



*Community Consolidated School District 62  
January 1, 2023 - December 31, 2023 Benefit Summary*



-  **Eligibility**
-  **Who's Who of Your Plans**
-  **Your Benefits**
-  **Required Proof Documents**
-  **Important Notices**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



## WHAT'S NEW THIS YEAR

- The healthcare FSA maximum is increasing to \$2,850.
- The HSA contribution limits is increasing to \$3,850 for single and \$7,750 for family.



## Benefits Overview

Our goal is to provide you with the most comprehensive health benefits possible while remaining good stewards with our fiscal commitments and obligations.

### We offer a well-rounded package consisting of:

- Medical Insurance
- Dental Insurance
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Long-Term Disability (LTD)
- Wellness Program
- Flexible Spending Account (FSA)
- Employee Assistance Program (EAP)
- Supplemental Employee and Dependent Life and AD&D Insurance

### Who Is Eligible?

Eligible employees are all full-time staff and part-time certified. The plan allows coverage for your legal spouse and/or child(ren) biological, adopted, step, covered from birth to age 26.

Eligible spouse or children may select the CCSD 62 Health Care Plan if they have access to group medical insurance coverage elsewhere.

Active eligible employees, regardless of age, are eligible for benefits under the CCSD 62 Health Plan.

## Life Insurance and AD&D

CCSD 62 provides its eligible employees with Group Life and Accidental Death and Dismemberment Insurance (AD&D).

Features included in your Life coverage include a Right to Convert Provision, Waiver of Premium, which will continue Life coverage without payment of premium while you are Totally Disabled, an Accelerated Benefit for the terminally ill.



### The Who's Who of Your CCSD 62 Medical Plans

- ❑ **Blue Cross and Blue Shield of Illinois** is the claims administrator for the PPO, HMO, and HDHP plans. They determine if you and your dependents are eligible for benefits and process your claims. Contact Blue Cross for questions concerning eligibility, plan benefits, or status of claim payments.
- ❑ **Blue Cross** PPO Customer Service can be reached at **800.458.6024**, between 8:30 a.m. and 6:00 p.m., CST, Monday through Friday. Blue Cross HMO Customer Service can be reached at **800.892.2803**.
- ❑ **Blue Cross's Website** is user friendly and informative. You can locate doctors and hospitals participating in the network. The Blue Access site allows you to e-mail customer service with questions, check the status of a claim, print a medical claim form, print a temporary ID card and request a duplicate ID Card. You can also review the Blue 365 program, which offers discounts on vision care and other services. Their web address for members is [www.bcbsil.com](http://www.bcbsil.com).
- ❑ **Blue Cross's PPO** (preferred provider organization) is the network for the PPO and HDHP (high deductible health plan) plans. This means a group of select hospitals, clinics, physicians, and medical services that provide quality health care at a reduced rate. Contact Blue Cross to determine if your healthcare provider is part of the network. Call them at **800.458.6024** from 8:30 a.m. to 6:00 p.m., CST, Monday through Friday, or visit their website at [www.bcbsil.com](http://www.bcbsil.com).
- ❑ **Blue Cross's Medical Services Advisory** is your utilization review contact. They work with your doctor to ensure you are getting the most appropriate care, in the appropriate setting for hospital stays. Contact them at **800.826.8551**, 7:00 a.m. to 7:00 p.m., CST, Monday through Friday.
- ❑ **Prime Therapeutics** is your Prescription Benefit Manager. Both the Retail and Mail Prescription Services are administered through Prime Therapeutics. Retail prescriptions can be obtained through participating pharmacies by presenting your Blue Cross ID Card. Mail program brochures can be obtained on the Blue Cross website [www.bcbsil.com](http://www.bcbsil.com). You can also view the formulary program, locate a participating pharmacy, order refills, etc., on the website. If you have specific questions or issues, please call the Blue Cross Prescription Drug Inquiry Unit at **800.423.1973**.

# YOUR BENEFITS



CCSD 62

To make a change to your medical or dental benefits or flexible spending account, you must experience a qualified life event in accordance with the Cafeteria Plan.

## Health Care Dependent Enrollment Requirements

If you enroll dependents in the Health Care Plan, you are required to submit additional proof documentation with your enrollment. This year everyone enrolled in the medical plan, including spouses and children, will be required to submit their full social security number.

Your elections will be effective on January 1, 2023. You will not be permitted to change your election during the plan year unless you experience a **qualified life event**.

**Coordination of benefits rules apply if you have dependents enrolled with other coverage.**

## Changing your benefits during the year

With the Cafeteria Plan, including employee contributions on a pre-tax basis and the FSA, it is important that you make your elections during your enrollment period carefully because you can only make changes during the year if you have a **qualified life event** according to IRS regulations listed below.

Changes to your Medical/Dental, Flexible Spending Account can be made if preceded by a **documented qualified life event** and they are made within 31 days of the event. Your change must be consistent with your life event/status change. The following events qualify for a change in coverage:

- Marriage
- Civil Union
- Divorce or legal separation
- Birth or placement for adoption of a child
- Death of a dependent
- Ineligibility of a dependent
- Loss of other coverage
- Change in your employment status or that of your spouse
- Significant change in health coverage attributable to your employment or that of your spouse
- A court order
- Entitlement to Medicare or Medicaid

**If you experience one of these events and want to change your benefits, you must make the change within 31 days after the event occurs. Changes cannot be made before the event occurs.** If you miss the window for making a change, you can make an election during an open enrollment period.



# DEPENDENT VERIFICATION DOCUMENTATION

## Spouse

- Marriage certificate
- Civil Union certificate
- Domestic Partner Affidavit

## Biological Child

- One of the following:
  - » Birth certificate of biological child
  - » Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old

## Adopted Child

- One of the following:
  - » Official court/agency papers (initial stage)
  - » Official Court Adoption Agreement (mid-stage)
  - » Birth certificate (final stage)

## Stepchild

- Child's Birth Certificate showing the child's parent is the employee's legal spouse/civil union partner
- Certificate showing legal marriage/ civil union between the employee and the child's parent

If you are enrolling dependents in the Healthcare Plan, dependent eligibility documentation is required.

## Guardianship

- Court papers demonstrating legal guardianship, including the person named as legal guardian

## Court-Ordered Medical Coverage

- One of the following:
  - » Qualified Medical Child Support Order (QMCSO)
  - » National Medical Support Notice (NMSN)

## Child Age 26 or Older

- Certified Handicapped Child/ Disabled Student Attending Physician Statement signed by the employee and the child's attending physician
- DD-214 military documents showing honorable discharge from military branches

## Loss of Coverage

- Letter from prior employer or insurance provider documenting the individual(s) losing coverage, the date of the loss of coverage, and the type of coverage lost (medical, dental, vision, etc.)



### Maximize Your Benefits

The following are helpful hints designed to help you get the most out of your health plans.

#### Using the Blue Cross and Blue Shield of Illinois PPO and HDHP Network Services

Before going to a Blue Cross hospital, call Blue Cross's PPO and HDHP info line at **800.458.6024** or visit their website [www.bcbsil.com](http://www.bcbsil.com) to ensure the hospital is part of the network.

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.

Blue Cross participating providers will forward claims directly to Blue Cross before requesting any necessary deductible or coinsurance payments from you so the appropriate discount can be applied. An office copay may be required.

#### Hospital Precertification Program for the CCSD 62 Plan

You, your doctor, or a family member must call Medical Services Advisory for any hospital stay. You must call 72 hours (3 days) before a planned hospital admission or the next business day after an emergency or maternity admission. *If you fail to precertify your stay, it will result in a \$500 penalty!* **Medical Services Advisory can be reached at 800.826.8551.**

#### PPO Plan Tips!

- Before going to a doctor or hospital visit the BCBS website at [www.bcbsil.com](http://www.bcbsil.com) or call Blue Cross to ensure the provider or facility is part of the network.
- Present your insurance ID card to your healthcare provider at your appointment to ensure they send your claims to Blue Cross for processing.
- Blue Cross participating providers will forward claims directly to Blue Cross for processing. They will typically not request any deductible or coinsurance payments from you prior to submitting the claim to Blue Cross so the appropriate discount can be applied. An office copay may be required at time of service.

#### HMO Plan Tips!

- Make sure you have chosen a Medical Group for each person on your policy and the Medical Group appears on your ID Card.
- You can change Medical Groups at any time and it will be effective the first of the following month.
- Get three months of maintenance medications at retail for two copays. You can save 4 copays annually!!
- In situations when you need immediate medical services but don't want to pay the high emergency room copay call your provider. Most Medical Groups have after hour clinics near by and it will only cost you an office visit copay.

