35-39	\$0.09
40-44	\$0.12
45-49	\$0.18
50-54	\$0.30
55-59	\$0.45
60-64	\$0.60
65-69	\$1.06
70+	\$1.98

Monthly Rates Child:	
Coverage	Rate
\$1,000	\$0.29
\$2,000	\$0.58
\$4,000	\$1.16
\$5,000	\$1.46
\$10,000	\$2.91

What is Evidence of Insurability and When is it Used?

Evidence of Insurability is used when an employee does not elect coverage during a special enrollment period or when he/she becomes first eligible (such as new hires). However, it is also used when amounts elected are above the guarantee issue amount. It is a medical questionnaire administered by MetLife's underwriting department to check on your health status.

Eligibility

Employees: A full-time employee who regularly works a minimum of 30 hours per week for CCSD 146. Part-time, seasonal and temporary Employees are not eligible.

MetLife Advantages

Helping employees plan for their families' needs.

Will Preparation—Ensuring final wishes are clear. Employees can choose to work one-on-one with an attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney. Or, they can do-it-themselves with MetLife's online will preparation services

Funeral Discounts and Planning Services—Alleviating the burden of making funeral arrangements from their loved ones. Employees get exclusive access to the largest network of funeral homes and cemeteries to pre-plan with a counselor and receive discounts on funeral services.

Retirement Planning— Helping employees retire with confidence. Employees can attend workshops that offer comprehensive retirement and financial education to help them plan for the future through Retirewise®.

In addition, MetLife offers grief counseling, funeral assistance, beneficiary claim assistance, estate resolution services and life settlement account.

Visit MyBenefits at www.metife.com/mybenefits for more information on MetLife Advantages. You can also access information via the Reference Center in Businessolver.

Exclusion:

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

For comprehensive list of exclusions and limitations, please refer to the certificate of insurance. The certificate also provides all requirements necessary to be eligible for coverage and benefits.

This plan highlights is a brief description of the key features of the insurance plan. It is not a certificate of insurance or evidence of coverage.

Employee Assistance Program

CCSD 146 offers its employees and their families an employee assistance program at no cost. A professional EAP counselor can provide confidential services related to: emotional, personal and stress-related concerns, chemical dependency, prenatal care, child care, parenting, special needs, legal and financial matters, academic and financial aid referrals, convenience services (auto care, home repair, moving specialists, etc.) and pet care, elder care, health and wellness, pre-retirement lifestyle planning and marriage, family and relationship issues.

Contact the district office or contact ACI Specialty Benefits toll-free at **855.775.4357** or email rsli@acieap.com.

Identity Theft Protection

To protect you and your family from the devastating loss of time, money and security, you have access to an ID Recovery Program should you or your family fall victim to identity theft. In addition to the recovery program, you also have access to real-time card monitoring, as well as password and personal document protection through WalletArmor.

If you suspect your personal information has been compromised, call toll free: **1.855.246.7347**.

To protect the contents of your wallet, enroll in WalletArmor – www.reliancestandard.com/walletarmor.

24-Hour Travel Assistance

Traveling more than 100 miles away from home? Should you need assistance with any of the following (and more), Travel Assistance is just a phone call away.

- Passport/visa requirements
- Consulate/embassy referral
- Emergency evacuation
- Recovery of lost or stolen luggage/personal possessions
- Emergency travel arrangements

In the U.S. call toll free: **800.456.3893** or worldwide, call collect to **603.328.1966**.

Online Enrollment

All open enrollment transactions, requests to change your benefits, and updates to your demographic information are now going to be completed online! Visit www.ebccooperative.com and click on 'Register' to set up your user name, password and security questions. Our '**Company Key**' is **ebc** (note: it's case sensitive).

Want to review your current plan?

You will now have year-round access to your benefit summary and specific benefit elections through the site. You can also find plan information and other benefit documents in the Reference Center.