## Coordination of Benefits

This Coordination of Benefits (COB) provision applies when a person has healthcare coverage under more than one **Plan**.

The order of benefit determination rules govern the order in which each **plan** will pay a claim for benefits. The **plan** that pays first is called the **Primary plan**. The **Primary plan** must pay benefits in accordance with its policy terms without regard to the possibility that another **plan** may cover some expenses. The **plan** that pays after the **Primary plan** is the **Secondary plan**.

If the plan is secondary, the total payment from all plans cannot be more than what it would normally pay in benefits if it was the primary plan. The Secondary plan may reduce the benefits it pays so that payments from all Plans do not exceed 100% of the total Allowable expense. In addition, if the plan is Secondary, it will pay for expenses only covered by our plan. If the other Primary plan covers a service that we do not cover, we will not coordinate benefits on that particular expense.

If the employee is married to a spouse that has group medical insurance elsewhere and the couple has children, the parent whose birthday month and day falls before the others will provide the Primary plan for the children and the parent whose birthday month and day falls after will provide the Secondary plan. The District's plan is the Primary plan for all active employees.

**Predetermination:** Members are encouraged to always obtain prior approval when using non-network providers. Predetermination will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.





## BCBS Health Care Plan Administrator

Blue Cross Blue Shield continues to be our health care provider. As always, you can go to their website [www.bcbsil.com](http://www.bcbsil.com) to learn more.

Individual deductible and out-of-pocket pertains to the single tier. Family deductible and out-of-pocket pertains to the employee+spouse, employee+child(ren), and family tiers

	HMO Illinois	PPO Plan 500	
		In Network	Out-Of-Network
<b>Lifetime Maximum</b>	Unlimited	Unlimited	
<b>Deductible<sup>1</sup></b>			
Individual	N/A	\$500	\$1,000
Family	N/A	\$1,500	\$3,000
<b>Coinsurance</b>	100%	90%	70%
Out-of-pocket limit <sup>3</sup>			
Individual	\$1,500	\$1,500	\$3,000
Family	\$3,000	\$3,000	\$6,000
<b>Covered Expenses</b>			
<b>Hospital</b>			
Inpatient Services	100%	90%*	70%*
Outpatient Services	100%	90%*	70%*
<b>Emergency Room</b>	\$75 copay Copay waived if admitted	\$75 copay, then 90%*. Copay waived if admitted	
<b>Physician</b>			
Inpatient Surgery	100%	90%*	70%*
Outpatient Surgery	100%	90%*	70%*
Primary Care Visits	\$20 copay <sup>2</sup>	\$20 copay <sup>2</sup>	70%*
Specialist Visits	\$40 copay <sup>2</sup>	\$40 copay <sup>2</sup>	70%*
Wellcare/Physical Exam <sup>4</sup>	100%	100%	70%*
MDLive Virtual Visits	Not Available	\$20 copay	N/A
<b>Other</b>			
X-ray and Lab	100%	90%*	70%*
Chiropractic	Copay, only if referred through PCP	90%* 30 visits per calendar year	70%* 30 visits per calendar year
Therapy: Occupational, Physical or Speech	Copay only if referred through PCP, 60 combined treatments limit	90%*	70%*
<b>Prescription Drugs</b>			
Retail Pharmacy <sup>2</sup>	\$10 Generic \$35 Formulary Brand \$60 Non-Formulary Brand	\$10 Generic, \$35 Formulary Brand, \$60 Non-Formulary Brand	
Mail Order <sup>2</sup>	\$20 Generic \$70 Formulary Brand \$120 Non-Formulary Brand	\$20 Generic, \$70 Formulary Brand, \$120 Non-Formulary Brand	
Prescription Out-of-Pocket Limit (Single/Family)	\$1,000/\$2,000	\$1,000/\$2,000	
<b>Vision Benefit</b>	Vision exam every 12 months; \$150 contact lens allowance every 24 months; \$225 frame allowance every 24 months	\$30 allowance towards vision exam every 12 months; \$200 materials allowance every 12 months	



PPO Plan 750		HDHP Plan 1500	
In Network	Out-Of-Network	In Network	Out-Of-Network
Unlimited		Unlimited	
\$750	\$1,500	\$1,500	
\$2,100	\$4,200	\$3,000	
90%	70%	90%	70%
\$2,250	\$4,500	\$5,950	
\$4,500	\$9,000	\$7,150	
90%*	70%*	90%*	70%*
90%*	70%*	90%*	70%*
\$75 copay, then 90%*. Copay waived if admitted		90%*	
90%*	70%*	90%*	70%*
90%*	70%*	90%*	70%*
\$20 copay <sup>2</sup>	70%*	90%*	70%*
\$40 copay <sup>2</sup>	70%*	90%*	70%*
100%	70%*	100%	70%*
\$20 copay	N/A	90%*	N/A
90%*	70%*	90%*	70%*
90%*	70%*	90%*	70%*
30 visits per calendar year	30 visits per calendar year	30 visits per calendar year	30 visits per calendar year
90%*	70%*	90%*	70%*
\$10 Generic, \$35 Formulary Brand, \$60 Non-Formulary Brand		90%*	
\$20 Generic, \$70 Formulary Brand, \$120 Non-Formulary Brand		90%*	
\$1,000/\$2,000		Combined with Medical	
\$30 allowance towards vision exam every 12 months; \$200 materials allowance every 12 months		Not covered	

- 1 Deductibles are based on calendar year.
  - 2 Copays are applied towards the out-of-pocket limit. Copays are not applied towards the deductible.
- Note: The Comparisons are outlines 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.**
- 3 The out-of-pocket limit includes the deductible.
  - 4 Applies to both adults and children, as defined by the US preventive task force.

\* After deductible

## Choosing the plan that's right for you

When deciding what medical insurance plan is right for you and your family there are a number of factors you should take into consideration. Most people will choose a plan based on paycheck deduction amount, deductible, coinsurance and provider network.

### The right plan for you includes:

- Per paycheck deduction that meets your budget
- Out-of-pocket cost that you can afford when medical care and prescriptions are needed (e.g., deductible, coinsurance, copays, etc.)
- Your doctors and hospitals in the network
- The benefits you need, i.e., infertility, chiropractic, acupuncture, etc.





## Blue Access for Members<sup>SM</sup>

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Illinois (BCBSIL) secure member website, Blue Access for Members (BAM<sup>SM</sup>).

**With BAM, you can:**

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

### It's easy to get started

- 1** Go to [bcbsil.com/member](http://bcbsil.com/member)
- 2** Click Register Now
- 3** Use the information on your BCBSIL ID card to complete the registration process.



Text\* BCBSILAPP to 33633 to get the BCBSIL App that lets you use BAM while you're on the go.

\*Message and data rates may apply



**BlueCross BlueShield of Illinois**

# YOUR BENEFITS



CCSD 62

## Find what you need with Blue Access for Members

NATHAN SMITH Settings 9 Language Assistance En Español Log Out

BlueCross BlueShield of Illinois

8 CURRENTLY VIEWING MY PLAN PPO View My Plans

1 Home 2 My Coverage 3 Claims Center 4 My Health 5 Doctors & Hospitals 6 Forms & Documents blueaccess for Members

Welcome NATHAN SMITH!

6 Message Center You have no messages View all messages

7 Quick Links Stop receiving paper statements Connect Member Discount Program Manage preferences Verification of Coverage

8 MY COVERAGE Plan Type: PPO Group Number: 098765 ID Number: ABC123456789

9 MEDICAL BENEFITS Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinurance	N/A

10 My Care Profile Blue Button Learn how to get your health care profile electronically Get Started »

10 Important Information | Non-Discrimination Notice | Help | Contact Us

- 1 **My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 **Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 **My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 **Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 **Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 **Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 **Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 **View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 **Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 **Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 **Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.

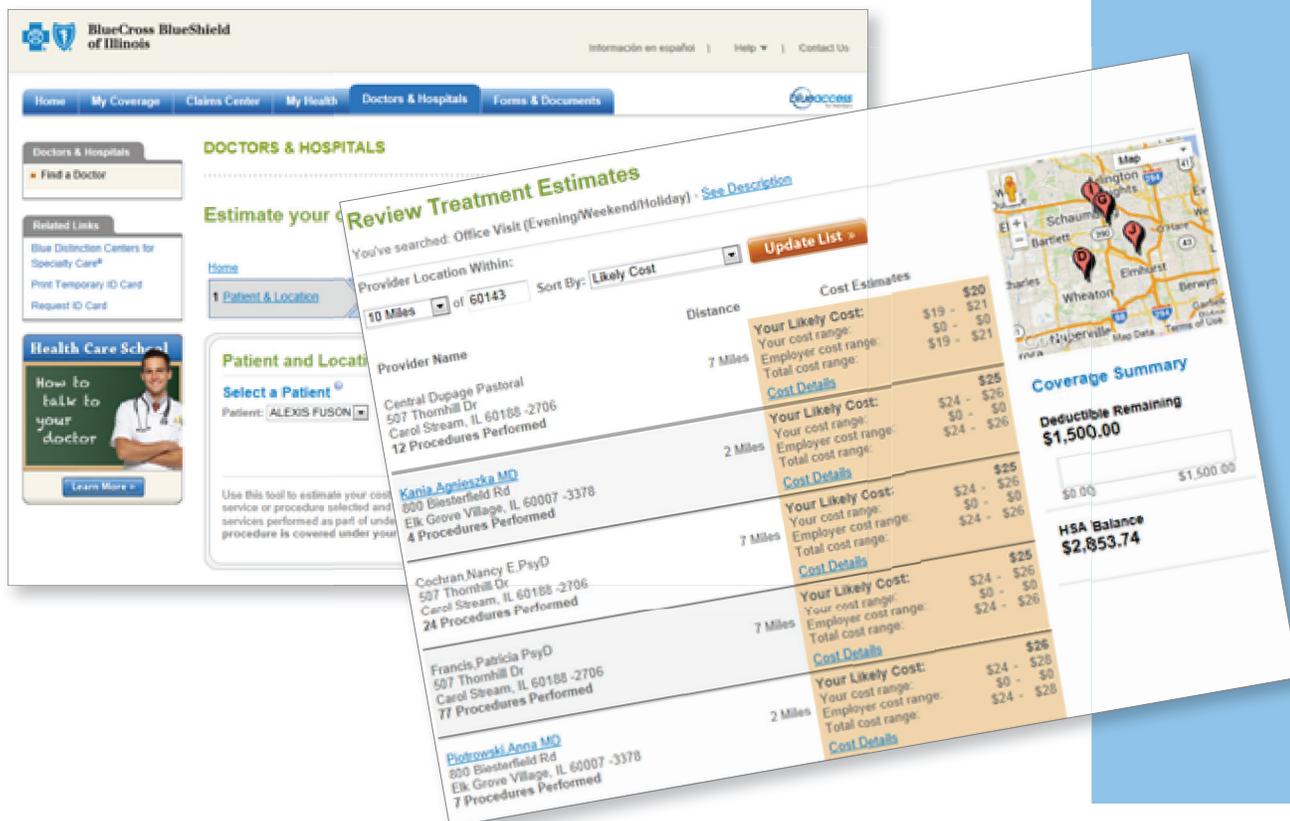
## Provider Finder Tool

The Provider Finder from Blue Cross is an innovative tool for helping you choose a provider and estimate health care costs. Since cost and quality rating for same service can greatly vary based on the facility in which the service is performed Blue Cross offers this tool so you can be well informed as a consumer.

By logging in to Blue Access for Members either online or via your mobile device you can use the Provider Finder to:

- Find a network primary care physician, specialist or hospital
- Filter search results by doctor, specialty, ZIP code, language and gender—even get directions from Google Maps™
- Estimate the cost of a provider’s procedures, treatments and tests—and gauge out-of-pocket expenses
- Determine if a Blue Distinction Center for Specialty Care® is an option for treatment
- View patient feedback or add a provider review
- Review providers’ certifications and recognitions
- View clinical quality ratings from Blue Cross as well as independent third parties
- See if the provider is accepting new patients (HMO members only)

**The Provider Finder shares information that puts you in charge!**



**Review Treatment Estimates**

You've searched: Office Visit (Evening/Weekend/Holiday) - See Description

Provider Location Within: 10 Miles of 60143 Sort By: Likely Cost Update List

Provider Name	Distance	Cost Estimates
Central Dupage Pastoral 507 Thornhill Dr Carol Stream, IL 60188 -2706 12 Procedures Performed	7 Miles	Your Likely Cost: \$19 - \$21 Your cost range: \$0 - \$0 Employer cost range: \$19 - \$21 Total cost range: \$19 - \$21
Kania Agnieszka MD 800 Biesterfeld Rd Elk Grove Village, IL 60007 -3378 4 Procedures Performed	2 Miles	Your Likely Cost: \$24 - \$26 Your cost range: \$0 - \$0 Employer cost range: \$24 - \$26 Total cost range: \$24 - \$26
Cochran, Nancy E. PsyD 507 Thornhill Dr Carol Stream, IL 60188 -2706 24 Procedures Performed	7 Miles	Your Likely Cost: \$24 - \$26 Your cost range: \$0 - \$0 Employer cost range: \$24 - \$26 Total cost range: \$24 - \$26
Francis, Patricia PsyD 507 Thornhill Dr Carol Stream, IL 60188 -2706 77 Procedures Performed	7 Miles	Your Likely Cost: \$24 - \$26 Your cost range: \$0 - \$0 Employer cost range: \$24 - \$26 Total cost range: \$24 - \$26
Polkowski Anna MD 800 Biesterfeld Rd Elk Grove Village, IL 60007 -3378 7 Procedures Performed	2 Miles	Your Likely Cost: \$24 - \$26 Your cost range: \$0 - \$0 Employer cost range: \$24 - \$26 Total cost range: \$24 - \$26

**Coverage Summary**

Deductible Remaining: \$1,500.00

HSA Balance: \$2,853.74

# PPO AND HDHP MEMBERS ONLY



CCSD 62



**BlueCross BlueShield of Illinois**

## Because Your Health Counts

### It's Important to Know Where to Go When You Need Care

Sometimes it's easy to know when you should go to an emergency room (ER), at other times, it's less clear. You have choices for receiving in-network care that will work with your schedule and also give you access to the kind of care you need. Know when to use each for non-emergency treatment.



#### Virtual Visits

There's never a convenient time to get sick. But now you have access to a board-certified doctor around the clock for non-emergency health issues. Connect by mobile app, online video or telephone. Register at [MDLIVE.com/bcbsil](https://www.mdlive.com/bcbsil) or by calling **888-676-4204**.



#### Your Doctor's Office

Your own doctor's office may be the best place to go for non-emergency care, such as health exams, routine shots, colds, flu and minor injuries. Your doctor knows your health history, the medicine you take, your lifestyle and can decide if you need tests or specialist care. Your doctor can also help you with care for a chronic health issue, such as asthma or diabetes.



#### Retail Health Clinic

When you can't get to your regular doctor, walk-in clinics – available in many retail stores – can be a lower-cost choice for treatment. Many stores have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies and colds.



#### Urgent/Immediate Care Clinic

These facilities can treat you for more serious health issues, such as when you need an X-ray or stitches. You will probably have a lower out-of-pocket cost than at a hospital ER, and you may have a shorter wait.



#### Hospital Emergency Room

Any life-threatening or disabling health problem is a true emergency. You should go to the nearest hospital ER or call **911**. When you use the ER for true emergencies, you help keep your out-of-pocket costs lower.



Knowing where to go for care can make a big difference in cost and time. Here's how your options compare<sup>†</sup>:

	Average Costs	Average Wait Times	Examples of Health Issues
<b>Virtual Visits</b> Convenient and lower cost	\$	10 minutes or less	<ul style="list-style-type: none"> <li>Allergies</li> <li>Cold and flu</li> <li>Nausea</li> <li>Sinus infections</li> <li>Asthma</li> <li>Pinkeye</li> </ul>
<b>Your Doctor's Office</b> Your doctor knows your medical history best	\$	24 minutes*	<ul style="list-style-type: none"> <li>Fever, colds and flu</li> <li>Sore throat</li> <li>Minor burns</li> <li>Stomach ache</li> <li>Ear or sinus pain</li> <li>Physicals</li> <li>Shots</li> <li>Minor allergic reactions</li> </ul>
<b>Retail Health Clinic</b> Convenient, low-cost care in stores and pharmacies	\$	15 minutes	<ul style="list-style-type: none"> <li>Infections</li> <li>Cold and flu</li> <li>Minor injuries or pain</li> <li>Shots</li> <li>Flu shots</li> <li>Sore and strep throat</li> <li>Skin problems</li> <li>Allergies</li> </ul>
<b>Urgent Care Clinic</b> Immediate care for issues that are not life-threatening	\$\$\$\$	11-20 minutes**	<ul style="list-style-type: none"> <li>Migraines or headaches</li> <li>Cuts that need stitches</li> <li>Abdominal pain</li> <li>Sprains or strains</li> <li>Urinary tract infection</li> <li>Animal bites</li> <li>Back pain</li> </ul>
<b>Hospital Emergency Room</b> For serious or life-threatening conditions	\$\$\$\$\$\$	4 hours, 7 minutes***	<ul style="list-style-type: none"> <li>Chest pain, stroke</li> <li>Seizures</li> <li>Head or neck injuries</li> <li>Sudden or severe pain</li> <li>Fainting, dizziness, weakness</li> <li>Uncontrolled bleeding</li> <li>Problem breathing</li> <li>Broken bones</li> </ul>

\* Medical Practice Pulse Report 2009, Press Ganey Associates.  
 \*\* Urgent Care Benchmarking Study Results. Journal of Urgent Care Medicine. January 2012.  
 \*\*\* Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.