ENROLLING IS EASY

LOG IN

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

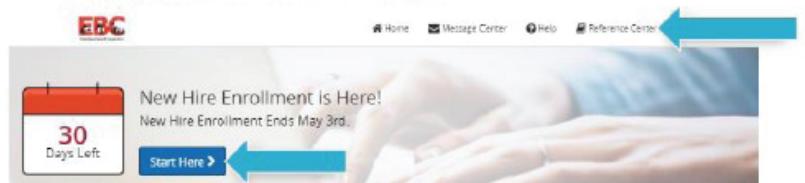
New users must **Register** and answer security questions. Our case-sensitive company key is **ebc**.

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.

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, **ebc**.
3. Answer your security phrase.
4. Enter and confirm your new password, then click **Continue** and **Login** with your new credentials.





Blue365 Discount Programs

Fitness Program

The Fitness Program is a four-tier membership program that gives you unlimited access to a nationwide network of fitness centers. With more than 11,000 participating gyms on hand, you can work out at any place or at any time. Choose a gym close to home and one near your office. To search for a gym, please log in to Blue Access for Members or call **888.762.2583**.

Other program perks are:

- No long-term contract required. Membership is month to month.
- Enroll in a tier that fits your budget and preferences with a one time **\$19 enrollment fee**.
(No enrollment fee for Digital Only option.)
Digital Only: \$10/month
Base: \$19/month
Core: \$29/month
Power: \$39/month
Elite: \$129/month
- Automatic withdrawal of monthly fee.
- Online tools for locating gyms and tracking visits.
- Earn bonus Blue Points for joining the Fitness Program. Rack up more points with weekly visits.

Vision Program

PPO and HMO members can receive discounts on glasses, contact lenses, laser vision correction services, examinations and accessories through Davis Vision and EyeMed providers. HMO members receive their vision exam benefit via EyeMed only. For a list of providers near you, go to www.eyemed.com, click **Find a Provider**, then choose the "Select Network" for HMO members and "Advantage Network" for PPO Members.

Davis Vision: **888.897.9350** | HMO EyeMed (Select Network): **866.273.0813** |
PPO EyeMed (Advantage Network): **866.273.0813**

For more discount programs, sign up on the Blue365 website at www.blue365deals.com/BCBSIL

Well onTarget®

A Dynamic Wellness Program

Wellness is more than diet and fitness. It involves making healthy choices that enrich your mind, body and spirit. Well onTarget is designed to give you the tools and support you need to make these choices, while rewarding you for your hard work.

Well onTarget features:

Well onTarget Member Wellness Portal

The heart of Well onTarget is the member portal. It uses the latest technology to offer you an enhanced online experience. This engaging portal links to a suite of innovative programs and tools including self-directed courses, health and wellness content, tool and trackers, and the Blue Points program.

Blue Points

With the Blue Points program, you will be able to earn points by regularly participating in a range of healthy activities. You can then redeem your points for popular health and wellness merchandise and services.

Wondr

Digital Weight Loss Program

A lot can happen in 10 weeks. Blue Cross and Blue Shield of Illinois is offering Wondr™, a digital weight loss program where you can eat your favorite foods and still lose weight. By learning science-based behavioral skills, you can finally feel like you have control. Employees, spouses and covered dependents age 18 and over enrolled in the BCBSIL medical plan are eligible to apply to the program at no cost. Visit wondrhealth.com/EBC to learn more.

Navigate

Wellbeing Solutions

Your physical, financial, and emotional wellbeing are extremely important. In order to support, and offer you resources all in one place, the EBC has partnered with Navigate Wellbeing Solutions to provide a unified wellbeing engagement platform. Through the secure site, you will have access to group challenges, e-learning opportunities, health resources including workout videos and healthy recipes, and information on free programs the district provides, even if you are not enrolled in benefits. Visit ebcwellbeing.com to use these comprehensive online resources and step toward your healthiest, happiest self.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.