## Urgent Care or Freestanding Emergency Room

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers and treat most major injuries, except for trauma, but costs are higher. Unlike urgent care centers, freestanding ERs are often out of network and can charge patients up to 10 times more for the same services.<sup>1</sup> Here are some ways to know if you are at a freestanding ER.

### Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.

Find urgent care centers<sup>2</sup> near you by texting<sup>3</sup> **URGENTIL** to **33633**.

## Need help deciding where to go for care?

**On hand 24 hours a day, seven days a week; bilingual nurses available.**

Call the 24/7 Nurseline<sup>4</sup> at **800-229-0274** for help identifying some options when you or a family member has a health problem or concern.

## Need help finding a network provider?

Use Provider Finder<sup>®</sup> at **bcbsil.com** or call the Customer Service number on the back of your member ID card. If you need emergency care, call **911** or seek help from any doctor or hospital right away.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Illinois. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Availability depends on member's location at the time of service. Virtual visits may not be available on all plans.

<sup>†</sup>Relative costs described are for independently contracted network providers. Costs for out-of-network providers may be higher.

<sup>1</sup>The Texas Association of Health Plans.

<sup>2</sup>The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

<sup>3</sup>Message and data rates may apply. Read terms, conditions and privacy policy at [bcbsil.com/mobile/text-messaging](http://bcbsil.com/mobile/text-messaging).

<sup>4</sup>24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

The information provided is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for advice. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card. This information is intended solely as a general guide to what services may be available.

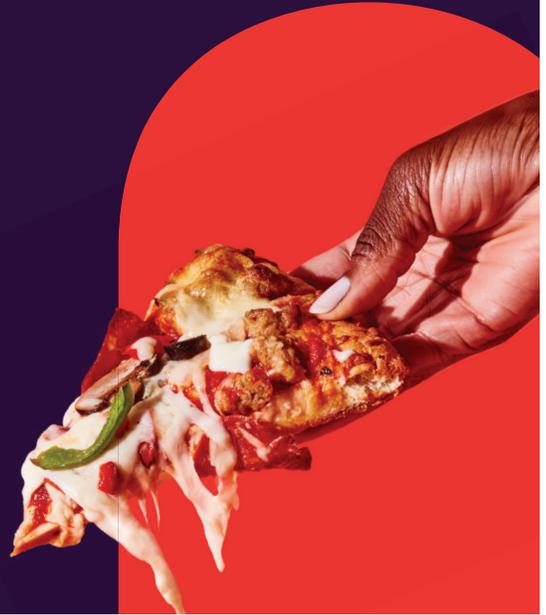
Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Clinically-proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.\*

Go to [wondrhealth.com/BCBSIL](http://wondrhealth.com/BCBSIL)



## What is Wondr?

### No points, plans, or counting calories.

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically-proven for lasting results.

\*To learn more and join the waitlist, visit: [wondrhealth.com/BCBSIL](http://wondrhealth.com/BCBSIL)

Questions? Visit [support.wondrhealth.com](http://support.wondrhealth.com)

## LET’S TALK RESULTS

### In as little as 10 weeks:

**84%**

LOST WEIGHT



**62%**

FEEL MORE CONFIDENT



**61%**

HAVE MORE ENERGY



**85%**

FEEL MORE IN CONTROL OF THEIR WEIGHT



**68%**

ARE MORE PHYSICALLY ACTIVE

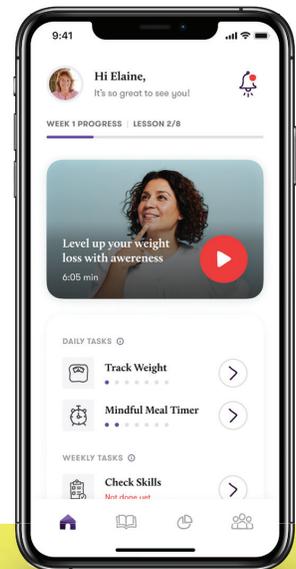


**57%**

FEEL THEIR MOOD HAS IMPROVED



\*Based on Wondr Health Book of Business



“I love the whole idea of the psychology of things. I like to look in the why’s and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food.”

—Brad M.  
WONDR PARTICIPANT

LOST  
**70** lbs

GAINED  
Confidence





Feeling stressed, sleepless,  
anxious or discouraged?  
*We're here to help.*



**You're not alone**

One in 2 people will experience a mental health issue during their lifetime—and we want to be a resource for you during those difficult times.

Blue Cross and Blue Shield of Illinois (BCBSIL) members have access to online support from Learn to Live at no cost to you.

**How we can help**

Based on over 10 years of clinical studies, Learn to Live offers online programs and clinical assessments based on the proven principles of Cognitive Behavioral Therapy.

Our programs for Stress, Anxiety & Worry, Depression, Social Anxiety, Insomnia, and Substance Use offer effective tools to help you understand how your mind works and change your behavior patterns –to help you live your best life.



**Learn to Live benefits:**

- ❖ Immediate 24/7 access to self-paced programs
- ❖ Ability to start, stop and save your progress
- ❖ No cost for BCBSIL members (ages 13+)\*
- ❖ As effective as in-person therapy
- ❖ Coaching available (phone, email, text)
- ❖ Programming available in English and Spanish

**Private & Confidential**

Learn to Live's member information is confidential and HIPAA compliant.

Get started by taking a confidential assessment.  
**Log in to Blue Access for Members<sup>SM</sup> at [bcbsil.com](https://bcbsil.com). Then choose Wellness and find Digital Mental Health.**

## Prime Therapeutics offers many options, resources and advantages as the pharmacy benefits manager through BCBSIL.

- ❑ **Cost savings:** Using generic drugs, when right for you, can help you save money. If you are taking or are prescribed a brand drug, visit [bcbsil.com](http://bcbsil.com) or [myprime.com](http://myprime.com) to find out if generic options are available.
- ❑ **Convenience:** A broad pharmacy network allows you to choose a contracting retail pharmacy close to you.
- ❑ **Time savings:** Through mail service, you can have maintenance medications delivered directly to you.
- ❑ **Safety programs:** BCBSIL has programs that help identify potential safety concerns.

In your Blue Access for Members (BAM) portal click prescription drugs in the quick links box on the right. This will take you to [myprime.com](http://myprime.com), the member site of BCBS pharmacy benefit manager.

At [myprime.com](http://myprime.com) you will find a variety of tools that can help you learn more about your medication, estimate prescription drug costs and help you better communicate with your doctor about your prescription medication options.

Use [myprime.com](http://myprime.com) to:

- ❑ Find out if a drug is on your plan's formulary. Using formulary drugs usually costs you less.
- ❑ See a list of generic options for a brand medication and learn more about generic drugs. Using generic drugs can save you money.
- ❑ Calculate your estimated cost for a 30-day or 90-day supply of a covered medication.

### 1 Find Drugs & Pricing

Learn more about a medication, including available generic options, and what your cost will be.

You also can find information about potential side effects or possible interactions with food or other drugs.

### 2 Claim History

View your detailed prescription claim history and out-of-pocket costs.

See claims as far back as the previous calendar year.

### 3 Find a Pharmacy

Use the pharmacy locator tool to find a contracting pharmacy near you.

You can search by ZIP code, pharmacy name or find 24-hour pharmacies.

### 4 Go to MyPrimeMail.com

Use PrimeMail®, a convenient home delivery option. You can have your long-term prescriptions delivered right to you.

Print an order form, refill a prescription and check the status of an order.

### 5 More Resources:

Get tips on using [MyPrime.com](http://MyPrime.com) and [MyPrimeMail.com](http://MyPrimeMail.com), information about generic drugs and more.



Go to [bcbsil.com](http://bcbsil.com) ➤ Log In to Blue Access for Members ➤  
Click Prescription Drugs in the Quick Links box



## MDLive Virtual Visits for PPO and HDHP Members

### What is it?

Blue Cross and Blue Shield of Illinois (BCBSIL) provides members and covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE Virtual Visits. This means that you and your dependents can connect with a doctor using your mobile device, computer or telephone from the convenience of your home 24/7.

### Why would I use it?

Getting sick is never convenient and finding time to get to the doctor can be hard. Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits may also be a better alternative for non-emergency conditions than going to the emergency room or urgent care center.<sup>1</sup>

MDLIVE doctors or therapists can help treat the following conditions and more:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> General Health | <input type="checkbox"/> Pediatric Care | <input type="checkbox"/> Behavioral Health |
| • Allergies                             | • Flu                                   | • Anxiety / Depression                     |
| • Asthma                                | • Ear problems                          | • Child Behavior                           |
| • Sinus infections                      | • Pink Eye                              | • Marriage problems                        |

### What is the cost?

- PPO members medical and behavioral health visits are a \$20 copay per visit.
- HDHP members medical visits cost \$44/visit on average until the deductible is met and then coinsurance applies. A behavioral health visit cost can vary. Contact BCBSIL Customer Service for further information.

### How do I access Virtual Visits?

You can connect to MDLive Virtual Visits online, on your mobile device or by telephone. Once you are connected, you can consult with a board-certified doctor or therapist. If prescriptions are warranted, they can be sent electronically to a pharmacy of your choice.

#### Connect



Computer, smartphone, tablet or telephone

**Website:** Visit the website

[MDLIVE.com/bcbsil](http://MDLIVE.com/bcbsil)

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for Members<sup>SM</sup>

#### Interact



Real-time consultation with a board-certified doctor or therapist

**Mobile app:**

- Download the **MDLIVE** app
- Open the app and choose an **MDLIVE** doctor
- Chat with the doctor from your mobile device

#### Diagnose



Prescriptions sent electronically to a pharmacy of your choice (when appropriate)

**Telephone:**

- Call **MDLIVE** **(888.676.4204)**
- Speak with a health service specialist
- Speak with a doctor

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Illinois. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

<sup>1</sup> In the event of an emergency, this service should not take the place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.



## Blue Distinction: For hospitals with expertise in specialty care

Blue Distinction is a designation awarded by the Blue Cross and Blue Shield companies to hospitals that have demonstrated expertise in delivering clinically proven specialty health care. Its goal is to help consumers find specialty care on a consistent basis, while enabling and encouraging health care professionals to improve the overall quality and delivery of care nationwide.

**Use the Blue Distinction Center Finder.**

- ❑ Go to [bcbsil.com](http://bcbsil.com)
- ❑ Select the Provider Finder<sup>®</sup> tool and search for hospitals
- ❑ To find a Blue Distinction center near you, search by designated area of specialty and state

### Here are some examples of the Centers of Excellence available to you.

#### ***Blue Distinction Centers for Bariatric Surgery<sup>®</sup>***

Provides a full range of bariatric surgical care services, including inpatient care, post-operative care, follow-up and patient education.

#### ***Blue Distinction Centers for Cardiac Care<sup>®</sup>***

Provides a full range of cardiac care services, including inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery.

#### ***Blue Distinction Centers for Transplants<sup>®</sup>***

Transplant program that provides services, such as global pricing, financial savings analysis, and global claims administration and support services.

#### ***Blue Distinction Centers for Complex and Rare Cancers<sup>®</sup>***

Inpatient cancer care programs for adults, including those treating complex and rare subtypes of cancer, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise, focus on treatment planning and complex, major surgical treatments.

#### ***Blue Distinction Centers for Knee and Hip Replacement<sup>SM</sup>***

Provides inpatient knee and hip replacement services, including total knee and total hip replacement surgeries.

#### ***Blue Distinction Centers for Spine Surgery<sup>®</sup>***

Inpatient spine surgery services, including discectomy, fusion and decompression procedures.



## 24/7 Nurseline for PPO HDHP Members

### Around-the-Clock, Toll-Free Support

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, seven days a week.

The 24/7 Nurseline's registered nurses can understand your health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care, family care and more.

### When should you call?

The toll-free Nurseline can help you or a covered family member get answers to health problem questions, such as:

- Asthma, back pain or chronic health issues
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat

Plus, when you call, you can access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish.

**Note:** For medical emergencies, call 911 or your local emergency services first. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

## Women and Family Health Pregnancy and Parenting Support® for PPO and HDHP Members

This program can help you better understand and manage your pregnancy. Available at no additional cost, this maternity program supports you from early pregnancy and after delivery:

- Pregnancy risk factor identification to determine the risk level of your pregnancy and appropriate range for ongoing communication/monitoring.
- Educational material including a complimentary book about having a healthy pregnancy and baby.
- Personal telephone contact with program staff to address your needs and concerns and to coordinate care with your physician.
- Assistance in managing high-risk conditions such as gestational diabetes and preeclampsia.
- Ovia Health Apps are for tracking your cycle, pregnancy and baby's growth.

The site can be accessed through Blue Access for Members<sup>SM</sup>. Download any of the Ovia Health mobile apps from the Apple App Store or Google Play. During sign up, make sure to choose "I have Ovia Health as a benefit." Then select BCBSIL as your health plan.

Enrollment is easy and confidential. Just call **855.705.7279**, 8 a.m. – 6:30 p.m., CT.

## Blue Care Connection

Blue Cross offers the following programs through Blue Care Connection, a program to help you and your covered family members reach your health and wellness goals.

### Condition Management

Blue Care Advisors, registered nurses or other health care professionals, may contact you if you have certain health challenges or chronic conditions. Through regularly scheduled health counseling and coaching telephone calls, the advisor can help you identify unhealthy behaviors, set wellness goals, adopt healthier habits and learn to manage medical conditions more effectively.



The Condition Management programs are voluntary and work together with you, your health plan and your doctor to help identify the best ways to manage your chronic health condition and stay healthy.

When you enroll, you will have access to the best knowledge, tools and self-care techniques to help you make a difference in your health.

Following nationally recognized practice guidelines, the Condition Management programs specifically target:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes

To enroll in a Condition Management program, or to find out how one of the programs can help you, please call the Customer Service number on the back of your member ID card.

### **Lifestyle Management**

According to the Centers for Disease Control and Prevention (CDC) some of the most common harmful but modifiable behaviors are tobacco use, insufficient physical activity and poor eating habits. These lifestyle factors are responsible for much of the illness, disability and premature death related to chronic diseases. Blue Cross' Lifestyle Management programs address the key contributing factors to significant medical spending by focusing on **weight management, tobacco cessation and metabolic syndrome**. These programs help you to change your behavior by providing guidance and support through personal telephonic motivational coaching, self-directed online courses and weight management resource. To enroll in one of the Lifestyle Management programs please call the Customer Service number on the back of your member ID card.

### **CCEI Care Coordination and Early Intervention**

CCEI is a program designed to help you get the care you need to stay healthier. If you are in the hospital or recently visited the emergency room, a care management specialist may call to help coordinate special care you might need.

The care management specialist will work with you to make sure that you have what you need to care for yourself and follow your doctor's instructions. There is no additional cost for this service and it is up to you if you want to participate.

Care management specialists can:

- Help you understand your condition and treatment
- Include you in the decision making process
- Make sure you get the care your doctor recommends
- Explain your health care benefits

### **Case Management**

A serious medical condition or injury can affect anyone. The support required for recovery or to manage disease progression is readily available through our innovative Case Management program. Blue Cross works to engage members in the Case Management program and provide interventions that support cost-effective care. Case managers, registered nurses with specialized training and clinical experience, help you to navigate complex medical situations and access the services you need.

The individualized approach features:

- ❑ **Episodic Case Management** – Monitors and coordinates transition to all levels of care including acute rehabilitation, skilled nursing facilities, long-term acute care, sub-acute and home settings.
- ❑ **Catastrophic/Complex Case Management** – Care coordination focused on members with late stage chronic conditions, serious illness or injuries such as:
  - Cancer
  - End stage renal disease
  - High-risk pregnancies
  - Infectious diseases
  - Major trauma
  - Premature births and birth defects
  - Rare diseases
  - Transplants
- ❑ **End of Life Care Program** – Facilitates appropriate treatment and helps members to maximize their benefits. This program addresses emotional and psychosocial issues, as well as pain and symptom management.

**Getting involved early allows Blue Cross to work with you, your family and your doctor to coordinate an optimal plan of care that supports your needs and promotes quality, cost-effective outcomes.**

### Well onTarget®

When you feel well, you do well. But wellness involves more than just encouraging a sensible diet and exercise. That's why BCBS developed Well onTarget, an innovative solution that promotes good health across your entire organization, offering personalized initiatives no matter where you are on your wellness journey.

#### Well onTarget features include:

- ❑ **Member Wellness Portal** – A comprehensive, adaptable online portal that engages you through useful health resources, goal trackers, tools and more:
  - Onmyway Health Assessment – Answer survey questions that assess their current health status. The results help identify health risks and define a personalized program with individual wellness goals.
  - Health and Wellness Content – Online health encyclopedia that educates and empowers through evidence-based, consumer-friendly content.
  - Onmytime Self-directed Courses – A suite of structured courses to help achieve health and wellness goals. Topics include nutrition, exercise, weight and stress management and tobacco cessation. Reach your milestones and earn Life Points.
  - Tools and trackers- Interactive tools help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.
  - Life Points – A rewards program that reinforces positive lifestyle changes, such as more time at the gym or healthier meal choices.
- ❑ **Onmyteam Wellness Coaching** – Professionally certified coaches counsel employees on nutrition, physical activity and stress management, fostering sustained involvement through phone contact or secured messaging via the interactive member portal.

# YOUR BENEFITS



CCSD 62

- ❑ **Fitness Program** – Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program. Gain unlimited access to a nationwide network of fitness centers. With more than 8,000 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.
- No long-term contracts required. Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25
- Automatic withdrawal of monthly fee
- Online tools for locating gyms and tracking visits
- Earn 2,500 bonus Life points for joining the Fitness Program and up to 500 points with weekly visits
- Sign up for the fitness program by calling **888.762.BLUE (2583)**

## Blue365

With this program, you can save money on health care products and services that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations. Blue365 has a range of deals from top national and local retailers on dental, vision and hearing services, fitness gear, gym memberships, healthy eating options and much more.

Sign up on the Blue365 website at [blue365deals.com/BCBSIL](http://blue365deals.com/BCBSIL) and start receiving weekly “Featured Deals.” These deals offer savings from leading health companies and online retailers. Featured Deals are offered for a short period of time. In addition, below are some of the Blue365 deals available to you.

- ❑ **EyeMed Vision** – You can save on eyeglasses as well as contact lenses, exams and accessories. The EyeMed group is made up of national and regional retail stores as well as local eye doctors. Save on laser vision correction through LasikPlus.
- ❑ **Dental Solutions** – You can receive a dental discount card which provides access to discounts up to 50 percent at more than 61,000 dentists and more than 185,000 locations.\*
- ❑ **Jenny Craig, Seattle Sutton’s, Nutrisystem** – Save on healthy meals, membership fees (where apply), nutritional products and services.
- ❑ **Procter & Gamble (P&G) Dental Products** – You can get savings on dental packages with Oral B power toothbrushes and Crest products. Packages may include items such as an electric toothbrush, mouth rinse, teeth whiteners and floss.
- ❑ **TruHearing** – You can save an average of \$890 per hearing aid compared to national retail prices. Each hearing aid comes with a 45-day money-back guarantee and a three-year warranty.
- ❑ **CORD:USE** – Protect your family’s cord blood at a state-of-the-art laboratory using high-quality cord blood banking practices and technologies. Save on cord blood processing and storage fees.
- ❑ **Reebok** – You enjoy 20% off plus free shipping on their whole [Reebok.com](http://Reebok.com) order.
- ❑ **SeniorLink Care** – You can find support to help your aging family members or friends lead fulfilling and comfy lives. From planning care to helping caregivers, SeniorLink helps seniors and loved ones find the programs and services they need most. You can save on a three- or 12-month membership.
- ❑ **BodyMedia** – You can enjoy up to 25% off a BodyMedia armband. The armband will track calories around the clock, helping members lose weight, stay active and lead healthier lives.
- ❑ **Life Time Fitness** – Life Time Fitness offers total health fitness to fit your level, interests, schedule and budget. For new members, Life Time Fitness offers a \$0 online sign-up fee.

## Flexible Spending Account (FSA) – Annual Election to Participate

A flexible spending program allows you to commit a certain monthly dollar amount to a savings account set aside for healthcare and dependent care expenses. Deciding how much money to set aside to fund your flexible spending account(s) can seem intimidating. A good rule of thumb is to thoroughly review your health care and dependent care expenses from the previous year to estimate how much you out-of-pocket money you spent (i.e. expenses not covered by insurance). The District 62 Flexible Spending Account program is offered through EBC Flex.

### Healthcare FSA

A Healthcare FSA is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses.

Highlights of a Healthcare FSA:

- Individual/Family cap amount of \$2,850 per plan year (January 1 - December 31)
- Save an average of 30% on a wide variety of eligible healthcare expenses by paying for them on a pre-tax basis
- Reimbursement types are dictated by Section 125 of the Internal Revenue Service and include items such as co-pays, deductibles, etc.
- No waiting - access the full amount of your annual election on the first day of the plan year
- Save time - use the EBC flexible spending debit card to pay for expenses at the point of sale (like you would with any other credit/debit card)
- Flexibility - Submit receipts for costs incurred that cannot be paid for at the point of sale and receive a reimbursement check in the mail.
- Any unused funds in the Healthcare FSA (beyond the \$570 carryover) as of the last day of the plan year will be forfeited.
- For more information about the Healthcare FSA and/or a full list of eligible expenses, please visit: [www.ebcflex.com](http://www.ebcflex.com).

### Dependent Care Expenses

A Dependent Care FSA is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder care.

Highlights of a Dependent Care FSA:

- Individual/Family cap amount of \$5,000 per plan year (January 1 - December 31)
- Save an average of 30% on dependent care expenses by paying for them on a pre-tax basis
- Dependent care must be utilized for care services rendered during your normal work hours
- Start submitting claims for reimbursement as soon as money starts being deducted from your paycheck and accumulating in your account. Unlike the Healthcare FSA, money is only available after it has been deducted from your paycheck; you do NOT get the full amount of your annual election on the first day of the plan year.
- For more information about the Dependent Care FSA, please visit: [www.ebcflex.com](http://www.ebcflex.com).

### “Use it or Lose It”

Expenses eligible for reimbursement must be incurred by December 31, 2023 and filed for reimbursement before March 31, 2024 or the remaining balance will be forfeited.

**2023**  
FSA claims due no  
later than March 31,  
2024, for 2023  
expenses.



The District will contribute to a Health Savings Account (HSA) to go along with your High Deductible Health Plan 1500 (HDHP) option. The District will contribute \$800 for single coverage and \$1,500 for family coverage. If more staff elect than the pool of money committed by the Board will cover, the amounts may be reduced. Family coverage is applicable to an employee who covers someone besides themselves on the health plan. This is a great opportunity for you to invest and group your healthcare dollars and take advantage of lower premiums.

### **What is a Health Savings Account (HSA)?**

A Health Savings Account, most commonly called an HSA, is a bank account that you own and use to pay for now and future qualified health care expenses.

#### **Key features include:**

- The HSA is a tax-savings vehicle that lets you set aside tax-free money to pay for eligible health care expenses. You decide which expenses to pay from your HSA.
- Your balance rolls over year to year. HSA – There is no “use it or lose it” rule like in an FSA.
- If you leave your current employer or retire, you take the money with you; you own the account.

#### **FAQs**

##### ***Q. Who qualifies for an HSA?***

A. You may open and contribute to an HSA if you meet all the below criteria:

- Enrolled in the HDHP
- Not covered by other medical insurance other than another HDHP
- Not claimed as a dependent on someone else’s tax return
- Not enrolled in Medicare

##### ***Q. Does my employer have access to my HSA information?***

A. No. Since you own and manage your own HSA, your employer cannot access or view your account.

##### ***Q. How much money can I contribute to my HSA each year?***

A. In 2023, the maximum contribution for individual coverage is \$3,850 and the maximum contribution for family coverage is \$7,750. HSA account holders over the age of 55 can make an additional “catch up” contribution of \$1,000 per year. These limits are set by the IRS and are typically increased each calendar year for a January 1st effective date.

##### ***Q. What happens to the money in my HSA if I change health plans, leave my current employer, or retire?***

A. You own the HSA, so the money is yours to keep. If you retire and are insured by Medicare, or change to a non HSA-qualified plan you can still use the money in your HSA to pay for out-of-pocket qualified health care expenses but you won’t be able to continue to make contributions to your HSA.

##### ***Q. Can I take the money out of my HSA any time I want?***

A. Yes. You can take money out anytime, tax-free and without penalty, as long as it’s used for qualified health care expenses. If you withdraw funds for other purposes, you will pay income taxes on the withdrawal plus a 20% penalty.

##### ***Q. Who owns the HSA?***

A. You do.



***Q. I enrolled in the HDHP but didn't elect to cover my dependents. Can I use my HSA to pay for my dependent's qualified health care expenses?***

A. Yes. Your HSA can be used to pay for qualified health care expenses of any family member who qualifies as a dependent on your tax return. Remember, if the dependent isn't covered under your plan, his/her expenses won't apply toward your plan's deductible.

***Q. My spouse has an FSA or HRA through their employer, can I have an HSA?***

A. You cannot have an HSA if your spouse's FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met.

***Q. Can I use my HSA to pay for medical expenses incurred before I set up my account?***

A. No. You cannot reimburse qualified health care expenses incurred before the date your account is established.

***Q. If I incur an eligible expense but choose not to use money in my HSA to reimburse myself immediately, can I do so in the future?***

A. Yes. Therefore, it is very important to keep your receipts for your health care expenses. You can withdraw funds from your HSA years after you incur the expense as long as you have the appropriate documentation.

**Is the High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA) the right choice for you and your family?**

While this is a great plan, it might not be the best choice for everyone based on specific lifestyles and life stages. To assist in your decision making process, below are a couple scenarios in which this plan could be the right choice.

**Example 1: You are a young and healthy individual with single coverage**

If you are young, healthy, and are not prone to accidents, the HDHP may be the best plan option for you. In 2023, you are allowed to contribute a single maximum of \$3,850 minus the \$800 the District contributes, tax-free, into the HSA. If you do not experience many medical expenses, the remaining dollars will roll over to the next year and will continue to grow tax-free.

**Example 2: You are close to retirement and are relatively healthy**

If you are on a family plan and are over age 55, the maximum amount that you and the District can contribute to the HSA is \$7,750, your unused dollars will accumulate and can be used to pay your Medicare premiums and healthcare expenses after your retire.

**Example 3: You or a family member has a medical condition with money already saved in an HSA**

An employee who has been contributing the family maximum into their HSA account for the last two years would have built up a bank of \$14,500 over a two year period. If your family spends an average of \$1,500 a year on medical expenses (doctors visits, prescription medication, etc.) the amount in your account after two years equals  $\$14,500 - \$3,000 = \$11,500$ . If someone in your family has a chronic illness beginning in the third year, you would have enough money to reach the \$7,150 out-of-pocket limit for the year.



## Optional Coverages Available: Dental

CCSD 62 recognizes that different individuals have varying comfort levels and needs in regards to insurance. It is important that you analyze a variety of factors to determine where you and your family need expanded coverage (e.g., risk factors, age, wellness, and medical history).

Semi-annual dental checkups are important, no matter your age. Dependent dental eligibility now covered to age 26, unless they are eligible for other employer-provided coverage.

MetLife Dental PPO Plan – Offers the luxury and convenience of choice. You choose which dental professionals you and your family see.

A dental ID card is not necessary to receive services or benefits; however, you can request a MetLife book with cards if needed from your HR Benefit area. Just be sure to bring a MetLife Dental Claim Form (which you can get by printing from the website or by calling the Employee Benefit Line) with you to your first appointment, and your dentist will take care of the rest!

MetLife offers you both telephonic and web access to your personal information to assist you in managing your dental benefits.

**Telephonic:** You can contact the Employee Benefits Line at [800.942.0854](tel:800.942.0854). This line is available weekdays from 8 a.m. to 8 p.m., and you can verify eligibility status, review plan benefits, check on the status of a claim, get claim forms, and order a customized directory.

**Web:** You can access MyBenefits at [www.metlife.com/mybenefits](http://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.

If you have claim issues that you have not been able to successfully resolve on your own, you may contact your District Business Office.

Dental PPO Plan Benefits		
Benefit	Network	Non-Network
Annual Benefit	\$1,500	\$1,500
Annual Deductible (3X Family) Per Person	\$25	\$25
Diagnostic	100%	100%
Preventive (Cleanings & Exams)	100%	100%
Basic Services (basic perio, crowns, inlays, onlays)	80%	80%
Major Restorative (major perio, crowns, inlays, onlays)	60%	60%
Orthodontics*	50%	50%
Orthodontics Lifetime Limit (children to age 19)	\$2,000	\$2,000



## Vision Benefits

Our health plan offers multiple ways to save on vision services. Employees covered through the Blue Cross Medical plan have access to both Blue Cross’s EyeMed Vision Discount program and a vision allowance plan. Employees who do not participate in our medical plan can join our VSP vision program. Please read on for further details.

### Vision Allowance Program for PPO 500 and PPO 750 Members

In addition to the EyeMed Vision discount program, our medical policy through Blue Cross provides a \$30 allowance towards an annual vision exam for you and your covered family members as well as a \$200 allowance for materials every 12 months. In order to obtain your reimbursement you need to submit your vision expense to Blue Cross along with a medical claim form. Medical claim forms can be obtained through Blue Cross’s website.

### Vision Allowance Program for HMO Members

Employees and covered dependents enrolled in the District’s HMO plan are entitled to an annual eye exam at no additional cost. In addition, you are entitled to \$150 towards contact lenses and \$225 towards frames every 24 months. **Please note, you must use a EyeMed Vision Care provider to receive benefits. To locate a provider, call EyeMed Vision Care at 844.684.2254.**

### Vision Discount Programs

As a member of BCBS, you are eligible to participate in a vision discount program that offers discounts on eye exams, contact lenses, frames, lenses and lens add-ons. In order to receive this vision discount, you will need to present your BCBS medical ID card at the time of service.

**PPO and HMO members:** The vision discount program is administered by EyeMed Vision Care. EyeMed Vision Care contracts with national providers, including LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical and other independent providers. To locate a provider, call EyeMed Vision Care at [844.684.2254](tel:844.684.2254).

## VSP Program

The VSP vision program allows employees and retirees who DO NOT take medical coverage through the District to participate in a voluntary vision program. If you are participating in this plan you can locate a participating provider on the web at [www.vsp.com](http://www.vsp.com) or by calling VSP at [800.877.7195](tel:800.877.7195). When you make the appointment with a participating provider, identify yourself as a VSP member, your doctor and VSP will handle your claims. You will pay your portion of any expenses at the time of purchase at the participating provider’s office. You can also choose a non-participating provider. When you use a non-participating provider you will need to pay the provider in full at the time of service and submit a claim form to VSP directly for reimbursement. VSP asks that you contact them at [800.877.7195](tel:800.877.7195) before seeing a non-network provider. The VSP benefits are as follows:

Services	VSP Network	Open Access Provider Allowance
Exams, annually	\$20 copay	Maximum of \$50
Single Vision	In full, every 24 months	Maximum of \$50, once every 24 months
Lined Bifocal	In full, every 24 months	Maximum of \$75, once every 24 months
Lined Trifocal	In full, every 24 months	Maximum of \$100, once every 24 months
Frame	Up to \$130 in full, every 24 months, Plus 20% discount	Maximum of \$70, once every 24 months
Contacts, once every 24 months*	Visually necessary in full, elective professional fees and materials up to \$130 allowance	Visually necessary up to \$210, elective professional fees and materials up to \$105 allowance

\*In lieu of all other lens and frames.

# SUPPLEMENTAL LIFE AND AD&D



CCSD 62

## Supplemental Life and AD&D Insurance

Employees may elect to purchase additional Life and AD&D insurance in \$10,000 increments up to a maximum of the lesser of 5 times your annual salary or \$500,000. Newly eligible employees have a guaranteed issue amount up to \$150,000, no medical questions required. If electing over the stated guarantee issue amounts, or when electing coverage when not first eligible, you will be required to complete evidence of insurability (medical questions).

Spouse insurance can be purchased at the same amount as the employee, not to exceed 50% of the employee's coverage amount. Newly eligible spouses are guaranteed up to \$25,000 in coverage. If electing over the guarantee issue amount, or when electing coverage when not first eligible, you will be required to complete evidence of insurability (medical questions).

Employees can also purchase up to \$10,000 in optional child life insurance coverage. Dependent children life coverage is guarantee issue.

### Monthly Premium Rates

Employee Age	Rate per \$1,000 per month	Spouse Age	Rate per \$1,000 per month
Less than 25	\$0.68	Under 25	\$0.68
25-29	\$0.70	25-29	\$0.70
30-34	\$0.78	30-34	\$0.78
35-39	\$0.109	35-39	\$0.109
40-44	\$0.151	40-44	\$0.151
45-49	\$0.224	45-49	\$0.224
50-54	\$0.359	50-54	\$0.359
55-59	\$0.658	55-59	\$0.658
60-64	\$1.278	60-64	\$1.278
65-69	\$2.098	65-69	\$2.098
70 and over	\$3.879	70 and over	\$3.879
Personal AD&D	\$0.019	Spouse AD&D	\$0.019

Dependent Child	Rate per month
Per \$1,000 in Life coverage	\$0.131
Per \$1,000 in AD&D Coverage	\$0.053

NOTE: The cost is not per child but for all eligible dependent children

## Employee Assistance Program

### Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



#### Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



#### Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 800.272.7255

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: COM589

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

## 24/7 Support, Resources & Information



#### Contact Your GuidanceResources® Program

Call: 800.272.7255

TTY: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: COM589

Copyright © 2018 ComPsych Corporation. All rights reserved. To view the ComPsych HIPAA privacy notice, please go to [www.guidanceresources.com/privacy](http://www.guidanceresources.com/privacy). ComPsych complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Copyright © 2018 ComPsych Corporation. All rights reserved.

# YOUR NEXT STEPS



CCSD 62

## Carefully Review Your Enrollment Options

- Open enrollment dates are October 21, 2022 through October 31, 2022.
- If you are currently enrolling new dependents, proof documents are required to be submitted with your enrollment including social security numbers.
- Complete and submit your online enrollment by the end of day on October 31, 2022.

## Important Contact Information

If you would like to further research your benefit options, find a provider, or ask detailed questions about your benefit coverage, you may contact the insurance companies/service provider directly. Listed below are toll-free phone numbers and websites for those that provide services for CCSD 62 employees.

Benefit	Administrator	Phone	Website/email
Medical PPO and HDHP	BCBS	1.800.458.6024	www.bcbsil.com
Medical HMO	BCBS	1.800.892.2803	www.bcbsil.com
Dental PPO/Basic and Supplemental Life and AD&D	MetLife	1.800.942.0854	www.metlife.com/mybenefits
Vision	VSP EyeMed	1.800.877.7195 1.844.684.2254	www.vsp.com www.eyemedvisioncare.com/bcbsil
Flexible Spending Account (FSA)	EBC Flex	1.800.346.2126	www.ebcflex.com
Employee Assistance Program (EAP)	ComPsych	312.595.4000	www.compsych.com

If you have questions regarding the enrollment process, your payroll deductions, or need general benefit information, please contact Julie Salmons Hubbard via phone **847.824.1185**, or by email, [salmonshubbardj@d62.org](mailto:salmonshubbardj@d62.org).



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [877.KIDS.NOW](tel:877.KIDS.NOW) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your state for more information on eligibility.**

<b>ALABAMA – Medicaid</b>
<a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
<a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP (855.692.7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Medicaid and CHIP</b>
Health First Colorado (Colorado’s Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855.692.6442
<b>FLORIDA – Medicaid</b>
<a href="http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> 877.357.3268

<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   877.438.4479 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366 Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563 HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562
<b>KANSAS – Medicaid</b>
<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> 855.459.6328   <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>

# IMPORTANT NOTICES



CCSD 62

<b>LOUISIANA – Medicaid</b>
<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> 800.977.6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> 800.862.4840   TTY: 617.886.8102
<b>MINNESOTA – Medicaid</b>
<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> 800.657.3739
<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: HSHIPPProgram@mt.gov
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 609.631.2392 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> 800.699.9075

<b>PENNSYLVANIA – Medicaid</b>
<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> 800.692.7462
<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct RItte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="http://gethipptexas.com">http://gethipptexas.com</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> 877.543.7669
<b>VERMONT – Medicaid</b>
<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid</b>
<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 800.251.1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

### U.S. Department of Labor

Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

### U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565



## Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, call Blue Cross Blue Shield of Illinois.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## HIPAA Notice of Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

- You can ask us to correct your health information if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

#### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20211, calling [877.696.6775](tel:877.696.6775), or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

#### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- In the case of fundraising:
- We may contact you for fundraising efforts, but you can tell us not to contact you again.



## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.



## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.

## Address workers compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.



## HIPAA Special Enrollment Rights

### Initial Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the District's Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan—your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your plan administrator.



## Discrimination is Against the Law

Des Plaines CCSD 62 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Des Plaines CCSD 62 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Des Plaines CCSD 62

Will guide you to free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Will guide you to free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need assistance with these services, contact Human Resources.

If you believe that Des Plaines CCSD 62 has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: **Human Resources, 777 E. Algonquin Rd, Des Plaines, IL 60077**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Human Resources, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20211  
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# GLOSSARY OF TERMS



CCSD 62

## Translated Resources

Under Section 1557 of the Affordable Care Act (ACA), covered entities are required to post notices of nondiscrimination and taglines that alert individuals with limited English proficiency (LEP) to the availability of language assistance services. The translated resources below are the top 15 languages used in Illinois and are available for use by the District.

**(Spanish)** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877.696.6775.

**(Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877.696.6775.

**(Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877.696.6775。

**(Korean)** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877.696.6775 번으로 전화해 주십시오.

**(Tagalog)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877.696.6775.

**(Arabic)** ملحوظة: 1-877.696.6775 برقم اصل بالمجان لك توافر ال لغوية المساعدة خدمات فإن اللغة، انكرتحدث كت إذا

**(Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877.696.6775.

**(Gujarati)** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 877.696.6775.

### (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 877.696.6775.

**(Vietnamese)** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877.696.6775.

**(Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877.696.6775.

**(Hindi)** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 877.696.6775 पर कॉल करें।

**(French)** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877.696.6775.

**(Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 877.696.6775.

**(German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 877.696.6775.



**Allowed Amount.** Maximum amount on which payment is based for covered healthcare services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

**Balance Billing.** When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider should not balance bill you.

**Beneficiary.** The person(s) you name to receive certain benefits (such as life insurance) upon your death.

**Brand Name Drug:** Medications are marketed under a trademark-protected name and are often available from only one manufacturer.

**Coinsurance.** The percentage of covered medical or dental expenses that you must pay. For example, if your plan pays 80%, you must pay the remaining 20%.

**Copayment.** A fixed amount you pay for a covered healthcare service, usually at the time of service.

**Deductible.** The amount of medical or dental expenses you must pay each year before your plan begins paying benefits.

**Deductible Carry-Over.** In some benefit plans, not Health Savings Account Compatible Plans, if you have not met your annual deductible during the last three months of the plan year the claims incurred may apply toward the deductible for the next plan year.

**Emergency Medical Condition.** An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

**Evidence of Insurability (EOI).** An application process in which you provide information on the condition of your health or your dependent’s health in order to be considered for certain types of insurance coverage.

**Explanation of Benefits (EOB).** The document you receive from the insurance company after your claim is filed and processed. The EOB shows how much of the expense the plan covered and how much you may be expected to pay.

**Formulary Brand Name Drug:** A list of prescribed medications that are preferred by your plan because they are safe, effective alternatives to other generics or brands that may be more expensive. The formulary has a wide selection of generic and brand-name medications.

**HIPAA (Health Insurance Portability and Accountability Act of 1996).** A federal law that addresses the privacy of patient health information. The “privacy” regulations give patients greater access to their own medical records and more control over how their personal health information is used. Also, the law defines the obligations of health care providers and health plans to protect patient records.

**Hospitalization.** Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

**Hospital Outpatient Care.** Care in a hospital that doesn’t require an overnight stay.



**In-Network Provider.** The facilities, providers and suppliers your health insurer or plan has contracted with to provide healthcare services.

**Maximum Annual Benefit.** The maximum amount the plan pays for specific services (such as dental or chiropractic) for a covered individual, each plan year.

**Medically Necessary.** Services and supplies that the insurance company determines to be consistent with generally accepted practices for the diagnosis of an illness or injury, or the medical care of a diagnosed illness or injury. Only medically necessary services and supplies are covered by the plan.

**Out-of-Network Provider.** The facilities, providers and suppliers who don't have a contract with your health insurer or plan to provide services to you. You'll pay more to see an out-of-network provider.

**Out-of-Pocket Limit.** Is the most you have to pay for covered medical expenses in a year. Once you've reached the out-of-pocket maximum, the plan pays 100% of eligible expenses for the remainder of the plan year. This limit never includes your premium, balance-billed charges or charges the plan doesn't cover.

**Plan.** A benefit your employer, or other group sponsor provides to you to pay for your healthcare services.

**Plan Year.** The period of time in which plan coverage and records are based. For the District's plan, it is the calendar year. (For example, the annual deductible, annual out-of-pocket maximum, and maximum annual benefit all apply to expenses incurred during the plan year.)

**Prior authorization.** A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification.

**Premium.** The amount you pay for your health care coverage and other benefits, through payroll deductions.

**Primary Care Physician.** A physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. The following types of providers are PCPs: family practitioners, general practitioners, pediatricians, internal medicine, and gynecologists.

**Specialist.** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions.

**Urgent Care.** Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

**Voluntary Benefits.** Optional benefit plans sponsored by the employer, but fully paid for by employees who elect coverage. These benefits are generally available at special group rates or discounts, making them more cost-effective than employees could obtain on their own.

**Waiver of Premium.** Rider or provision included in the life insurance policy exempting the insured from paying premiums after insured has been disabled for a specified period of time.





*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting